5-2019

Exploring Narratives of Adolescent-to-Parent Abuse

Sofía Oviedo

The Graduate Center, City University of New York

How does access to this work benefit you? Let us know!

Follow this and additional works at: https://academicworks.cuny.edu/gc_etds

Part of the Social Work Commons

Recommended Citation

https://academicworks.cuny.edu/gc_etds/3097

This Dissertation is brought to you by CUNY Academic Works. It has been accepted for inclusion in All Dissertations, Theses, and Capstone Projects by an authorized administrator of CUNY Academic Works. For more information, please contact deposit@gc.cuny.edu.
EXPLORING NARRATIVES OF ADOLESCENT-TO-PARENT ABUSE

by

SOFIA OVIEDO

A dissertation submitted to the Graduate Faculty in Social Welfare in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

2019
Exploring Narratives of Adolescent-to-Parent Abuse

by

Sofia Oviedo

This manuscript has been read and accepted for the Graduate Faculty in Social Welfare in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

__________________________________________  __________________________________________
Date                                          Mimi Abramovitz

Chair of Examining Committee

__________________________________________  __________________________________________
Date                                          Harriet Goodman

Executive Officer

Supervisory Committee:

Mimi Abramovitz

Diane DePanfilis

Daniel Herman
THE CITY UNIVERSITY OF NEW YORK

ABSTRACT

Exploring Narratives of Adolescent-to-Parent Abuse

By

Sofia Oviedo

Advisor: Mimi Abramovitz

Adolescent-to-parent abuse (APA) is an often hidden form of family abuse that evidences a breakdown in the parent-child relationship with damaging effects on the physical and emotional well-being of parents and youth. This study aimed to examine the experiences of parents affected by APA, the effects on the parent-child relationship, and on parent identity. It also explored how APA influenced the relationship dynamics during conflicts, how parents managed these conflicts, and how parents viewed their power within these interactions. Semi-structured interviews were conducted with 18 parents who resided in two major cities in the US (Seattle, WA and New York City). A phenomenological framework and thematic analysis were used to identify and develop three major themes: living in uncharted territory, “stuck in a cycle:” impacts of APA on family dynamics, and seeking help. Findings showed that parents experienced significant emotional and physical abuse, further compounded by the negative effects on the parent-child relationship, parenting, and parent identity. Parents also reported additional harmful effects on their other children. Mothers were found to be primarily affected by APA, which notably influenced their views on power in the parent-child relationship. Parents’ recommendations for increasing awareness of APA among families and practitioners are also provided. Findings are analyzed within a family systems and family power relations theoretical framework and implications for social welfare, policy, practice and future research are discussed.
Acknowledgements

First and foremost, I want to thank God who has blessed and cared for me through this journey and development of this work during a very difficult time in my life. I owe it all to Him. To all the parents that participated in this research and who shared their experiences with me I extend my deepest gratitude. Without their openness and willingness to share their stories, this study would not have been possible. I also want to express my deep appreciation to Mimi Abramovitz, Bertha Capen Reynolds Professor of Social Work, my advisor and mentor, who provided me with sound insight, guidance, and encouragement to help bring this work to fruition. I am so grateful to Lily Anderson, co-developer of the Step-Up Program in Seattle, WA, who along with her dedicated team welcomed me and allowed me to learn how through their important work they help to restore broken family relationships. To my best friend and sister, Millie, I thank you for all your love and support and always believing in me.
# Table of Contents

CHAPTER ONE: INTRODUCTION .......................................................................................................................... 1
  Definitions of Adolescent-to-Parent Abuse ................................................................................................. 1
  Significance of APA as a Social Problem ........................................................................................................ 2
    Prevalence .................................................................................................................................................. 2
    Risk and protective factors .......................................................................................................................... 3
    Interventions addressing adolescent-to-parent abuse ............................................................................ 4
  Research Aims .............................................................................................................................................. 5
  Relevance of APA to Social Welfare Knowledge, Practice and Policy ..................................................... 6
  Overview of Dissertation .............................................................................................................................. 8

CHAPTER TWO: LITERATURE REVIEW ............................................................................................................. 10
  Parents’ Experiences of Adolescent-to-Parent Abuse .................................................................................. 11
    Types of abuse experienced ....................................................................................................................... 11
    Prevalence of adolescent-to-parent abuse ................................................................................................ 13
    Impact of abuse on parents ......................................................................................................................... 17
    Mothers’ experiences of abuse ................................................................................................................... 20
  Adolescents’ Experiences of Adolescent-to-Parent Abuse ....................................................................... 26
    Role of violence in APA ............................................................................................................................. 27
    Psycho-social characteristics of adolescents ............................................................................................. 30
    Characteristics of family dynamics ............................................................................................................ 32
  Influence of APA on the Parent-Child Relationship .................................................................................. 36
  Summary and Conclusion .............................................................................................................................. 40

CHAPTER THREE: THEORETICAL FRAMEWORK ............................................................................................ 41
  Family Systems Theory ............................................................................................................................... 41
    Application of family systems theory in APA ............................................................................................. 45
    Escalation and progression of APA ............................................................................................................. 48
  Family Power Relations ............................................................................................................................... 51
    Gendered power relations within APA ........................................................................................................ 55
  Summary and Conclusion .............................................................................................................................. 58

CHAPTER FOUR: RESEARCH METHODOLOGY ............................................................................................... 59
  Research Approach ..................................................................................................................................... 59
  Theoretical Orientation ................................................................................................................................. 61
CHAPTER 5: LIVING IN UNCHARTED TERRITORY ................................. 74
Parents’ Experiences of Abuse and Violence .................................. 74
- Emotional Abuse ........................................................................ 74
- Physical abuse ........................................................................... 79
- Gendered experiences of abuse ..................................................... 81
Impact of APA on parents’ well-being ............................................ 83
Impact of APA on parent-child relationship ................................. 87
Impact on parenting ....................................................................... 89
Impact on parent identity ............................................................... 92
Impact on siblings ......................................................................... 95
CHAPTER 6: “STUCK IN A CYCLE:” INFLUENCE OF APA ON FAMILY DYNAMICS 101
The Symptomatic Cycle ................................................................. 101
Managing Conflict ........................................................................ 103
- Avoiding conflict ....................................................................... 104
The safety plan .............................................................................. 105
Encouraging communication .......................................................... 106
Calling the police .......................................................................... 106
Separation ....................................................................................... 107
Changing as a parent .................................................................... 108
Having hope .................................................................................. 110
Views of Power and Control ............................................................. 111
Possible Contributing Factors ......................................................... 114
- Medical issues ........................................................................... 115
- Domestic violence history ............................................................ 115
- Early signs of trouble ................................................................. 117
Mental health issues ................................................................. 119
Substance abuse ................................................................. 121

CHAPTER 7: SEEKING HELP .......................................................... 123
Finding the Right Services ................................................... 123
Seeking help from the police ............................................... 123
Seeking mental health services ............................................. 126
Seeking help from schools .................................................. 130
Seeking help through juvenile justice and family court .......... 132
Barriers to Services .............................................................. 134
Access to services ............................................................... 134
System barriers ................................................................. 135
Services that Helped .............................................................. 137
Parent groups ................................................................. 137
Learning new skills ............................................................ 138
Intensive therapeutic modalities ......................................... 139
Self-help ........................................................................ 141
Building Awareness Needed ............................................... 141

CHAPTER 8: DISCUSSION .......................................................... 144
Living in Uncharted Territory ............................................. 145
“Stuck in a Cycle:” Influence of APA on Family Dynamics ......... 149
    The symptomatic cycle .................................................. 150
Power and Control ............................................................. 154
Family power relations ..................................................... 157
Gendered power relations ................................................ 158
Seeking Help ................................................................. 160
Finding the right services ................................................. 160
Barriers to services ........................................................... 162
Services that helped .......................................................... 162
Building awareness needed ................................................ 163
Implications for Social Welfare Knowledge, Policy, and Practice ................................................ 165
Limitations ................................................................. 170
Future Areas for Research .................................................. 171
Conclusion ........................................................................ 174
List of Tables

Table 1 Matrix of Power Relations.................................................................53
Table 2 Demographics of Parents and Adolescent Children.................................65
Table 3 Major Themes and Sub-themes.............................................................67
Table 4 Major Themes and Sub-themes.............................................................144
List of Figures

Figure 1 Themes Developed Using Family Systems Theory……………………………………152

Figure 2 Adolescent-to-Parent Abuse: Shifts in Power Relations........................................157
LIST OF APPENDICES

Appendix A: Research Study Brochure in English and Spanish ........................................... 176
Appendix B: Research Study Flyer in English and Spanish .................................................. 180
Appendix C: Informational Letter for Research Study .......................................................... 182
Appendix D: Screening Consent Script in English and Spanish ............................................. 184
Appendix E: Screening Tool in English and Spanish ............................................................ 186
Appendix F: Interview Protocol in English and Spanish ......................................................... 190
Appendix G: Informed Consent in English and Spanish ........................................................... 194
Appendix H: IRB Approval Letter ............................................................................................ 200
Appendix I: Letter of Support/Approval from Participating Agencies ..................................... 201
CHAPTER ONE: INTRODUCTION

For a long time, family abuse was a social problem that had not garnered the public attention that it now warrants, as the family was viewed as a private domain. Abuse was either ignored or managed privately by the afflicted family members (Busby, 2005). Different forms of family abuse including domestic violence, child abuse, sibling abuse, and elder abuse have each emerged as distinct social problems, within their own social and historical contexts, guided by advocacy and research efforts that have framed the conceptualization and response to each problem (Holt, 2013). As the impact of these forms of abuse extended beyond the private sphere of the family, public and research interest increased and demanded that prompt attention be given to both victims and perpetrators. Presently, there are policies and practices in place that aim to protect adults from abusive partners and children from abusive parents (Cottrell, 2001). However, situated within the scope of family abuse is a form of abuse that has not received the level of attention from researchers, practitioners and advocates that has been given to other forms of family abuse.

Definitions of Adolescent-to-Parent Abuse

*Adolescent-to-parent abuse* (APA), also referred to as *parent abuse* in the research literature, the abuse of parents by their adolescent children, is a form of family abuse that continues hidden in a veil of secrecy (Paterson, Luntz, Perlesz, & Cotton, 2002). This form of family abuse was first mentioned in the literature 60 years ago (Sears, Maccoby, & Levin, 1957, as cited in Gallagher, 2004a). Harbin and Madden (1979) identified it as *battered parent syndrome*, who through their research on 15 assaultive adolescents and their parents, concluded that this form of family violence was distinct from child abuse and domestic violence.
Early definitions of APA centered on acts of violence and physical threats, while more recent definitions encompass a wider conceptualization of APA and the various forms in which it manifests. Cottrell (2004) defined parent abuse as “any act of a child that is intended to cause physical, psychological or financial damage in order to gain control over a parent” (p. 16). Holt (2013) defines adolescent-to-parent abuse as “a pattern of behavior that uses verbal, financial, physical or emotional means to practice power and exert control over a parent” (p. 1). This definition is critical to differentiating APA from ‘acting out’ incidents that can occur during adolescence as young people are negotiating their independence while still dependent on parents. Moreover, it differentiates APA as a pattern that is continual and repetitive, with its effects becoming cumulative and therefore, even more damaging. Abusive acts can include “name-calling, threats to harm self or others, attempts at humiliation, damage to property, theft, and physical violence” (Holt, 2015, p. 1). As with other forms of family abuse and violence, adolescent-to-parent abuse produces short-term and long-term physical and mental health harm with parents experiencing guilt, shame, fear and despair, and children experiencing feelings of inadequacy and helplessness (Holt, 2013). For this dissertation, Holt's definition will be used in examining the impact of APA on families.

**Significance of APA as a Social Problem**

**Prevalence.** Data on prevalence of adolescent-to-parent abuse has been limited. A nationwide study of 2,000 families (conducted in 1976) concluded that 9% of families in the US were confronted by an adolescent that physically assaulted one of their parents (Cornell & Gelles, 1982). They estimated that nearly 900,000 parents of adolescents aged 10 to 17 were physically attacked (punched, bit, kicked, hit with a hard object, beat up) or threatened with a knife or gun. The researchers noted that even these estimates could underestimate the extent of
the prevalence as the study only focused on two-parent households and did not include single-parent households, which may have had higher rates of adolescent-to-parent abuse.

The most recent available data on incidence collected through the FBI’s National Incident-Based Reporting System (NIBRS), which collects data on assault incidents (simple, aggravated, and sexual) reported to law enforcement agencies, estimates that one of every 12 domestic assault offenders who came to the attention of law enforcement were youth under the age of 18; of these, 51% victimized a parent (OJJDP, 2008). Additionally, Walsh and Krienert (2009) analyzed a decade of incidence data from the NIBRS, to compare characteristics of offenders and victims in child to parent violence to parricide, the killing of one or both parents by their children. During the period from 1995 to 2005, there were 108,231 child offenders (7 to 21 years of age) reported to the NIBRS for a total of 108,310 child-initiated acts of family violence. Males committed 63% of these offenses (67,848). Most offenders were White (76%), as were the victims (78%). The majority (48%) of offenders were between 14 to 16 years of age, and the majority of victims (55%) were between 35 to 44 years old.

Risk and protective factors. Research examining the risk and protective factors for APA has not been conclusive. A recent literature review examined empirical data for contextual characteristics of APA including sociodemographic variables, age, gender, race/ethnicity, socio-economic status (SES), and environmental variables using Bronfenbrenner’s ecological systems theory (Hong, Kral, Espelage, and Allen-Meares, 2012). In terms of sociodemographic characteristics, findings indicate that older youth are more likely to abuse their parents, White youth are more likely to assault their mothers, and males perpetrated abuse at higher levels than females across different family structures. Mothers were found more likely to be the victims of abuse and there were mixed findings in terms of the relation between SES and abuse. Findings
on the influence of ecological variables showed that child abuse as a risk factor was not conclusive, however, domestic violence was associated with mother abuse, as was gender role socialization. The influence of parenting behavior/practices was mixed. Changes in family structure was found to influence abuse. Peer influence was found to reinforce abuse in the home and exposure to violence in the media was considered a possible contributory factor as well. Researchers cited that factors associated with APA extend beyond individual characteristics and stem from multiple contexts, thus research that examines the influence of macrosystem and microsystem factors is needed (Hong et al., 2012).

**Interventions addressing adolescent-to-parent abuse.** The complexity of APA and the variability in factors that influence this phenomenon, perhaps speaks to the lack of intervention programs specifically designed to address it. Holt’s compilation (2016) of interventions that have been developed, sheds light on the approaches being used and the socio-cultural contexts in which interventions are delivered. These programs use various group-based and family-focused approaches including solution-focused brief therapy, functional family therapy, systemic family therapy, cognitive behavioral approaches, and restorative justice conferences. In the US, the Seattle-based Step-Up Program uses a parent and youth group work approach based on cognitive-behavioral skill-building and restorative justice principles. Another US based program, the Youth Offender Diversion Alternative (YODA), is a social service intervention developed through a university-court partnership that provides assessment, case management and individual and family therapy.

Approaches being used in other countries include a solution-focused parenting support program (Australia); non-violent resistance therapy for parents (Israel); a trauma and attachment-based therapeutic approach to working with families (UK); systemic family therapy within a
specialist filial-parental violence clinic (Spain); and specialized work within mental health services (New Zealand). Even with the emergence of these interventions, the fact that there are not more shows the lack of recognition of APA as a social problem, which makes it more difficult for parents to come forward and seek help. Findings from small scale evaluations of some of these programs have identified features that parents have found useful (Holt, 2013). However, additional research is needed to assess the effectiveness of current interventions and to inform the development of prevention approaches that can foster healthier parent-child relationships and be offered to a wider population of families.

**Research Aims**

The conception for this research emerged from my own experience with my son and his abusive behavior toward me. This experience was extremely difficult for me to understand, even acknowledge, because the fact that my own child controlled my life and that I lived in fear of what he would do if I did not give in to his demands, went against what I expected of the relationship with my child. I judged myself, felt shame and guilt over my failure as a parent. Obtaining help was fraught with difficulty as I tried to explain to practitioners within social service systems the emotionally painful dynamics of our relationship, which had been going on for years, and how disempowered I felt as a parent. As I began to research this phenomenon to determine whether my experience was singular, I learned that there are many parents who are suffering in silence because they are ashamed to come forward and seek help or they fear the stigma of being judged a bad parent. Adolescent-to-parent abuse is a real and growing problem that needs to be given attention to promote greater social awareness of the implications and effects on parents and children.
The broad aim of this study was to examine the experiences of parents affected by adolescent-to-parent abuse, to explore the dynamics of the relationship and how power relations are manifested and negotiated through the relationship. The study sought to explore the issues that contribute to APA within parent and youth relations, while also exploring the impact of APA on the family system; specifically, how power is exercised within the parent-child relationship.

The research questions are:

1. What are the experiences of parents who have experienced APA and how has this experience influenced their view of themselves as parents and the relationship with their children?

2. What impact does APA have on the ways parents and children interact with each other?

I chose a qualitative research methodology informed by a phenomenological framework to provide an in-depth and rich description of the phenomenon. I conducted semi-structured interviews with 18 parents to construct narratives of parents’ experiences that explore the family dynamics, the impact of APA on parent well-being, parenting and parent identity, as well as the impact on the parent-child relationship.

**Relevance of APA to Social Welfare Knowledge, Practice and Policy**

This research is particularly relevant to social welfare practice and policy in the fields of family violence, child welfare, mental health, and juvenile justice. Breakdown in family functioning due to either the parents’ or the child’s individual difficulties is often addressed within one of these practice domains. While parents are often targeted for interventions to address challenging adolescent behaviors (mostly in the form of parenting programs), lacking is an understanding of the effects of abusive behaviors on the parents and their ability to parent. Interventions designed to strengthen and support healthy relationships within the family system
can be key to addressing negative family dynamics, particularly in conflict situations between parents and adolescents. How can parents be better supported and empowered in dealing with their adolescent child’s abusive behavior? What strategies and skills can help parents and youth engage in constructive resolution of conflict situations? A healthy and safe family environment is an important protective factor for nurturing healthy adolescent development and stronger parent-child relationships.

For youth presenting with abusive behavior towards their parents, a deeper understanding of youth as individuals who choose to behave in hurtful and abusive ways is also needed. How does a youth’s choice of hurtful behaviors towards their parents affect their ability to build healthy relationships with their parents and others? What does this mean for their relationship in the long-term? What does this mean for youth in terms of their future relationships? This is not to minimize factors such as a young person’s socio-emotional learning needs, underlying psychological backgrounds, substance abuse, and/or exposure to domestic violence, which can be significant influences in etiology that can lead to abusive behavior. Yet it is important to note that how young people choose to behave in one of their closest relationships can set the stage for how they will choose to interact and behave in future intimate relationships.

Moreover, the lack of policy formulation that specifically identifies and defines adolescent-to-parent abuse as a form of family violence, precludes affected families from receiving the targeted supports and interventions they need. Is it possible through preventive and restorative interventions to provide families with skills and tools to help them establish and maintain healthy and respectful relationships? Should we target specific families, i.e., families that have experienced domestic violence, child abuse, for these interventions? This research aimed to shed light on the urgent need to help parents and their adolescent children develop and
sustain healthy relationships amidst the external and internal challenges that families and adolescents often face in their lives.

**Overview of Dissertation**

The dissertation is organized as follows. Chapter Two presents a review of the current and seminal literature that provides a comprehensive understanding of the problem including how it has been conceptualized, documented, and how it has affected parents and youth. Chapter Three discusses the main theoretical concepts used to guide and inform the data analysis and to provide a contextual foundation for exploring the phenomenon. Chapter Four provides a detailed description of the methodology and research approach used, including rationale for selected methodology, description of data collection methods, and analytic techniques used.

Chapter Five presents the first major theme, *Living in Uncharted Territory*, that presents the findings on the types of abuse parents experienced and the impact of the abuse on their physical and emotional well-being, parent-child relationship, parenting, parent identity, and other aspects of their lives. Chapter Six presents the second major theme, “*Stuck in a Cycle:*” *Impact of APA on Family Dynamics*, which examines how the APA dynamic unfolds in the parent-child relationship, and how parents view their own power within this context. It also identifies contextual factors, such as youth’s mental health issues or family’s past domestic violence history that may be influencing APA.

Chapter Seven presents the third major theme, *Seeking Help*, which details parents’ experiences as they tried to find services to address APA, the challenges they faced, service outcomes, and recommendations for increasing awareness of APA on a broader level. Chapter Eight presents a summary of the findings, their relevance to existing literature, and contributions made to address research gaps. This is followed by a theoretical analysis of the findings and...
discussion of the meaning and implications for social welfare knowledge, practice and policy and future research.
Children are not parents. They are dependent, vulnerable persons, requiring protection and leadership. The relationship between parents and children is not equal; it is a protective, unequal relationship of an adult with a dependent child. The relative balance between dependence and independence is not static and changes with the age of the child, but essentially equality is not achieved until adulthood. In a positive parent-child relationship, the parent has accountability and responsibility to provide reasonable authority over the child. The relationship is dysfunctional when the reverse is true and carries with it the potential for abuse. (Jacqueline Barkly, in a talk to parents, 1999, as cited in Cottrell, 2001, pg. 3).

From the early identification of adolescent-to-parent abuse (APA) as a form of family abuse and violence, initially named by Harbin and Madden (1979) as *battered parent syndrome*, APA has not received adequate research and policy attention as compared to other forms of family abuse. Empirical research of this phenomenon has primarily focused on describing the characteristics of parents and youth who are affected, identifying risk and protective factors that show some contributory influence toward adolescents’ abuse of parents, as well as theories of etiology, and treatment interventions used to address this critical problem.

Recent research is beginning to shed light on the experiences of parents, with some researchers focusing on the experiences of mothers who are disproportionately affected by APA. There is less known regarding the actual experiences of adolescents, their reasons for engaging in APA, how it affects them, and how they perceive themselves and the relationship with their parents. The following presents a review of the empirical literature focusing on the types of abuse that parents have experienced, prevalence of abuse, the impacts of the abuse on parents and parent-child relationship, and the characteristics and experiences of youth that abuse their parents.
Parents’ Experiences of Adolescent-to-Parent Abuse

Types of abuse experienced. Families often experience occasional conflict; disagreements between spouses and between parents and their children can be considered a normal part of family life. However, when family members use threats, force, manipulation, and violence to resolve conflicts, abuse enters the family home. Adolescents typically go through a process of individuation, where they try to establish their independence and “separateness” from parents, which can be characterized by defiance or resistance to authority. But there is a huge difference between resistance, as a form of individuating and separating from parents, and using aggression to take control and authority from a parent.

Adolescent behavior that is abusive is purposely hurtful to the parent and used as a form of control. Cottrell (2001) defines adolescent-to-parent abuse as “any act of a child that is intended to cause physical, psychological or financial damage in order to gain control over a parent” (p. 16). Holt (2013) defines adolescent-to-parent abuse as “a pattern of behavior that uses verbal, financial, physical or emotional means to practice power and exert control over a parent” (p. 1). This definition is critical to differentiating APA from ‘acting out’ incidents that can occur during this process of individuation when adolescents are negotiating their independence while still dependent on parents. Moreover, it differentiates APA as a pattern that is continual and repetitive, with its effects becoming cumulative and therefore, even more damaging. Adolescent-to-parent abuse can range from verbal abuse, mild to severe violence, psychological and emotional abuse, financial abuse, and property damage/ destruction. It is important to note that the abuse may follow a pattern, is repetitive, often occurring daily, and increasing in frequency and severity (Cottrell, 2001; Eckstein, 2004, 2007; Holt, 2013).
The abuse usually starts with verbal abuse including yelling, arguing, challenging (“I don’t have to do anything you say!”); belittling; name calling (“You bitch!”); and cursing at the parent (Cottrell, 2001; Eckstein, 2004, 2007; Gallagher, 2004a; Howard & Abbott, 2013). The abuse can then progress to physical acts of violence that include hitting, punching, slapping or kicking; shoving and pushing; breaking things; punching holes in walls; throwing things; and spitting (Cottrell, 2001; Eckstein, 2004, 2007; Howard & Abbott, 2013).

In addition to acts of physical violence, adolescents can also use psychological forms of abuse that are just as terrifying as the physical violence. Cottrell (2001, pg. 4) describes these as:

- intimidating the parent, making the parent fearful
- making unrealistic demands on parents, such as insisting they drop what they’re doing to comply with the child’s demands
- maliciously playing mind games, trying to make the parent think he/she is crazy
- purposely not telling the parent where they’re going or what they’re doing
- running away from home or staying out all night
- lying
- threatening to hurt, maim, or kill the parent or someone else
- making manipulative threats, such as threatening to run away, commit suicide or otherwise hurt themselves without really intending to do so
- degrading the parent or other family members
- withholding affection
- controlling the running of the household

Financial abuse and property damage is another form of abuse that adolescents use such as stealing money or parent’s belongings; selling possessions (their own or their parents’);
destroying the home or parents’ belongings; demanding parents buy things that parents usually can’t afford; and incurring debts the parents must cover (e.g., as a result of damage to or theft of others’ property) (Cottrell, 2001, p. 6). This form of abuse is further exacerbated by societal and cultural expectations that parents are to provide their children with material possessions, which youth can use to their advantage to demand that their parents buy them things that they cannot even afford.

**Prevalence of adolescent-to-parent abuse.** Empirical studies on APA have shown that adolescent physical aggression and violence toward parents is a serious problem (Agnew & Huguley, 1989; Boxer, Gullan, & Mahoney, 2009; Charles, 1986; Condry & Miles, 2014; Cottrell, 2001; Evans & Warren-Sohlberg, 1988; Pagani, Larocque, Vitaro, & Tremblay, 2003; Paulson, Coombs, & Landsverk, 1990; Peek, Fischer, & Kidwell (1985); Walsh & Krienert, 2009). Obtaining good estimates of prevalence has been particularly difficult considering that this form of family violence and abuse seems almost incomprehensible, and therefore, likely underreported by parents and youth. The studies that have endeavored to broach this phenomenon have used several research strategies including, secondary analyses of existing data, self-report questionnaires/surveys administered to parents and youth, and review of case records from clinical, judicial, and police reports. These studies have also served to provide profiles of parents and youth that are affected.

The earliest study on prevalence used a nationally representative sample (608 two-parent families) from the 1976 National Family Violence Survey. Cornell and Gelles (1982) measured all acts of violence and severity of violence committed by youth (10-17 years of age) toward parents. While only nine percent of parents reported that adolescents had used at least one form of violence against them, the researchers projected their percentages to the nation’s total
population at the time, estimating that two and half million adolescents were reported as having struck a parent at least once. They also projected 900,000 parents were either punched, bit, kicked, hit with a hard object, beat up, threatened by or had a knife/gun used on them. Additionally, they found that sons were found to be slightly more violent and to use severe violence. Mothers were more likely to be struck by their adolescent children and more likely to be victims of severe violence. Both sons and daughters were found to be more likely to use severe violence towards their mothers if their mothers had been abused.

A subsequent longitudinal study using the first three waves of the Youth in Transition survey (1966, 1968, 1969), found levels of violence by adolescent high school age males toward either parent to range from 10.8% (3-year recall period) to 6.5% (1½ year recall period), with a higher incidence of violence reported toward fathers from older males (Peek et al., 1985). Agnew and Huguley (1989) analyzed data from the 1972 National Youth Survey and found that of 1,395 youth surveyed, 11.7% had assaulted their parents at least once in the previous three years. Brezina (1999) also analyzed two waves of Youth in Transition data (1978) with 2,213 respondents in wave one and 1,886 respondents in wave two and found that 11% of wave one respondents and 7% of wave two respondents had hit one of their parents at least one or more times during the specified recall period. Only male youth in 10th and 11th grades were included in this study.

Among a clinical (inpatient and outpatient) sample of 300 cases, there were 50 reported cases of parents being abused, and a higher than expected incidence of APA was found among well-educated, White, and non-pathological families (Charles, 1986). A review of 65 police records of adolescent to parent violence reports showed high rates of son to mother violence (49.3%) and daughter to mother violence (32.9%) (Evans & Warren-Sohlberg, 1988), which is
also consistent with other studies that have found similarly high rates of violence perpetrated by adolescents against mothers, both in the US and other countries including the United Kingdom, Australia, and Spain (Biehal, 2012; Condry & Miles, 2014; Edenborough, Jackson, Mannix, & Wilkes, 2008; Ibabe, Jaureguizar, & Diaz, 2009; Stewart, Burns, & Leonard, 2007).

Livingston’s (1986) study of 151 single mothers’ experiences of violence by their children (N = 96) found that 29% had suffered violence by male children (44%) averaging 14.4 years of age and female children (56%) averaging 14.9 years of age. Agnew and Huguley (1989) also found that mothers were more often hit than fathers, yet this finding reversed for older males who were more likely to hit their fathers (a finding that was also discovered by Peek et al., 1985). Ulman and Straus (2003) studied a nationally representative sample of 1,023 American couples (married and cohabitating) and their children (3-17 years of age) and found that 14.2% of fathers and 20.2% of mothers in this sample (randomly chosen) reported being hit by their child in the year preceding the study. As the study was seeking to determine whether parent to child aggression, as well as witnessing aggression between parents, influenced child to parent aggression, it also included pre-school children in the sample. The inclusion of younger children found higher rates of child to parent aggression among younger children, which lessened as children became older; however, the overall prevalence rate was 10% from ages 10 to 17. The study also found that both boys and girls were equally aggressive towards their mothers. The study could not determine causality between parent to child aggression and child to parent aggression, but it did show that 60% of children who witnessed violence between parents were violent against their mothers (Ulman & Straus, 2003).

Walsh and Krienert’s (2007) examination of a cross-national sample of reported adolescent-to-parent violence offenses (N = 17,957), collected through the 2002 National
Incident Based Reporting System (NIBRS), found that White biological mothers over 40 years of age were more likely to be victimized by their male children (14-17 years of age). The study found males were more likely to assault a parent through intimidation (72.5%), simple assault (62%), or aggravated assault (69%); mothers were the victims in 70.5% of the cases and biological mothers the more likely target in 90.5% of the cases.

The researchers’ subsequent analysis of NIBRS data spanning 10 years (1995-2005) compared victim, offender, and incident characteristics of child-to-parent violence and parricide (the killing of one or both parents). Of the 108,310 cases of reported violence against parents, 99% ($n = 108,231$) constituted child-to-parent violence and 1% ($n = 79$) parricide. Offenders in child-to-parent violence cases tended to be 14 to 16 years of age (47.5%), male (62.6%), and White (76%). Victims were predominantly women (71.9%), White (78%), between 35 to 44 years of age (54.8%). In contrast, parricide offenders tended to be older, more likely to be male, and to be White. Parricide victims were also older, more likely to be male, to be White, and more likely to be a stepparent. Interestingly, the researchers’ logistic regression results found that child-to-parent violence offenders were more likely to be African American than parricide offenders, but this finding may not bear much weight considering the small number of parricide cases ($n = 79$).

While these studies provide critical insight regarding prevalence and demographic profiles of the youth and parents that are affected by APA, it is important to note the limitations to this data. The large-scale empirical studies that have been reviewed here have relied on data sources that are now over 40 years old, except for Walsh and Krienert (2007), whose study is now about 12 years old, but it is the most current of the empirical studies on APA. Additionally, the samples focused mostly on White populations, with a few studies obtaining data from Black
and Latino populations. A few studies that compared levels of incidence between racial groups found White youth more likely to hit their parents than Black youth (Agnew & Huguley, 1989; Charles, 1986; Walsh & Krienert, 2007), and Latino youth (Paulson, et al., 1990).

Most studies also focused data collection on male youth, with higher percentages of male respondents, which may be attributed to past findings of studies on juvenile delinquency and the cultural expectation that males are more aggressive. Additionally, parents may be reporting higher rates of aggression from males. While incidence data on APA shows that males are the offenders of APA in most cases, studies that have included females in the sample have found that they are also perpetrating APA. Overall, the paucity of research on APA, the variableness in approach, sample sizes, target populations, only allows for a limited view. However, based on past reported rates of APA, we can conjecture that it is still a pressing problem that requires rigorous research to assess the current extent of APA on national and local levels.

Additionally, these past studies focused on the incidence of physical violence and aggression, which was an important first step; however, the incidence and impact of verbal, psychological, and other forms of abuse had not been addressed. As researchers continued to examine the phenomenon, mixed methods and qualitative approaches were used to focus on parents’ experiences of abuse. The following section presents a review of studies that speak to the actual experiences of parents and youth and how these experiences have impacted them.

**Impact of abuse on parents.**

“Being severely abused by one’s own child can be humiliating, shameful, depowering, frightening and distressing” (Paterson et al., 2002, p. 98).
Research that has examined the resulting impacts of APA has shown the devastating effects that this form of abuse has on parents’ physical and emotional well-being, sense of identity, and on the parent-child relationship. Parents experience significant psychological distress caused by the shock and bewilderment of being hurt by their own child, accompanied by feelings of shame, isolation, and reluctance to reveal their difficulties with others (Charles, 1986; Clarke, 2015; Gallagher, 2004a; Eckstein, 2007; Laing, 2014; Miles & Condry, 2015; Murphy-Edwards, 2012; Routt & Anderson, 2011). Studies have found parents severely affected by mental health problems including depression, trauma, anxiety, insomnia, fatigue, grief, and stress-related illness (Clarke, 2015; Cottrell & Monk, 2004; Murphy-Edwards, 2012; Paterson et al., 2002).

One of the most complex aspects of this form of abuse is that parents are still responsible for their child, want to love and protect them, yet are faced with pain that is directed at them by the very person they want to love and protect. In Murphy-Edward’s (2012) mixed-methods study, parents “described confusion and dissonance as they grappled with a sense of responsibility to love and protect their children—children they sometimes experienced as intimidating and dangerous and yet vulnerable—and their need to protect themselves” (p. 240). Strong emotions of fear and guilt are also at the core of parents’ experiences; parents have described being fearful of their adolescent and fearing for their adolescent (Cottrell, 2001). Parents also feared the violence and abuse escalating, which could potentially lead to the worst that could happen to either the parent or adolescent (Holt, 2011).

Feelings of guilt are rooted in the parents’ belief that they had ‘failed’ as parents and identified themselves as ‘bad parents.’ Parents also experienced guilt over their negative feelings of dislike, hatred, or “bitter love” (Clarke, 2015) toward their child, which goes against the
expectation that parents are to love their children unconditionally (Holt, 2011; Laing, 2014; Murphy-Edwards, 2012). Parents also experienced shame over their perceived lack of parental ability, which is further compounded by others’ judgements (family, friends, or professionals), and leads parents to hide the abuse and isolate themselves (Cottrell & Monk, 2004; Clarke, 2015; Howard & Rottem, 2008; Jackson, 2003). Lack of parental authority, permissive parenting, and poor parent-child attachment have been found to be related to APA (Agnew & Huguley, 1989; Nock & Kazdin, 2002; Peek et al., 1985).

In Murphy-Edwards’ (2012) study of 30 parents’ experiences with adolescent domestic property violence, they shared the view that society held them responsible for not being able to control their children. Yet what Murphy-Edwards (2012) gleaned is that parents did not intentionally give up power and control to their child; “rather, control was eroded over time despite the parents’ best efforts to maintain or reclaim it” (p. 237). Murphy-Edwards (2012) also identified themes of loss among parents impacted by their adolescents’ property violence. While the financial losses caused by the damage was the most concrete form of loss, parents’ experiences of loss were far deeper. Notably, their loss of identity and ideals about parenting, and the loss of the relationship with their child is most profound and salient. Interestingly, parents did not openly acknowledge these experiences of loss or kept them hidden perhaps due to fear of being blamed, along with feelings of guilt and shame. This type of loss that goes unrecognized because it does not fit societal conceptions of loss, can result in disenfranchised grief (Doka, 1989, 2002, as cited in Murphy-Edwards, 2012). As these studies show, parents experience a web of complex emotions from the pain of the actual abuse, disbelief at their adolescent’s behavior, and feeling inadequate or failures as parents, which is further exacerbated by societal blame placed on them for not fulfilling their parental responsibility.
Mothers’ experiences of abuse.

For the past two or three years I suffered severely. I was verbally abused, hit and kicked and I was afraid of him. In fits of rage and anger he would hurt me and cause damage to my home. He was a violent, abusive and angry person who would not do anything he was told and could not take ‘no’ for an answer. When he didn’t get what he wanted, especially money, he would start abusing me and get stuck into me. He was like a person possessed. (Single mother’s account of abuse sustained by her 15-year old son, as cited in Gallagher, 2004a)

The literature reveals that mothers experience APA at higher rates than fathers (Biehal, 2012; Charles, 1986; Condry & Miles, 2014; Cornell & Gelles, 1982; Contreras & Cano, 2014; Edenborough et al., 2008; Evans & Warren-Sohlberg, 1988; Gallagher, 2004a; Howard & Rottem, 2008; Hunter, Nixon, & Parr, 2010; Ibabe et al., 2009; Jackson, 2003; Jackson & Mannix, 2004; Livingston, 1986; Kolko, 1996; Routt & Anderson, 2011; Sheehan, 1997; Stewart et al., 2007; Ulman & Straus, 2003). As women are most often the caregivers of children, it is important to understand their experiences within the context of their own, as well as societal expectations of mothers and motherhood. Qualitative studies that have explored the experiences of mothers have identified several common themes, specifically, living in fear of their child and feeling shame, which kept them from seeking help and keeping the abuse hidden (Edenborough et al., 2008; Hunter et al., 2010; Jackson, 2003; Ryan & Wilson, 2010).

Mothers have experienced abusive behaviors ranging from verbal abuse, emotional and psychological abuse, physical assaults, financial abuse and property damage (Edenborough et al., 2008; Haw, 2010; Hunter et al., 2010; Ibabe et al., 2009; Jackson, 2003; Patterson et al., 2008;
Ryan & Wilson, 2010; Stewart et al., 2007). Edenborough and colleagues (2008) examined the narratives of 185 mothers, with many who described their experiences of APA as ‘difficult,’ ‘stressful’ and ‘isolating.’ They lived with a sense of dread, not knowing when their child would become threatening and/or violent; “there was a sense that they were walking on eggshells” (Edenborough et al., 2008, p. 468). The mothers in Jackson’s (2003) exploratory study examined the “mothering journeys” of six mothers using feminist insights and narrative analysis. The mothers described how the relationship with their children was characterized by fear and violence; it went from being affectionate and uncomplicated to becoming tense and strained. Additional studies also found that this fear was especially pronounced for single mothers of sons whose physical size and strength played major factors in their belief that they could not exert control and discipline over their children (Edenborough et al., 2008; Haw, 2010; Hunter et al., 2010). As one mother described,

> It was only a matter of time before he hit me. I could feel it building up…He was very big and intimidating. I got scared that I would wake up one night and find him and his friends standing over me for money. So I started locking myself in my bedroom and I didn’t like living like that (Jackson, 2003, p. 324).

Some mothers described not being respected or protected by their child and instead felt overpowered, which led them to question their own ability to mother and to feel powerless to deal with the situation.

> He bashed me, punched holes in the doors of my house. He swears, he intimidates me all the time and stands over me. He bullies me and blames me for the position he is in. Hits me, I’m thrown to the ground (Ryan & Wilson, 2010, pg. 30).

When he doesn’t get his own way or when he doesn’t like something he has these
outbursts. He’s got no impulse control. Someone says something that upsets him or makes him angry...he reacts verbally and reacts physically – he lashes out and hits me (Jackson, 2003, p. 325).

Hunter and colleagues (2010) found that mothers were experiencing “an inversion of normal parent-child power relations” (p. 269) where the teenage child felt they were in charge. Living in fear of threats and intimidation characterized their daily living compounded by a sense of injustice at what they were subjected to and powerlessness to stop or prevent the abuse (Hunter et al., 2010).

In addition to the overwhelming distress and tension that these mothers were living in, they were experiencing feelings of ambiguity as they were torn between loving their children and wanting to protect them and feeling resentful for the abusive treatment they were receiving (Edenborough et al., 2008; Laing, 2014; Ryan & Wilson, 2010). For most mothers, the desire to protect their child from having them removed or involved with the criminal justice system motivated them to keep the abuse hidden, especially as they felt they would be blamed (Edenborough et al., 2008; Ryan & Wilson, 2010). Mothers also blamed themselves for ‘failing’ to stop the abuse and were reluctant to tell others what was happening (Hunter et al., 2010).

Moreover, in several studies, mothers described APA that was similar to domestic violence that they had previously experienced with their partner, leaving them to feel that they were being re-traumatized (Cottrell, 2001; Cottrell & Monk; 2004; Eckstein, 2004; Hunter, Nixon, & Parr, 2010; Miles & Condy, 2015; Routt & Anderson, 2011). Mothers who had also been victims of domestic violence felt guilty because in their view they had ‘allowed’ their children to witness the violence (Cottrell & Monk, 2004, p. 50), thus compounding their feelings of guilt and inadequacy as a parent.
When the abuse became unmanageable, mothers used a variety of strategies to address the abuse. For some mothers, seeking help from social services (i.e., counseling, anger management) was a short-term solution that did not address the overall impact of the adolescent’s abusive behavior, which left mothers feeling hopeless and often demoralized (Edenborough et al., 2008; Hunter et al., 2010). Stewart and colleagues (2007) conducted in-depth life review interviews with 60 mothers who experienced physical attacks, verbal abuse, threats, and psychological abuse by their children. The coping strategies reported by these mothers ranged from seeking help, working with a spouse/partner to unify disciplinary practices, and other tactics such as confronting the adolescent or avoiding aggressive interactions to stem the abuse. Mothers who lacked a partner or whose partner was present, but disengaged, had a much more difficult time as they had to balance between discipline and avoidance of their children (Stewart et al., 2007). For single mothers, especially of older male children, it was extremely difficult to address the abuse, almost impossible (Hunter et al., 2010).

Mothers that engaged police intervention had mixed outcomes, with some finding it served as a deterrent for the abuse and others finding the police unsupportive (Edenborough et al., 2008; Miles & Condry, 2015). Mothers of youth that had been diagnosed with mental health or conduct disorders seemed to be more proactive in seeking help and to advocate for their child (Edenborough et al., 2008; Stewart et al., 2007). For a very vulnerable group of mothers, indigenous Maori mothers (New Zealand), when they sought help from social services, they did not receive it, but instead were treated with contempt and made to feel that they were to be blamed and penalized for their children’s abuse (Ryan & Wilson, 2010).

Mother-blaming is a term used to describe mothers being held responsible for the behavior, health, and well-being of their children (Jackson & Mannix, 2004). It is a sexist bias...
that attributes a mother’s contributions to child and adolescent maladjustment while completely overlooking the contributions of the father (Phares, 1992). Social constructions of motherhood have been identified as part of a mother’s lived experience with APA; the “good mother” should be able to prevent problems from developing or at least fix them and if she cannot, she is a “bad mother” (Paterson et al., 2002, p. 91).

Living up to the ideal of being a good mother, whereby the mother is responsible for ensuring the well-being of all family members without acknowledging her own needs, was a major theme that emerged for a group of mothers who believed that their children’s violence indicated that they had failed to achieve this ideal (Paterson, et al., 2002). This binary construction of motherhood not only leads to mother-blaming but fails to explore the abuse dynamic in the relationship and how the mother and adolescent are affected and responding to the abuse. Weingarten (1994, 1998) posits that the mother loses her sense of autonomy in the relationship becoming lost and disempowered by the abuse and less able to define areas of responsibility for herself and her child (as cited in Paterson et al., 2002). Moreover, blaming mothers as the only significant influence of their children’s behavior fails to examine the influence of social and cultural factors, and political systems, such as patriarchy, that continues to devalue women and penalizes them for their own hardships.

The studies that have examined the impact of APA on parents make important contributions in revealing the complex experiences and the emotional and psychological impact on parents grappling with APA. While several studies identified potential factors contributing to APA, as well as parents’ perceptions of their own role and ability to navigate the relationship with their child, most studies did not explore the impact of APA on the parent-child relationship.
Based on the parents’ descriptions of their experiences, it can be surmised that the parent-child relationship was negatively impaired.

Some studies explored and identified the presenting issues that brought about parent-child conflicts, which in many cases led parents to try to avoid conflict; but did not fully unpack how parents and youth engaged during conflict and how conflict influenced their parenting choices. Eckstein (2007) explores this dynamic through her study of communicative patterns between parents and their adolescent children, which is included in a later section of this literature review. However, it is the only study of its kind that looks at the dynamic of conflict in a parent-child relationship affected by APA. Additional research is needed that examines how the use of abusive tactics by adolescents to exert control over their parents influences parenting and the hierarchical authority structure within the family.

Another area of inquiry that needs to be further explored is the gendered nature of APA, specifically the abuse of mothers. While not construed as a form of intimate partner violence (although it bears striking similarities), the abuse of mothers should be examined as part of the broader continuum of violence against women. Situated within this context, this focus would help to bring greater awareness to the influence of societal constructions of gender and the attributions of power that keep women vulnerable to abuse in many forms. Thus, research that examines APA as a form of gendered violence within this intimate relationship is sorely needed. Also, research that examines the prevalence and type of APA perpetrated by female adolescents is needed to gain a fuller understanding of youth’s experiences, interactions with parents, and to explore whether the choice of abuse and violence to exert control over a parent is influenced by gender and/or social constructions of men and women.
Adolescents’ Experiences of Adolescent-to-Parent Abuse

She tried to control me, but I wasn’t with it, I tried to hit her. I hit her in the face…I flipped out real bad. I’ve kicked my mum, punched my mum, and broken quite a lot of stuff in the house. Youth, 12 years old, describing his abusive behavior toward mother (Voice of Russia UK, 2013).

I was a bit surprised really. I’m angry and ashamed. Every time I lashed out I apologized. With my mum sometimes, it went a bit too far. I think it’s something in the child, and it’s not bad parenting, it’s the child, because mum’s a good parent and she’s the only one I really have because my dad left. Youth, 12 years old, reflecting on his past behavior after receiving services (Voice of Russia UK, 2013).

The existing literature on youth who engage in APA has primarily focused on describing the characteristics of youth, types of abuse perpetrated against parents, risk factors, and potential contributing factors stemming from the youth’s individual attributes, family environment, and influences from the external environment such as peers and the media (Agnew & Hugueley, 1989; Brezina, 1999; Cottrell & Monk, 2004; Kethineni, 2004; Kratcoski, 1985; Langhinrichsen-Rohling & Neidig, 1995; McCloskey & Lichter, 2003; Nock & Kazdin, 2002; Paulson et al., 1990; Peek et al., 1985; Sheehan, 1997). The following is a brief review of the literature that explores the role of violence in APA, youth’s psycho-social characteristics, and the influence of family dynamics.
Role of violence in APA.

“Violence is not simply a behavior, nor an emotional response, but rather a psychological strategy for achieving a given objective (Pueyo & Redondo, 2007, as cited in Ibabe et al., 2009, p. 3).

The literature shows that past histories of abuse, as well as exposure to domestic violence, have been characteristics of youth who have engaged in APA. While the literature has not been conclusive to determine causality between past child abuse/domestic violence and violence toward parents (studies have found the presence of APA in families with no prior evidence of abuse/domestic violence), it presents a startling picture of the role of violence in some families and how it can permeate young people’s lives and their relationships. In a quantitative study examining the exposure and use of violence in a sample of 474 low-income adolescents, researchers found high rates of family aggression with 50% having witnessed a parent being violent, 42% experienced parental victimization, and 30.8% were aggressive towards their parents (Langhinrichsen-Rohling & Neldig, 1995). While experiences of childhood victimization may influence the use of aggression in later life, it has not been shown to be a causal factor for the perpetration of violence toward parents. The level of violence and aggression that saturated the home lives of these youth is notable as it extended outside of the home, including victimization by and perpetration of aggression towards friends and strangers.

Kratcoski (1985) found that low family functioning and engagement with deviant peer groups were contributing factors influencing a violent response toward parents or caretakers by adolescents. The study compared family integration and deviant peer group engagement among a sample of 295 youth equally divided between youth in high school classes and youth referred to a juvenile justice center. The researchers noted that in many cases when parents tried to assert
their authority, youths would reject the attempt and respond with violence. They also found that youth who had previous exposure to violence in the home as well as youth who engaged in deviant peer groups had higher levels of violence against parents.

Peer influences were also found to contribute to APA; adolescents learned from their peers that violence was a viable way to gain power and control, which they used with their parents. In some cases, youth who were victimized by peers would abuse their parents to compensate for the powerlessness they experienced and used abusive behavior to express their anger (Cottrell & Monk, 2004).

Biehal (2012) conducted a mixed methods study with 112 youth whose families were receiving family support services. The personal accounts of youth reveal their perspectives on their violent behavior with many recognizing that it was problematic. Some youth blamed themselves for their difficulties, as one girl described, “I hit my mum, and shout at my mum, but afterwards when I’m good I can’t remember it.” Others described that their violence was due to the conflicts with their parents, “When my mum used to shout at me, I used to go to my brother and beat him up.” Youth also attributed their bad behavior to feeling unhappy, angry, and a few considered that their aggression was caused by parents hitting them, “I hate it that mum tells everyone that I batter her – she hits me.” They also mentioned past abuse as a factor, “my stepfather caused it because he was battering me and winding me up. He left ages ago, but it still has an effect.” (Biehal, 2012, p. 254). In addition to past abuse, witnessing domestic violence for some youth, was a link to their current aggression.

Adolescents in Howard and Abbott’s (2013) study described instances in which they used violence against their parents because they were being asked to do something they did not want to do. Adolescents also described incidents when they caused property damage including
punching holes in the wall, punching windows, and trashing the house. One youth described, “He told me to do something I didn’t want to do…I got pissed off…he started arguing and I know this is stupid, but I got a knife and started going toward him with it.” Another youth who was not getting permission to stay over at a friend’s (because she had previously stayed outside the home) described how she “…got a shovel and I was threatening to hit her (mom) with it” (p. 27). Several studies have identified an attitude of entitlement among abusive adolescents, whereby they believed or felt they did not have to obey their parent’s rules or that they had to get what they wanted from their parents (Calvete et al., 2014; Gallagher, 2004a, 2004b; Harbin & Madden, 1979; Howard & Abbott, 2013).

Sheehan (1997) deconstructs the work of her therapeutic team, Mediation and Family Therapy Services (MATTERS), that worked with families in Australia experiencing parent/adolescent conflict and adolescent violence in the home. Interweaving narrative family therapy and psychodynamic theory, Sheehan provides a case study of the team’s work with 60 youth and their families. Of the 60 youth in the sample, 49 had experienced violence and abuse in the family history, nearly half of the sample were using drugs, and about a third experienced suicidal ideation/attempt. The team’s approach sought to engage youth to take responsibility for their behavior, while also bringing into context other issues, i.e., history of abuse, witnessing domestic violence, substance abuse, self-harming behaviors, suicidality, family relationships, and beliefs around gender roles and the use of power in the family. Their work, carried out over a period of one to two years, had varying degrees of success with 36 families reporting that the violence had either stopped or significantly decreased. However, Sheehan notes that these were more likely families where violence was not so enmeshed in the family’s history and where the youth had attended at least three therapy sessions. She adds, that the effects of family violence,
particularly the internalizing of abusive tactics by youth, is an area that warrants further study, especially since these can be further exacerbated by family and societal beliefs around gender and power.

With families that did not endure past domestic violence but did not show improvement in outcomes even after this intervention, Sheehan hypothesizes that the years of negative recursive interactions between the youth and their parents may have been a factor. These youths had engaged in violent behavior since a very young age and may have internalized that years of interventions and labelling had rendered any further interventions inconsequential. Interestingly, Sheehan observed that the youth were aware of the impact that the violence had on their families but were unwilling to give up the power that it gave them.

**Psycho-social characteristics of adolescents.** A study conducted by Paulson et al., (1990) found that among 61 youth who assaulted their parents, the youth experienced unhappiness, low self-esteem, lack of interest in school, and a weak relationship with the parent lacking closeness and trust. The youth also felt less understood and respected by their parents when compared to their peers. Kennedy and colleagues (2010) found that among a sample of 223 adolescents who were charged with assaulting their parents, APA offenders were more likely to have difficulty relating to their parents, come from single parent homes (headed by the mother), associate with peers who owned guns or were in gangs, and to experience greater psychological distress when compared to youths who committed other types of offenses and non-offenders.

Ibabe and colleagues (2014) found that adolescents charged with violence against their parents exhibited higher levels of personal maladjustment (school and social maladjustment) and notable depressive symptoms when compared to adolescent offenders of other types of violence
and non-offenders. These adolescents also presented clinical characteristics compatible to those found in attention deficit disorders, disruptive disorders, and oppositional defiant disorders, which have also been found in adolescents charged with other types of offenses. In another study of adjudicated youth, researchers found that APA offenders had lower self-esteem and lower capacity for empathy when compared to other offenders and non-offenders (Ibabe & Jaureguizar, 2010). Additionally, one third of the APA offenders had experienced domestic violence at some point in their lives and 80% of these became aggressive toward their parents. The researchers also identified significant differences in drug use with APA offenders showing higher substance use.

While the role of substance abuse in APA has been identified by other studies (Cottrell & Monk, 2004; Howard & Abbott, 2013; Jackson, 2003; Pagani et al., 2003; Routt & Anderson, 2011; Sheehan, 1997), researchers have found it difficult to attribute whether the violence is precipitated after the use of the substance or in the youth’s attempt to secure more of it. Youth in Cottrell and Monk’s (2004) study admitted to abusing their parents when using substances, however, the violence was precipitated by arguments over the youth’s substance abuse. Similarly, Howard and Abbott (2013) report that nearly half (45%) of the 11 adolescents they interviewed in their study used substances (alcohol, marijuana, ice), which they believed was a trigger for their abusive behavior. Therefore, it is an important risk factor that can possibly point to deeper psychological and emotional issues that the adolescent is grappling with, and consequently is using substances to self-soothe (Cottrell & Monk, 2004; Sheehan, 1997).

Youth who engage in APA experience significant psychological distress. In their study of 268 adolescent and parent participants in the Step-Up Program, Routt and Anderson (2011) identified 39% of the youth they interviewed had received psychiatric diagnoses and were
prescribed medication. They also found that 53% of the youth witnessed or were exposed to domestic violence (father used physical violence against mother) and 38% experienced physical abuse by their father. Although the youth were not presently living in a home with domestic violence, the parents described that their adolescent children not only repeated the behaviors they had witnessed earlier in their lives but also expressed the same beliefs and attitudes that their fathers had (Routt & Anderson, 2011).

Cottrell and Monk (2004) and others (Howard & Abbott, 2013; Hunter et al., 2010; Miles & Condry, 2015) found this pattern as well, with adolescents who would begin to abuse their mother shortly after the abusive father/partner left the home. For youth who had been physically abused as children, or witnessed domestic violence, they became abusive when they had the physical strength to fight back for the abuse they had endured. For female youth who were sexually abused by a family member, the abusive behavior was motivated by a need for self-protection, to express anger at the offender, and in some cases to let the non-offending parent (usually the mother) “know” their anger and resentment for not being protected (Cottrell & Monk, 2004; Miles & Condry, 2015). Youth also described their experiences of emotional abuse and neglect as children influenced their behavior as they lashed out in anger toward parents or tried to have an emotional connection (Cottrell & Monk, 2004).

Characteristics of family dynamics. Family relationships, particularly dysfunctional parent and child interactions and the management of conflict have been found to be critical factors influencing the evolution of APA. In their seminal study, Harbin and Madden (1979) identified battered parent syndrome as a form of family violence and observed several family dynamics that characterize this phenomenon. These included, a distortion of hierarchical authority (abdication of authority by parent and youth’s grandiose sense of self and entitlement),
parents’ denial, maintaining secrecy about the violence, and/or minimizing it to maintain an illusion of family harmony. Sociocultural factors were also suggested to influence this type of family abuse. Namely, societal changes that have made parental values and leadership less secure, the growing emphasis on youthful values, the neglect of the elderly, and the increased alienation of nuclear families from extended family supports that could contribute to the reversal of generational hierarchies and undermining of parental authority.

Poor communication and negative interactions with parents characterized the family dynamics of APA offenders when compared to the family profiles of youth non-offenders and youth that had committed other offenses (Contreras & Cano, 2014). APA offenders perceived their parents as less warm, more rejecting, and the quality of communication was significantly worse than the other groups. The researchers note that in these interactions there are bi-directional effects between parenting behaviors and adolescent’s aggression. An aggressive adolescent is causing strain and hurting the parent, which in turn can decrease the parent’s level of warmth and communication with the adolescent and potentially affect the parenting they receive (Gault-Sherman, 2012). This can then influence the adolescent to engage in more aggressive behaviors, thus perpetuating a negative cycle of interaction.

Parenting styles that are highly controlling or overly permissive have been found to contribute to abusive and violent behavior by youth (Cottrell & Monk, 2004). Ibabe and Bentler (2016) examined whether the quality of family relationships and family discipline predicted violent and prosocial behaviors in a sample of 585 adolescents toward their parents and found bidirectional effects between parenting behaviors and children’s aggression toward parents. Parenting behaviors can influence changes in child behaviors, and similarly child behaviors can influence parents’ behavior. One of the study’s most striking findings was parents’ use of power-
assertive discipline (corporal punishment, deprivation, supervision) correlated with a higher incidence of adolescent violence toward parents; however, positive forms of discipline (setting limits, logical consequences, explaining) were not associated with less adolescent violence. Positive family relationships characterized by affect and communication were found to predict prosocial behaviors towards parents. It is important to note that the data for this study came from youths’ self-reports and thus is limited in that parents’ reports on family relationships and their use of discipline was not incorporated, which would have provided a more robust understanding of family dynamics and bidirectional effects of APA.

Calvete et al., (2014) also found an association between parenting style and APA and an indication of the bidirectional effects. Based on separate focus group interviews with parents and youth, the researchers conjectured that the parents’ permissive parenting style was a contributing factor to APA. Youth described that while the parents had established rules, these were not clear, and each parent said something different concerning the rules. They also described that when they purposefully ignored the rules, they were not subjected to consequences, thus rendering the rules ineffective. Parents acknowledged that they allowed their children to disobey them to avoid conflict, and while they tried to enforce consequences for disobeying the rules, they found it difficult to enforce them. They either chose to forgive their children, or the children found a way to not comply with the consequences.

The issue of control was identified as a recurring theme for the youth and parents. The youth did not want their parents to control their lives outside the home, which made the parents upset at not being able to control them. For the youth in this study it was important for them to do what was forbidden; it made them want it more. The adolescents predominantly held the view that they engaged in aggressive behavior towards their parents because that is what they
had witnessed/learned from their parents. In addition, the youth confirmed substance use
(alcohol, marijuana, and other drugs) but did not view this as a factor that made them more
violent, rather, they stated that not using the substances is what would make them violent. All
the youth indicated that watching violence on TV and in video games contributed to making
them feel hostile.

The practitioners that worked with these families were also interviewed and described the
youth’s violent acts as instrumental or proactive to obtain a desired outcome (i.e., get money
from parents) or avoid having to do something the parents asked them to (i.e., cleaning their
room). The aggressions were described as a power struggle, with each counterpart not wanting
the other to win or get away with it. They described that the violence escalated, starting out as
verbal and then evolving to physical violence. They also identified some common traits among
the boys who engaged in APA such as impulsivity, low self-esteem, drug use, academic failure,
low frustration tolerance, and lack of long-term goals. In their view, physical violence was more
characteristic of boys, whereas psychological abuse was more typical of girls. Additionally, in
the case of girls it was more latent and less overt, such as engaging in risky sex behavior,
academic failure, drug use, because in this way they would hurt parents’ expectations of them.

The existing literature provides insight into the specific characteristics of adolescents
who have engaged in APA including, the potential influence of violence in the home through
past abuse and/or exposure to domestic violence, peer influences, and difficulty managing their
emotions. The literature provides some insight into youth’s own experiences, although more
research is needed that explores youth’s understanding of how they view the impact of their
behaviors on their parents, themselves, and the relationship with their parents. Specifically,
research is needed that engages youth in exploring their views toward violence, and the choice to
use abusive and violent tactics to achieve their goals during conflicts with their parents. Such knowledge can be used to inform interventions to promote youth’s greater awareness of their thoughts and emotions and how these can influence their behaviors in their relationships with parents and others.

**Influence of APA on the Parent-Child Relationship**

“Adolescent aggression toward a parent is both an explicit marker of power struggles in the authority relationship and a stark indicator of a threatened affectional relationship” (Evans & Warren-Sohlberg, 1982, pg. 210).

A critically distinctive aspect of APA is the transgression of conventionally accepted power relations between a parent and child (Holt, 2013). In other forms of abuse (i.e., child abuse, domestic violence, and elder abuse) the perpetrator is viewed to exert culturally accepted authority, as well as greater physical and/or financial power in relation to the victim (Holt, 2013). Thus, those who are in a position of higher authority, possessing greater power, are in effect abusing their power to gain control of the victim. The reversal of power relations that occurs in APA, presents a puzzling family dynamic that has been shrouded in secrecy, which may have contributed to the lack of research attention given to this growing social problem (Holt, 2013).

Researchers have found that adolescents that abuse their parents will use both proactive or instrumental forms of aggression to obtain some type of benefit (i.e. permission to get home late or avoid doing a responsibility/chore) and reactive forms of aggression that are in response to possibly an unpleasant or unexpected interaction with their parent (Calvete et al., 2013; Calvete et al., 2014). The presence of both forms of aggression contribute to the complexity of this type of family violence, and the difficulty parents face in resolving conflicts with their adolescents.
Using a longitudinal framework, Peek, Fischer and Kidwell (1985) examined two dimensions of family power (power style and power differentiation) and two dimensions of family cohesion (bonding between parents and parent-child bonding) to assess the influence of these dimensions on how often parents were hit by their adolescent children. Data was drawn from the Youth in Transition study (1979) from a sample of 1,545 white male youth. Their findings suggest that violence against parents occurs among parents who are punitive or non-strict and where there is low emotional attachment between parents and youth. They consider that some family structure variables such as high parental consensus, stronger emotional attachment of youths to parents, greater youth-parent consensus, and religiosity can limit violence toward parents. Bearing in mind that this study was based on data collected nearly 30 years ago, research that can use newer measures to assess the influence of family structure and power variables and use of violence among adolescent youth within these contexts, including both males and females from various social, cultural, and economic backgrounds, would prove extremely useful in understanding APA.

Evans and Warren-Sohlberg (1988) found conflicts leading to abuse by adolescents toward their parents stemmed from issues regarding home life (i.e., home responsibilities, TV viewing, sibling fights, and transportation needs), money (i.e. allowances and spending), alcohol use, sexual activity, friends, school, and other issues. Some actual examples include:

Argument about messy room; adolescent male kicked parent in stomach.

Parent broke up sibling fight; adolescent male slapped parent.

Adolescent male held knife to parent to get a ride to local shopping center.

Argument about adolescent female’s threat to run away from home; adolescent kicks and pushes parent. (Evans & Warren-Sohlberg, 1988, pg. 207)
This study was particularly revealing in identifying the antecedents to conflicts in the parent-adolescent relationship that led to violence, which precipitated parents calling the police, however, it was limited to information provided in the police reports. It is not known how often parent and adolescent conflicts led to violence, but parents chose to not contact the police. Mothers were the victims of abuse perpetrated by both male (49.3%) and female (32.9%) adolescents, which other studies have also shown and was attributed to the high level of involvement mothers have in their children’s lives. Examining how mothers respond to the changing needs of their children and their own view of “motherhood” would help in understanding how the interactions with their adolescent children evolve. Moreover, since most parent-adolescent conflicts stemmed around issues of home life, examining family interaction patterns would be instrumental for targeting interventions that provide strategies for improving parent-adolescent conflict resolution.

Contreras and Cano (2014) found the quality of communication between parents and their adolescent children who abused them to be significantly poor in comparison to non-abusive adolescents and delinquent adolescents. Differences in communication were more noticeable between abusive adolescents and their mothers, as compared to the other groups, with youth reporting more communication problems.

Eckstein (2007) explored the communicative patterns in families experiencing APA to better understand how families engaged with each other in resolving conflicts, and how they protect themselves and others from abusive episodes. Through interviews with 20 parents, Eckstein examined the process that takes place when an adolescent chooses to implement conflict in the family. She identified two communication patterns that precipitated abusive interactions. The asking pattern, initiated by the adolescent when he/she wanted something from
the parent, and the requesting pattern, initiated by the parent to request that the adolescent do or stop doing something. Eckstein noted that in the asking pattern the episodes of abuse began with verbal abuse that would continue to escalate in intensity if the conflict persisted and would progress to either physical or emotional abuse if the adolescent did not get what he/she wanted (i.e. privileges, power, changing of rules, etc.). In response to the adolescent’s abusive behavior, parents monitored their responses (by either ignoring the adolescent, leaving the room, or giving in) to deescalate the situation and prevent the abuse from escalating into more severe forms of abuse.

Parents that had endured years of verbal abuse acknowledged that they no longer had the strength to stand by their decisions and would give in to their adolescents to avoid further abuse. While ‘giving in’ may appear to be weak and ineffectual parenting, or permissive parenting as it is commonly characterized, within the context of abuse it is the parents’ way of protecting themselves and possibly other family members from abuse. Within the conflict process, Eckstein (2007) noted the power adolescents had in controlling the dynamics of the family conflict; the abusive interaction did not end until the adolescent chose to end it or until parents decided to call the police if necessary.

Presently, the core research examining the impact of APA on parenting and parent-child relationships has been situated within the family microsystem, which is vitally important to unpacking the individual and relational factors influencing this phenomenon. Studies that attend to the influence of APA on the relational power dynamics are needed, given the social construction of the parent-child relationship, which may underestimate the power adolescents can exercise (Holt, 2013). Greater research attention is needed at the macrosystem level to uncover how social constructions of gender can influence APA, specifically social modeling of
violence used by men to control women, and violence used by women in response to experiences of victimization (Cottrell & Monk, 2004). Additionally, research is needed that explores the influence of societal expectations of parenting, which can render parents powerless in the sense that they are often viewed as primarily responsible (legally and morally) for their children’s behavior; thus, limiting the likelihood they would seek help and protection when they are being abused.

**Summary and Conclusion**

This review examined the literature concerning the experiences of parents and adolescents affected by APA and the impact on the parent-child relationship. The types of abuse parents have experienced along with prevalence rates, and the high proportion of mothers who are abused was explored. The literature has shown that youth’s past histories of abuse, poor attachment to parents, substance abuse, and mental health issues can be contributing factors, as well as parenting styles, parent-child communication patterns, and conflict management strategies. Future areas of research were recommended to provide greater understanding of this social problem. Comprehensive prevalence studies need to be conducted at national and local levels that can report on incidence and severity for different types of abuse and provide details on the socio-demographic characteristics of parents and youth. The disproportionate rate of APA among mothers is another area that warrants further study to help bring this issue to the forefront of policy discussions concerning violence against women. While the literature provides insight on individual traits and family dysfunction that may influence APA, broader contextual factors such as the intersection of social constructions of parent and child roles, as well as gender roles, and the role of violence within families and society need to be addressed.
CHAPTER THREE: THEORETICAL FRAMEWORK

At the center of adolescent-to-parent abuse (APA) is the parent-child relationship and the reversal of authority and power that occurs, which can be one of the contributing factors towards the development, escalation, and entrenchment of APA. It is also the relationship that is most damaged with both parent and child suffering severe emotional, psychological, and relational consequences. While occasional conflicts are to be expected in parent-child relationships, especially as the child grows older, the resolution of conflicts can become abusive on the part of the parent and/or child and perpetuate a negative recursive cycle of interaction.

Family systems theory and family power relations were used to provide contextual understanding of the dynamics that unfold within APA. These frameworks were selected specifically to help unpack the experiences of parents and youth and how the parent-child relationship is affected. While the frameworks present a micro level focus on the family and the impact of APA on parents and youth, they can be used to construct a macro level understanding of the structural forces that influence and shape parent and child relations and expectations.

Family Systems Theory

Family systems theory is particularly salient to understanding the family dynamics at work and how these influence the processes that lead to APA. Family systems theory was initially developed during the family therapy movement of the 1950s and has evolved as a unifying framework for family analysis that is now used across disciplines including psychology, sociology, social work, and communications (Broderick, 1993). Developed by Murray Bowen over years of field research with families, family systems theory took a radically different approach toward understanding human behavior. The theory is grounded in Bowen’s positivist approach toward understanding human behavior using scientific theory; he conceptualized that
the family is a naturally occurring system that exhibits patterns of emotional functioning that are also observed in other naturally occurring species (Papero, 1990).

Bowen (1966) viewed the family as a system “because a change in one part produces compensatory change in other parts of the family” (as cited in Papero, 1990, p. 4). This view of families as an emotionally governed system shifted the focus from treating the symptomatic individual to treating the family. At the core of family systems theory is the concept of *differentiation of self*, or individuation, which addresses how people differ from one another in terms of their sensitivity to one another and their varying abilities to preserve a degree of autonomy in the face of pressure for togetherness. The level of differentiation an individual can attain is demonstrated to the extent the individual can keep cognitive and emotional systems across their life span; in other words, to make choices based on rational thinking and not governed by emotional reactivity to changes in the environment (Papero, 1990). As the family is viewed as an emotionally governed system, everyone’s level of differentiation will influence his/her emotional responses to others. A person exhibits a level of differentiation to the degree that he/she can guide his personal behavior with well-thought out principles even amid intense anxiety in the family (Papero, 1990).

Kerr and Bowen (1988) define anxiety “as the response of an organism to a threat, real or perceived” (p. 112). The emotional experience of anxiety leads the individual to make decisions and react based on subjective feelings rather than rational thoughts in an effort to relieve discomfort, but which may lead to even greater discomfort or more difficulties in the future. Kerr and Bowen (1988) defined these anxious reactions as *emotional reactivity* to indicate that the behaviors become a patterned response. When anxiety affects family relations, two forces come into play. One is the family’s tendency to group together, which Bowen (1971) called the
“togetherness force”; family members describe each other similarly in terms of feelings, 
thoughts, and principles, and are cohesive in thinking and acting as if they are all responsible for 
the well-being and happiness of each other. Although the view toward “togetherness” seems 
altruistic, it masks the focus on self on which it is based in that the individual places demands 
and expectations on others in the family for their own individual well-being. When high levels 
of anxiety are present in a family, the greater the likelihood that the individual life courses of 
family members will be governed by these emotionally reactive mechanisms (Papero, 1990).

The other force that occurs is one toward greater differentiation of self or individuation. 
The individual views his/her own functioning more objectively in relation to the family’s 
functioning and the impact of his/her behavior on others in the family. The more autonomous 
individual is more objective and less emotionally reactive to the family’s emotional processes. 
Attaining a balance of both togetherness and individuation in a family is important to both help 
families address challenges caused by external and internal factors, as well as to support each 
family member’s life course development. Bowen (1966) indicated that families with a high 
degree of either force, togetherness or individuation, are susceptible to the development of major 

In his later expansion of family systems theory, Bowen (1978) postulated that the 
emotional processes at work within families are also reflected in societal responses to social 
problems such as juvenile delinquency. Bowen became interested in studying whether the 
regression that families experienced when confronted with anxiety could also be evident on a 
societal level. He sought to understand whether the patterns observed in how families responded 
to adolescent behavioral problems was also reflected in the way society responded to this 
phenomenon on a broader scope. For example, he observed that when parents are confronted by
their teenager’s demand for “rights,” without clear principles to guide their decisions, parents may yield to the teenager’s demands to reduce the anxiety, or may overreact and respond harshly, to also contain their level of anxiety. The child sensing the parents’ insecurity will exploit it further, to which the parents respond with an intense focus on the child and demands that the child must change. This sets off a recursive and negative emotional cycle within the relationship. Bowen (1978) posited that anxious public officials (including those in education, law enforcement, courts, and others) responded in similar fashion, as anxious parents, by losing sight of beliefs and principles in addressing the behavioral problems of adolescents and seeking rather to relieve the discomfort of the problem behavior.

Bowen (1978) further observed that the functional level of differentiation in society had decreased due to society’s growing anxiety caused by increasing population and reduced resources, which he described leads to societal regression. Bowen (1978) argues that anxiety plays a critical role in society, and that regression occurs when the family or society make decisions influenced by emotional reactivity. “There is evidence that the political-legislative process is more emotional reactivity than logical thinking, and that much legislation is more a ‘band-aid’ type of legislation directed at symptom relief than at underlying factors” (Bowen, 1978, p. 273).

High levels of anxiety can bring about a polarization towards “togetherness” that can erode individuation, and which is characterized more by emotional reactivity than objective thinking. An anxious society will resolve its problems in the same way as an anxious family, by responding to the emotionality brought up by the conflict, to restore comfort, rather than using an approach grounded in sound principles and based on respect for different viewpoints.
**Application of family systems theory in APA.** Micucci (1996) presented a case study of his use of family systems theory in treating a family experiencing APA. His approach centers on addressing the symptomatic cycle (Brendler et al., 1991), repetitive and recursive sequences of interaction between family members, that emerge as family members try to deal with conflict within their relationships. The family focuses its attention on the individual in the family viewed as causing the conflict; in the case of an adolescent who is abusive in the home, the adolescent is identified as “the problem.” As family members engage in efforts to reduce the conflict and control the behavior of the symptomatic individual, their efforts have the reverse effect of escalating the conflict and the symptomatic individual’s adverse behavior. In a family experiencing APA, the adolescent may feel misunderstood by the family and be more prone to exhibiting the problem behavior, thus contributing to the symptomatic cycle (Micucci, 1996).

Within this symptomatic cycle, Micucci (1996) identified five recurring themes in families with assaultive adolescents. The first theme – *relationships become organized around the violence* – deals with how family members respond to the symptomatic behavior, by becoming overly involved to eliminate or contain the violence, or by withdrawing so much that they may fail to notice the behavior until it affects others. Once the family is impacted by the violence, its focus and efforts become centered on it and the symptomatic individual. This leads to the second theme – *family members neglect other aspects of their lives* – as they are consumed by the impact of the abuse and may feel obliged to withdraw from other interests and relationships to exert their full attention on the problem at hand. As a result, families begin to isolate themselves from sources of support as a way of containing the behavior of the symptomatic individual or to avoid being shamed and misjudged by others. The self-imposed isolation further entrenches the abusive adolescent to engage in this symptomatic cycle.
Within this entrenched cycle—*the adolescent is labeled as the “problem” in the family*—as the adolescent’s behavior is viewed as the most disturbing. This in turn shifts the focus away from family interactions that may be contributing or sustaining the adolescent’s abusive behavior. Subsequently, family interactions are influenced by the *complementarity of biased perceptions*—whereby family members view one another in complementary ways that reinforce their biased perceptions of each other. Without realizing, their beliefs shape how they view one another and act toward each other (Bogdan, 1984). Compounding the biased perceptions that influence family interactions, are the beliefs about the problem itself, which can pit family members against each other as each has a different view of the problem. Parents often have different views of the problem based on their interpersonal distance from the abusive adolescent. The parent who is more involved may view the adolescent sympathetically, as needing help and protection, while the parent who is more distant, may view the child as willful, oppositional and requiring control. This type of conflict, which may have existed prior to the adolescent’s behavior, is further exacerbated by the impact of the behavior and each parent’s response to it.

The fifth theme—*conditional acceptance*—addresses the “unspoken rules” regarding acceptable behavior and role expectations that families typically develop to guide family interactions. When such unspoken rules do not allow for flexibility and changes, violations of these expectations are met with overt or covert responses of disapproval from family members. To avoid conflict, family members may not share openly their feelings toward the “unspoken rules” and in turn place similar expectations upon the family members that have imposed those rules and/or expectations on them.

In treating a family experiencing APA, Micucci (1996) was able to identify the relational dynamics that emerged in response to the adolescent’s violent behavior, and how the parents’
response further isolated them from each other, as well as from their other children and friends, and shaped their interactions with the adolescent. While the parents’ focus turned to the abusive adolescent, they neglected their other children, and the emotional distance that existed between them beforehand as a couple became more pronounced.

Micucci (1996) outlined several strategies for disrupting the symptomatic cycle. Supporting parental authority is a crucial strategy for engendering confidence in parents’ competence to address the powerlessness that parents feel. Another important strategy is repairing the dislocated relationships through a process that engages family members in revealing their feelings in a safe environment. This allows family members to substitute the desire to control the other person’s behavior with the desire to connect, learn to tolerate each other’s differences, and ultimately build trust in each other. Discovering and supporting competence in all family members is key to dispel feelings of inadequacy and helplessness that violent adolescents may experience, as well as the feelings of failure and guilt that parents may feel over their inability to manage the violence.

Micucci (1996) also stressed the importance for practitioners working with families to be aware of all sides of the relationships involved in the conflict. Especially if third parties are involved, (such as the school, social services, legal system, etc.), as each will present their own definition and view of the problem. While these strategies are aimed at disrupting the symptomatic cycle, work with family members will need to continue to address unresolved conflicts that were not previously addressed, and to provide individual therapeutic support. Abusive adolescents may be delayed in terms of their development (Brendler et al., 1991) and will experience frustration, depression, or anxiety as they face the developmental challenges of adolescence. Thus, continued therapy to help address these challenges will be beneficial.
Eckstein (2004) used family systems theory to examine the progression and escalation of conflict in families experiencing APA. Based on in-depth interviews with 20 parents, Eckstein examined specific forms of abuse – verbal, physical, and emotional, from initial inception to escalation in severity to a progression into other forms of abuse. She identified that for these parents, the first incident of abuse was experienced as verbal abuse, which over time progressed to physical and emotional. She noted an escalation dynamic that occurred within each form of abuse. For example, a first verbal abuse incident might involve a youth telling his/her parents to “shut up,” which may continue for a time, then progress to the youth calling the parent names and making derogatory remarks. It would then escalate in severity in these types of remarks, using curses, to further demoralize the parent.

When this form of abuse no longer yielded the effect the youth desired, then the abuse would progress and escalate to physical abuse, while still engaging in verbal abuse. There was also a progression in intensity in the physical abuse which could begin with physical intimidation (getting in parent’s space, throwing and/or breaking things, pushing or shoving parent, and escalate to more violent forms including slamming parent against the wall, floor, punching parent in the arm to punching parent in the face.) There was a pattern of escalation within emotional abuse as well, aimed at causing the parent emotional harm, from threatening to run away to more severe threats directed at the parent such as threats to commit suicide, threats to kill the parent, and threats to call 911 and accuse the parent of abuse.

The parents’ observations of their abuse experiences showed a hierarchical order in terms of the severity within each form of abuse and in the escalation of abuse. Parents’ accounts revealed that verbal abuse preceded physical and emotional abuse. In terms of severity, parents agreed unanimously that verbal abuse was the least hurtful form of abuse, which in their
interactions with their children became normalized. As one parent explained:

   And I was a fuckin’ bitch. You know, I was a whore and just on and on. And it got to the point where that’s how he continually addressed me… And a lot of times I didn’t know where it was coming or where it was coming from. It just seemed to happen…And it got [to] be where actually I guess that was just the [way] he always talked. So, I assumed that that [sic] was just the way he addressed me. I knew it was not normal for him to address me this way, because I had two other children who did not address me this way. In fact, they wouldn’t even dream of addressing me this way (Eckstein, 2004, 9:2).

Parents’ inability to prevent the verbal abuse allowed it to continue and escalate. Although they were not desensitized to the verbal abuse, it became a normalized form of communication that they came to expect from their children in conflict situations. As youth progressed to more severe forms of abuse, the verbal abuse lost significance, and more importantly, became a marker for parents to indicate that if the verbal abuse was not handled well, the conflict would escalate to a physical or emotional form of abuse.

Parents reported physical abuse as the second most harmful form of abuse, and as with verbal abuse, accepted it as their adolescent’s form of interaction during conflicts. Yet, despite the pain that physical abuse could inflict, for these parents the most harmful form of abuse was emotional. The level of emotional distress caused by emotional abuse remained long after the episode of abuse. As one parent described, “By far the most painful is emotional, and physical [abuse] is obviously, at the moment very difficult as is verbal. But…one forgets the words, one forgets the event, but one never forgets the pain, and that’s emotional” (Eckstein, 2004, p. 375). Parents also identified a link between physical abuse and emotional abuse, such as threats to hurt
or kill the parent, which were now even more disturbingly possible, due to the youth’s engagement in physical abuse.

Parents also perceived that their response to the abuse reinforced that the abuse achieved its intended purpose, which became a negative recursive pattern, a symptomatic cycle whereby parents’ efforts to stem the abuse only served to escalate it. Parents tried to avoid the challenges or “triggers” that could lead to abuse; tried implementing disciplinary measures that were rendered ineffective; and lastly, accepted the behavior as a normal part of family life. Thus, parents were disinvested of their parental authority, which influenced how they viewed their parenting role both within the family and outside the family. When the level of abuse escalated to the point that police had to be involved, several parents faced legal charges and child welfare involvement due to the adolescents’ charges of abuse, which had serious effects on their jobs, families, and reputation in their community. “Parents stated they experienced powerlessness in being able to effectively engage in conflict in a way that would effectively stop the abuse. Additionally, many of these abused parents believed they had lost the power to parent and felt they could not turn to the legal system for help” (Eckstein, 2004, p. 380).

As evidenced by Eckstein’s (2004) study, family systems theory is instrumental in illuminating the impact of APA on the parent-child relationship and how negative recursive patterns are shaped by different types of abuse in addressing conflicts. Micucci’s (1996) development of a family systems approach as a treatment modality for APA is extremely helpful in showing the impact of the abuse on the family. Specifically, how the family as a system responds to the abuse and how individual family members are affected and respond in dealing with the abuse. Despite its holistic approach to examining family conflict, family systems theory is limited in its lack of an ecological lens through which external factors, such as societal and
cultural norms of parenthood/adolescence, could be explored as influencing and/or exacerbating APA. Particularly as “…environmental and societal factors play a large role in the development of the hierarchical structure and roles within the family system” (Klein & White, 1996, as cited in Eckstein, 2004, p. 383). The involvement of an external party into family conflict, such as the police and child welfare authorities, who become involved when parents seek their help or when adolescents falsely charge their parents with abuse (Price, 1996), are examples of how family systems can still be used to explore the interplay of external forces within the family dynamic. Family systems can further examine, parents’ powerlessness in their parental role within external systems that further disenfranchise abused parents, who are held responsible for their adolescents’ abusive behavior, even when it is directed toward them (Holt, 2009).

**Family Power Relations**

An examination of power relations and how these are manifested in family relationships is critical to understanding the reversal of power that is experienced by parents affected by APA. Tew and Nixon (2010) developed a framework for contextualizing family power relations within current discourses of parenting and childhood. Drawing on evidence from two evaluations they conducted of Family Intervention Projects (Nixon et al., 2006; Pawson et al., 2009), the researchers identified shared themes across these studies including parents’ sense of powerlessness, shame, stigma and desperation in struggling to resolve their family’s conflict. Family Intervention Projects were new projects in the UK and Scotland developed for families that became homeless or were at risk of eviction due to the family’s alleged anti-social behavior. While parent abuse was not the focus of these studies, it emerged as a prevalent but unacknowledged problem.
Parents reported experiencing an acute sense of powerlessness as their children began to engage in abusive behaviors, including verbal abuse, emotional bullying, physical assault, and stealing money/property.

At the end of the day, I was like, I think, I was walking about on eggshells because I was terrified…(Nixon et al., 2006, original transcript as cited in Tew & Nixon, 2010, p. 580).

It’s hard but sometimes it actually makes me sick. See when he starts arguing, oh, it’s like my legs are like jelly (Pawson et al., 2009, original transcript as cited in Tew & Nixon, 2010, p. 580).

This powerlessness was made even more acute as parents sought help; however, “parents’ voices were not heard, reflecting the failure of current policy frameworks to acknowledge and adequately address this issue” (Tew & Nixon, 2010, p. 580).

Underlying the framework is a conceptualization of power as something that is constructed through social relationships (Westwood, 2002), which can place individuals in relationships with power over others or can be used to establish horizontal connections where they share power together (Tew & Nixon, 2010). Table 1 shows a taxonomy of power relations that depicts the internal and external operations of power that influence family life.
There are two sets of power relations that operate within family relationships. First, there are the power relationships that define the family’s social and economic standing in relation to the wider community. A family’s access to an extra-familial support network including extended family members and friends provides them with cooperative power through which they gain access to resources, mutual support, and protection through community, i.e., in the form of friends and family looking out for each other and calling attention to family members that may be acting abusively toward others. Access to this form of social capital (Coleman, 1988) provides families with power that is productive or enabling. However, some families lack access to social capital due to collusive power that can operate in communities that ostracize individuals and families who are “different” because of ethnicity, culture, religion, legal status, family structure, and other factors. These exclusionary processes can lead to an escalation of oppressive

Table 1

Matrix of Power Relations

<table>
<thead>
<tr>
<th>Power that is productive or enabling</th>
<th>Power Over</th>
<th>Power Together</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protective power</td>
<td>Deploying power in order to safeguard vulnerable people and their possibilities for advancement</td>
<td>Co-operative power</td>
</tr>
<tr>
<td></td>
<td>Collective action, sharing, mutual support and challenge – through valuing commonality and difference</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Power that is limiting or damaging</th>
<th>Oppressive power</th>
<th>Collusive power</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exploiting differences to enhance own position and resources at the expense of others (or trying to resist this if on the ‘receiving end’)</td>
<td>Banding together to exclude or suppress ‘otherness’ whether internal or external</td>
</tr>
</tbody>
</table>

power within communities that can manifest in forms of verbal harassment, property damage, and hate crimes in the most extreme cases.

The second set of power relations define and provide structure to relationships within families. Family structure and roles within families have undergone significant changes since early notions of family structure were based on a patriarchal system with men in the role of family provider or “breadwinner” and the role of disciplinarian as fathers. Women were charged with organizing and managing the family home, as mothers were the natural caregivers to their children and other family members. Within this structure, children were to acquiesce to their parents’ authority. Inherent within this normative family structure is a two-way power structure with men having power over women, and parents having power over children. These power relationships could be protective (for women and children) but could be oppressive (for women and children).

With increasing industrialization, global wars, and economic fluctuations, which brought about major social and cultural changes, the structure of the nuclear family shifted into new family formations and roles within families. Two-income households are now the norm, rather than the exception, as are single parent households, largely headed by single mothers. However, while the external outlines of the normative family form may have faded as women have become empowered through work and access to other sources of power, it is still used to devalue single parent families, particularly single mothers, to construct them as inferior parents (Tew & Nixon, 2010).

Within family relationships power can manifest in multiple forms – as cooperative, collusive, oppressive and protective. Cooperative forms of power shared between adults and between adults and older children can influence protective forms of power that can support the
collective negotiation of mutual expectations and boundaries. At the other extreme, families can be sites of oppression and abuse. Oppressive power exercised in family relationships is further exacerbated by collusive forms of power that serve to alienate and silence those who are being victimized. It is important to note that these collusive forms of power can occur both within the family and be imposed externally through structural systems that promote parental responsibility for the proper socialization of their children yet punish and blame parents if their children fail to abide by expected societal norms.

The current culture of “parent blaming” has served to disenfranchise parents from their parental authority and opened the door for adolescents to exert power over their parents through victimization techniques that induce guilt and shame in parents (Price, 1996). The proliferation of parenting programs and even practitioners’ conceptualization of APA (Holt & Retford, 2013; Hunter et al., 2010; Nixon, 2012) reflect the view that parents’ failings are the cause for their children’s maladjustment. Lacking is an understanding of families as a system of interconnected lives that are governed by an emotional system, as well as overt and covert power relations, which are shaped by structural forces that influence the expectations for family life today.

**Gendered power relations within APA.** Adolescent-to-parent abuse presents a transgression of the traditional power relations in the parent-child relationship. While the literature does not define APA as a gendered social problem, it does provide significant evidence of the victimization of mothers by their adolescent sons, with single mothers particularly at risk (Boxer, Gullan, & Mahoney, 2009; Condry & Miles, 2014; Cottrell & Monk, 2004; Edenborough, et al., 2008; Evans & Warren-Sohlberg, 1988; Jackson, 2003; Ibabe et al., 2009; Pagani, et al., 2003; Routt & Anderson, 2011; Stewart, Burns, & Leonard, 2007). When family relations are influenced by patriarchal systems that maintain an underlying narrative that
empowers the male as the ‘man of the house,’ women can become vulnerable to *oppressive* and *collusive* forms of power. Within this patriarchal system, the potential for a mother’s victimization can arise when the father and son(s) exert their dominance over the mother, especially if she lacks access to sources of power through work or extra-familial supports. And if the father leaves the home due to divorce or abandonment, the powerful position that is left vacant, may be assumed by the adolescent son seeking to occupy this role.

For single mothers, the absence of the father figure presents a confounding set of factors. They are held responsible as the parental authority with expected *power over* their children, yet their ability to serve in this capacity can be diminished by the influence of patriarchal role expectations that place men in higher positions of power. Additionally, the parent blaming discourse, indirectly or directly blames them for the absence of the father (Tew & Nixon, 2010). Moreover, for single mothers who are victims of APA, the stigmatization associated with being a single mother, may lead to isolation from potential sources of support that could provide them with *protective power* from the abuse. The shame and guilt associated with being a victim of APA, rendering them an ‘unfit parent’ through the parent blaming discourse, further exacerbates the stigmatization and sense of inferiority that is imposed on single mothers. For single mothers who were also victims of domestic abuse, the very role of mother may render them particularly vulnerable to enduring further abuse, as they become entrenched in a recursive cycle grounded in a powerful emotional attachment. Thus, a single mother may succumb to the parental role of caregiver by focusing all her attention on the child, which can render her powerless to access help to end the abuse (Kennair & Mellor, 2007).

While the available empirical data shows a higher percentage of mothers are victimized by their sons, there is evidence of mothers’ victimization by their daughters (Cottrell & Monk,
In their study of a cross-national sample of 17,957 youth reported to law enforcement for assaulting a parent/step-parent, Walsh and Krienert (2009) found that females accounted for 37% of offenders. In cases of aggravated assault, females were the offenders in 31.3% of those cases, and were more likely to assault a mother or step-mother. In a study of 83 adjudicated youth charged with violence against their parents, Kethineni (2004) found no gender differences, with males and females committing similar levels of physical violence (most of the youth lived with their mothers). McCloskey and Lichter (2003) also found no gender differences in a 10-year study of child aggression toward parents that examined a sample of 296 mother-child dyads. In some cases, daughters have been abusive to their mothers for failure to protect them from sexual abuse from the father/step-father (Cottrell & Monk, 2004) or for repudiation of the weakness they perceive in their mother, which they wish to distance themselves from (Kennair & Mellor, 2007).

In terms of fathers’ victimization, the literature provides a lower incidence of fathers who are victims of APA. This may be attributed to men’s access to traditional sources of power (through patriarchal systems), or it may be that fathers underreport the abuse due to these gendered systems and narratives of male power. However, Peek, Fischer, and Kidwell (1985) found in their study of adolescent violence perpetrated against parents, that fathers were victimized more by their adolescent sons, and the proportion of violence increased as youth became older. Fathers can also be vulnerable in instances where their status in the family is threatened. For example, if the father loses his job, becomes disabled, or if he comes into the family in the role of “stepfather” where his parental authority may be challenged by his non-biological children (Tew & Nixon, 2010).
Summary and Conclusion

The key concepts depicted by family systems theory and family power relations theory were used as a guiding analytical framework for distilling the various aspects of the parent-child relationship that are affected by APA. These theories also aligned well with my research questions, which are exploratory in nature, to help provide greater understanding of the intricacies of the parent-child relationship within the context of APA. I also found these theories extended well to incorporating a macro lens that could identify external structural forces that influence family relationships. While parent-child relationships are formed and developed through private interactions and shared histories and experiences, they are also subject to external influences and expectations that can have a profound impact on these relationships.
CHAPTER FOUR: RESEARCH METHODOLOGY

Research Approach

I used a qualitative design to explore the experiences of parents impacted by adolescent-to-parent abuse. This type of inquiry would be difficult to carry out through quantitative methods that focus on hypothesis verification, particularly when not enough is known about the experiences of parents within this context to formulate a theory or hypothesis. Another important reason for selecting naturalistic inquiry is its emphasis on context (Guba & Lincoln, 1994). This is especially relevant to this inquiry where the dynamic relationship between parents and adolescents is being investigated. According to Guba and Lincoln (1994), positivist inquiry goes to great lengths through randomization and tight controls of testing procedures to remove all possible effects of contextual variables that might influence the focused purposes of the study and in turn the findings.

In contrast, naturalistic inquiry is open to the contextual factors (historical, social, cultural, and political) that can influence collective and individual experiences. Context is vital to understanding how family members construct meaning of their lived experiences in relationship to the external environment. Consequently, I used a constructivist approach in my study design, whereby the researcher and object of study engage in an interactional process that creates knowledge of their lived realities (Guba & Lincoln, 1994).

Moreover, a naturalistic frame, as defined by Guba (1978), is a "discovery-oriented" or inductive approach that places no constraints on the outcomes of the research and minimizes investigator manipulation of the study setting (as cited in Patton, 2002). From an epistemological standpoint, this is essential for relationship-building and for gathering the richest and most relevant data in the study setting. To gather rich and detailed data the researcher needs to
develop close relationships with his/her subjects or rapport. Rapport lays the groundwork for the researcher to gain the trust and receptivity of his/her subjects. Without such trust a researcher will not be able to elicit the often rich and intimate details that characterize the respondent's experience. More specifically, when there is trust between the researcher and respondent, the respondent can allow him/herself to be vulnerable and reveal more details about his/her experience. Only through close interactions with subjects can a researcher obtain such detail which in turn contributes to the development of both a plausible and robust narrative of the social world being investigated. Building this narrative required proximity to the experience of the parents. I wanted to have flexibility to go into new avenues of exploration through this study that once explored could be assessed in terms of relevance. These nuances are difficult for a positivist frame to uncover when the researcher has to adhere to pre-determined questions and cannot use discretion to pursue new lines of inquiry as they emerge.

By using a naturalistic framework, qualitative studies delve into the lives of the individuals experiencing a phenomenon to gain a richer and deeper understanding of what they have experienced concretely and how this experience has impacted them in terms of their feelings, perceptions, and meanings that they make of the actual experience. Qualitative studies also provide a window into phenomena that on the surface are difficult to comprehend and can be instrumental to unearthing the various facets of the individual experiences that form the phenomenon under study.

In sum, I found a qualitative approach better suited to exploring narratives of parents' lived experiences. The inquiry could not be apprehended through theory and hypothesis building because the social reality under consideration is too unknown, complex and dynamic to be construed into precise variables. The ability to ask open-ended questions will lead to discovery
about the nature of the parents' social reality. A discovery driven inquiry promotes flexibility to develop questions that are not circumscribed but are sufficiently open to promote the surfacing of rich, exhaustive details regarding the experience of APA. Lastly, interrogating the context which significantly influences the social reality being investigated is best achieved through this more open ended, discovery driven design choice.

**Theoretical Orientation**

Phenomenology served as the guiding framework to explore the experiences of parents. Phenomenological inquiry is concerned with what people experience and how they interpret their world. The philosophy of phenomenology was first developed as a rigorous science by Edmund H. Husserl (1913) to study how people describe things as they experience them through their senses (Patton, 2002). The idea being that the only way we can know our experience is through sensory perceptions and meanings that awaken our consciousness (Patton, 2002). The initial understanding of the experience is made through sensory awareness, which must be described, explicated and interpreted (Patton, 2002). The interpretation then becomes inextricably linked to the experience itself. Phenomenology studies how people construct their experience so that it makes sense and is meaningful to them, thus constituting their lived reality (Bogdan & Biklen, 1982).

Phenomenologists seek to understand subjective and objective aspects of people's behavior. The intention is to understand the essence or character of these shared experiences as experienced by those who occupy the world being explored (Patton, 2002). This necessitates an epistemological stance that places the researcher in proximity and direct relationship with the subject of study by using participant observation and in-depth interviews (Patton, 2002). Understanding the experience of parents and how they interpret that experience are at the
core of this study. Moreover, to arrive at this knowledge and understand the shared essence of this experience, proximity to the experience is critical, thus, a phenomenological framework is a strong fit for this purpose.

**Methods of Data Collection**

To gain in-depth knowledge of the phenomenon I conducted in-depth, semi-structured interviews with 18 parents. I gained access to recruit participants from two family-focused interventions: the Step-Up Program (based in Seattle, WA), a 20-week intervention that addresses adolescent violence in the home, and the Family Assessment Program (based in New York City), a diversion program that works with families of adolescents seeking to resolve problems without going to court. I used this approach because I wanted to gain direct access to families that would potentially be affected by APA.

**Recruitment.** For recruitment materials, I developed a brochure, flyer, and an informational letter describing the research study (Appendices A – C). I also translated the recruitment materials into Spanish to ensure that I could engage Spanish-speaking parents in the study. I began recruitment through the Seattle-based Step-Up Program, which granted me access to observe program activities and engage interested parents in my study. I visited the program twice and presented my study directly to program participants and distributed a flyer and informational letter at designated program meeting times. All prospective participants were instructed to contact me if they were interested in participating in the study.

Then I expanded recruitment to New York City (my home base) to identify and engage parents with these experiences. I sent letters to and visited local government and non-profit human service organizations in NYC that serve youth and their families to introduce the study and request permission to conduct outreach and recruitment. This proved to be challenging as
the organizations I reached out to did not indicate interest in my study. I also submitted my research proposal to three human service agencies who required that any studies conducted with their service recipients be reviewed by their IRB. After reviewing my proposal two agencies indicated that they did not have parents who met the study’s criteria. I wondered whether the sensitivity of the study’s topic precluded any further interest.

One agency, the NYC Administration for Children’s Services, granted approval and provided me with access to their Family Assessment Program (FAP), which works with families of adolescents that are exhibiting challenging behaviors in the home. The Family Assessment Program has an office in each of the five boroughs where families seeking help can have their needs assessed and referred to therapeutic services. I met with the director of each borough office and with the staff at the different locations to present my study and distribute the recruitment materials. Each office made the recruitment materials available in the waiting area. Some FAP offices also invited me to their meetings with the service providers they referred families to for intensive therapeutic services and I had the opportunity to present my study and gave them my recruitment materials. I also attended the FAP’s community-wide informational fairs where I met different service providers and shared my materials as well.

While I was granted access to distribute my recruitment materials at the FAP offices and had the opportunity to meet with their staff, it did not yield many study participants as I had hoped. The Family Assessment Program serves as the entry point for families to be connected to services; a family is usually seen once for their assessment and then they are referred to a provider that can meet their needs. Since families visit the program perhaps once or twice as their needs are assessed, they may not have had ample opportunity to see the recruitment materials. Additionally, ACS did not provide authorization for staff to help share my recruitment
materials directly with the families they assessed, which I had requested. I was given the opportunity to present my study at a parent workshop offered by one of the FAP offices, which was extremely helpful in giving me access to parents, and I think more of these opportunities would have potentially yielded more study participants. I was hoping to attend future parent workshops, but these were being planned for a future date that was beyond the scope of my research timeline.

Sampling and selection criteria. Qualitative research relies on purposeful sampling, which selects information-rich cases for in-depth study. The goal of purposeful sampling is to gather exhaustive and descriptive information from a small number of cases to gain powerful insights about the phenomenon of interest (Patton, 2002). I chose a homogenous sampling strategy as my study sought to gather descriptive information about a group of individuals with similar experiences. I recruited parents that met the criteria for participation and administered a brief screening tool and consent for screening either in person or over the phone (Appendices D and E), to ascertain their eligibility for the study. To be included in the study a participant had to be an adult (at least 25 years of age) parent (biological, adoptive, step-parent) to an adolescent (11-17 years of age) who had engaged in abusive behavior (verbal, physical, emotional, financial/property damage). I conducted interviews with 18 parents, which fell slightly below my desired sample size of 25, but I found the number of interviews conducted to be enough as it allowed me to gather detailed information about the parents’ experiences.

Participants. Most of the sample \( N = 18 \) consisted of parents from the Seattle-based Step-Up program \( n = 15 \) and three parents came from the NYC area. Eleven parents were married, four were divorced, and three were single. Most of the parents were White \( n = 12 \), four were Latino, one was Black, and one was Mixed Race. Three parents were native Spanish-
speakers. I interviewed 12 mothers and six fathers. In addition, there were 13 biological parents and five adoptive parents. Of the adolescents that engaged in APA, 15 are male and three are female, ranging from 11 to 17 years of age. Most of the youth were older, 15 – 17 years of age. See Table 2 for the parents’ demographic characteristics and that of their adolescent child.

Table 2

Demographics of Parents and Adolescent Children

<table>
<thead>
<tr>
<th>Participants</th>
<th>Ethnicity</th>
<th>Marital Status</th>
<th>Number of Children</th>
<th>Adolescent</th>
<th>Age/Gender/Birth Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Linda</td>
<td>White</td>
<td>Married</td>
<td>3</td>
<td>Sarah</td>
<td>17, Female, Middle child</td>
</tr>
<tr>
<td>2. Jack</td>
<td>White</td>
<td>Married</td>
<td>2</td>
<td>Bill</td>
<td>17, Male, Oldest</td>
</tr>
<tr>
<td>3. Robert</td>
<td>White</td>
<td>Married</td>
<td>2</td>
<td>Brandon</td>
<td>17, Male, Oldest</td>
</tr>
<tr>
<td>4. Rhonda</td>
<td>White</td>
<td>Married</td>
<td>2</td>
<td>Carter</td>
<td>15, Male, Oldest</td>
</tr>
<tr>
<td>5. Hannah</td>
<td>White</td>
<td>Single</td>
<td>1</td>
<td>Caleb</td>
<td>11, Male, Only Child</td>
</tr>
<tr>
<td>6. Anna</td>
<td>White</td>
<td>Divorced</td>
<td>1</td>
<td>Brian</td>
<td>15, Male, Only Child</td>
</tr>
<tr>
<td>7. Sandra</td>
<td>Mixed</td>
<td>Divorced</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Karen</td>
<td>White</td>
<td>Divorced</td>
<td>4</td>
<td>Benjamin</td>
<td>15, Male, 2nd Oldest</td>
</tr>
<tr>
<td>9. Barry</td>
<td>White</td>
<td>Married</td>
<td>2</td>
<td>Carla</td>
<td>16, Female, youngest</td>
</tr>
<tr>
<td>10. Barbara</td>
<td>Black</td>
<td>Divorced</td>
<td>1</td>
<td>David</td>
<td>16, Male, Only child</td>
</tr>
<tr>
<td>11. Elizabeth</td>
<td>White</td>
<td>Married</td>
<td>2</td>
<td>Matthew</td>
<td>13, Male, twin</td>
</tr>
<tr>
<td>12. Eileen</td>
<td>White</td>
<td>Married</td>
<td>4</td>
<td>Andrew</td>
<td>15, Male, third child</td>
</tr>
<tr>
<td>13. Harold</td>
<td>White</td>
<td>Married</td>
<td>3</td>
<td>Jimmy</td>
<td>16, Male, Oldest</td>
</tr>
<tr>
<td>14. Jaime</td>
<td>Latino</td>
<td>Married</td>
<td>5</td>
<td>Ken</td>
<td>17, Male, Middle child</td>
</tr>
<tr>
<td>15. Michael</td>
<td>Latino</td>
<td>Married</td>
<td>3</td>
<td>Jared</td>
<td>17, Male, Oldest</td>
</tr>
<tr>
<td>16. Rachel</td>
<td>White</td>
<td>Married</td>
<td>3</td>
<td>Anita</td>
<td>17, Female, Middle child</td>
</tr>
<tr>
<td>17. Rosa</td>
<td>Latina</td>
<td>Single</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Pseudonyms are used to maintain participant anonymity.

Parent Interviews. I conducted in-person and telephone interviews with 18 parents (18 to 65 of years of age), one to two interviews per parent. Interviews were conducted in-person and over the telephone and ranged between 50 to 75 minutes (See Appendix F for interview
protocol). Prior to conducting the interview, I reviewed the informed consent form with the participant, and asked the participant’s consent to audio record the interview to ensure that all details of the interview were captured (See Appendix G for informed consent). The interview questions allowed parents to share their experiences of APA (i.e., the evolution of the abuse), the impacts of the abuse, and explore how APA is influencing the relationship dynamics and the views of power between parents and youth.

Data Analysis

I used thematic analysis to unpack parents’ experiences and find repeated patterns and meanings (Braun & Clarke, 2006). I listened to the interviews and transcribed them and listened to them to verify the transcription. I read the transcripts several times and created observational notes and memos on the material to describe ideas about potential codes, categories, and the relationships in the data (Maxwell & Miller, 2008). Memos are a vital technique in qualitative analysis that are useful for reflection on research goals, methods, theory, and for the researcher’s own reflections (Maxwell, 2013). As I also experienced APA, writing memos was an integral part of the analytic process that helped me to acknowledge my feelings, biases, and thoughts that were elicited.

In my first cycle of coding I used a combination of descriptive, process, and in vivo codes. Descriptive coding applies descriptive nouns or phrases to the data, while process coding is more active and applies actual actions relayed by participants (Saldaña, 2016). In vivo codes are quotes that come from participants’ own responses. After re-reading transcripts and finalizing my codes, I coded the interview transcripts using the Dedoose software. Then I grouped the coded data excerpts into categories that aligned with my research questions. Coding matrices serve to organize the categorizing analysis by the different categories with the data that
support these (Maxwell, 2013). While developing a coding matrix was extremely helpful in organizing the data, I sought to maintain flexibility and was open to identifying other substantive categories that were discovered through the analytical process.

Then I grouped the categories of data excerpts into themes. According to Saldaña (2016), “a theme is a phrase or sentence that identifies what a unit of data is about and/or what it means” (p. 199). The development of themes is particularly useful in phenomenology, which seeks to gain a rich and deep understanding of life experiences, as themes help to capture the phenomenon one is trying to understand (van Manen, 1990, as cited in Saldaña, 2016). This process involved analyzing the categories and data excerpts and integrating these into themes that helped to explain the participants’ experiences. I also developed themes that exemplified and further elaborated the theoretical framework. This was an iterative process as I refined the themes into a cohesive narrative that could best explain the phenomenon across the different facets of the parents’ lived experiences. This process yielded a set of major themes and sub-themes as shown in Table 3.

Table 3

*Major Themes and Sub-themes*

<table>
<thead>
<tr>
<th>Major Themes</th>
<th>Sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living in Uncharted Territory</td>
<td>Parents’ experiences of abuse</td>
</tr>
<tr>
<td></td>
<td>Impact of APA on parents</td>
</tr>
<tr>
<td>“Stuck in a Cycle:” Impact of APA on Family Dynamics</td>
<td>Symptomatic Cycle</td>
</tr>
<tr>
<td></td>
<td>Power and Control</td>
</tr>
<tr>
<td></td>
<td>Possible Contributing Factors</td>
</tr>
<tr>
<td>Seeking Help</td>
<td>Finding the right services</td>
</tr>
<tr>
<td></td>
<td>Barriers to services</td>
</tr>
<tr>
<td></td>
<td>Services that helped</td>
</tr>
<tr>
<td></td>
<td>Building awareness needed</td>
</tr>
</tbody>
</table>
I reviewed the themes and coded data for internal homogeneity, where data appears to form a coherent pattern, and external heterogeneity, where themes are distinct and clearly identifiable (Patton, 2002). I also assessed the validity of individual themes in relation to the data, as well as any representations of relationships depicted by the themes. This process involved re-reading the data to determine whether the themes effectively reflect the data, and to allow for re-coding of any additional data that may have been missed in prior coding (Braun & Clark, 2006). Then I organized the data extracts for each theme into a coherent and internally consistent narrative that tells the ‘story’ of each individual theme, and how it relates to the broader overall ‘story’ the data tells (Braun & Clark, 2006). The overall analysis and narrative were supported with illustrative data extracts that were integrated throughout to demonstrate the prevalence and essence of each theme.

**Reflexivity**

I approached this study aware that my own experience with APA would present a major bias that would pose a threat to the validity of the study’s findings. To prevent my biases from influencing the interpretation of the data, I wrote memos during the data collection and analytical process. I wrote memos after completing interviews to reflect on the experience and identify thoughts, as well as feelings, that surfaced. During the analysis, I also wrote memos after listening to the interviews, transcribing and reading interviews. Memos allowed me to reflect on my own experience and acknowledge and write about my thoughts and feelings in response to the data I was hearing and reading. Participating in this process of creating knowledge of this phenomenon with study participants was both challenging and rewarding. As participants shared their experiences with me, I had to receive their feelings and thoughts as their lived reality, which at times echoed my own experience. While I acknowledged my own responses to their
experiences, I had to also “bracket off” my own preconceptions so as not to intrude on the essential aspects of the parents’ accounts (Moustakas, 1994, as cited in Padgett, 2017). My dissertation advisor was also extremely helpful in reviewing the analytical content and providing constructive feedback that identified areas of weakness.

In presenting the purpose of my study to potential research participants, I was aware that parents might have positive or negative reactions to asking them questions about such personal and difficult experiences, which could potentially influence their responses. Among the parents I interviewed, I found that most were very willing to talk about their experiences. I sought to engage parents by sharing my own experience, which helped to build rapport and an atmosphere of trust. I was also very open to hearing what they had to say and assured participants of the importance of sharing their own experiences, as this would help other parents know they are not alone in this experience and it is important for their voices to be heard.

My personal experience. As I previously described, the exploration of adolescent-to-parent abuse through the lived experiences of parents, stems from my own experience with my son and his abusive behavior toward me. Living through this experience has been one of the most difficult of my life because I never thought that I could live in fear of my own son. It took me a long time to admit to myself that there was something horribly wrong in our relationship as parent and child when he did not respect me as a parent, but even more disturbing to me, was his control and manipulation over me to give in to his demands. The only way that I could describe living with my son was that it was like living with an abusive spouse because he did not view me or respect me as the parent (except as the one who had to give him what he wanted). Having experienced emotional abuse and physical threats from his father while we were married, (I divorced him when my son was very young because I did not want my son to be exposed to
domestic abuse), I was at a loss as to why this was happening between me and my son.

Because my son has multiple mental health issues and special education needs, I had sought help from mental health agencies, hospitals, and the special education system, to provide him with a myriad of services for many years. While he learned to behave well in school, his behavior at home became more out of control towards me. I observed that he was able to respect the authority of teachers and others but was different towards me and made me feel that I was not a parent to him. As the situation at home became more unbearable, I sought help from the police who referred me to family court to apply for a Person In Need of Supervision (PINS) petition. As I explained my story to the worker, she recommended that I go to the school system to ask for a re-evaluation as she felt that my son’s case did not warrant a PINS petition. I immediately went to my son’s school and met with the on-site therapist, who had been counseling him in the previous school year, and with the school’s director of special education. They were able to engage the school psychologist who secured an appointment for my son to be evaluated. Once he was admitted to the hospital, I had to be honest with the social workers and express my fears of having him home again and that I would not be picking him up once he was discharged.

A meeting was arranged with mental health department representatives and child welfare services, where I had to tell my story, and to discuss possible service options. I stressed to them that I believed my son needed placement in a residential facility, but there was a waiting list. The service options that were offered for after discharge, were the same as what we had received a couple of years ago after my son’s first hospitalization. Those services had been helpful but did not address the underlying abusive pattern of his behavior. Since his aggressive behavior had escalated, I realized that I could not have my son at home, and even more painful, I recognized that I could not parent my son because of my fear and our dysfunctional relationship. I had to
make a very heart wrenching decision to voluntarily place my son in foster care, after he had been hospitalized. Once he was discharged from the hospital, he was placed in a therapeutic group home. As I explained to service providers my experience, (among most, I won’t say all) I found a lack of understanding of what I was living through. I felt overwhelming emotions, from shame at not being able to parent my child, guilt over the decisions I had to make, deep sadness and grief because I had to separate myself from my son.

As painful as this experience has been for me, it served to be a turning point in my scholarly work. As I sought to understand whether my experience was atypical I began to search the literature regarding this form of family abuse. I learned that despite being recognized in the literature over thirty years ago, APA has remained a hidden form of family abuse, as parents, like myself, feel ashamed to come forward and express what they are going through. They also do not know the resources that can help or have sought help but have not received adequate responses. The desire to understand my own experience and to learn about other parents’ experiences and how it has impacted them led me to focus my research on this issue. I must admit that this was a difficult process but one that also brought healing as I shared my story with other parents and they shared their stories with me.

**Administrative Arrangements and Protection of Human Subjects**

I secured approval to conduct this study from the Institutional Review Board of the Graduate School and University Center, City University of New York, Protocol# 2016-0614 (see Appendix H). The research was conducted in accordance with IRB requirements for the protections of human subjects. I secured letters of support and approval from the agencies that granted me permission to recruit participants from their programs including the Step-Up Program based at the King County Juvenile Court in Washington state, and the NYC Administration for
Children’s Service’s Family Assessment Program (see Appendix I). I explained the informed consent process to all study participants. I reviewed the screening consent form with participants before engaging in the screening questions. If a participant was found to meet the criteria, I reviewed the interview informed consent form before engaging in an interview. I obtained consent over the telephone (audio recorded) for phone interviews and/or in-person prior to conducting the interview at a private location, at the participant’s request. I also asked the participant's consent to audio record the interview to ensure that all details of the interview were captured. For Spanish-speaking participants, I provided all consent forms in Spanish. I am fluent in Spanish and reviewed the consent procedures and conducted the interview in Spanish as well. Prospective participants were also informed that participation was completely voluntary and that their participation would not affect their access to any services. They were also informed that they would not be penalized for choosing to participate or not participate in this study. All consent forms and data collection protocols are secured in my private office.

Considering that participants might experience minor discomfort in retelling emotional and sensitive experiences, I informed participants that should they need additional support after completing an interview, I would refer them to appropriate services. I also informed them that if they shared sensitive information during the interview, including risk of violence/abuse, I would provide this information to designated service providers, so it could be handled appropriately. I also used judgement in changing/omitting questions if the participant demonstrated discomfort with any question. I also provided participants with the option of discontinuing or rescheduling the interview for another time if they deemed it necessary. Moreover, interviews were conducted over the telephone and/or in a private setting to ensure participant's privacy and provide a setting where the participant felt as comfortable as possible.
To maintain participant confidentiality, I informed participants that their names or other direct identifier(s) would not be disclosed to other study participants. Parents interested in participating in the study were instructed to contact me at their convenience and I spoke to them over the telephone and/or in a private setting. The consent forms and research process were also discussed over the telephone and/or in a private location. Names of participants and other identifying information were not included in transcripts of recorded interviews. Participants were given pseudonyms in all transcripts. Audio recordings and transcripts of interviews are kept in a locked file cabinet in my office to which only I have access. Electronic files of transcripts are password protected and kept on my computer in my office. The data from this study will be retained for three years after completion, and at the end of this period, identifiers will be deleted.
CHAPTER 5: LIVING IN UNCHARTED TERRITORY

This chapter examines the first of three major themes developed through exploration of the parents’ accounts: living in uncharted territory, in response to the research question: What are the experiences of parents who have experienced APA and how has this experience influenced their view of themselves as parents and the relationship with their children? The theme unpacks the parents’ experiences as they navigate difficult and perplexing circumstances with their adolescent children. First it presents findings that depict the types of abuse and violence that parents have experienced. This is followed by an assessment of the impact of APA on parental well-being including the parent-child relationship, on parenting, and on parent identity.

Parents’ Experiences of Abuse and Violence

The types of abuse fall into two main categories: emotional abuse and physical abuse, experienced by all the parents in varying degrees. Emotional abuse, often a precursor or the undercurrent for physical abuse comprises various tactics and is presented first. Physical abuse denotes actual physical attacks and/or physical intimidation through aggressive posturing, harassment, or pulling a weapon. While distinct, these forms of abuse often occurred concurrently or shifted from one form to another. This section ends with a comparison of mothers’ and fathers’ experiences of abuse and identifies any differences or similarities.

Emotional Abuse. This form of abuse is often difficult to define because the behaviors can range from verbal abuse, emotional manipulation, to destroying things in the home. The literature provides several definitions to consider within the context of APA including, “the deliberate use of psychological means to manipulate, control, and hurt parents” (Cottrell, 2001, p.8); “maliciously playing mind games to make the parent think he/she is crazy, making
unrealistic demands on parents, such as insisting they drop what they are doing to comply with their demands, lying, running away from home and staying away all night, making manipulative threats such as threatening to run away, commit suicide, or threaten to harm themselves without intending to do so, and controlling the running of the household” (Bobic, 2004, p. 2). In their adaptation of the *Abuse and Respect Wheels*, Routt and Anderson (2011) defined emotional abuse as “putting family members down, telling parents they’re bad parents, making them feel guilty, ignoring them, name calling, and using profanity” (p. 91).

For this study, emotional abuse is defined as a pattern of behavior using verbal and/or psychological means that aim to manipulate, control, hurt parents emotionally and demean their authority (Cottrell, 2001; Bobic, 2004; Routt & Anderson, 2011). Parents described a wide range of emotionally abusive behaviors. They include verbal abuse, defiance of parent’s requests, engaging in worrisome behaviors, and property damage.

**Verbal abuse.** Verbal attacks as a form of emotional abuse are “words used in an aggressive statement that is insulting or threatening. However, the way a verbal attack is delivered is just as important as the words themselves” (Routt & Anderson, 2011, p. 40). All the parents experienced this form of abuse. It often manifested during conflicts between parents and youth around issues of behavior or responsibility such as when parents asked youth to clean up, go to school, or to stop engaging in negative behaviors such as using drugs.

Rosa, single mother of three children, described her 17-year-old daughter Anita’s, verbal abuse, which escalated when Rosa would ask Anita to stop using marijuana, “my daughter has called me ‘stupid,’ ‘monster of a mother,’ and has even said that I am ‘shit’.” Rosa added that her daughter continually used this type of language towards her. Lydia, the adoptive mother of her 17-year old nephew, Anthony, encountered the same type of verbally abusive behavior.
When she reminded her nephew that he needed to get ready for school, “his insults are [were] worse than getting hit. His insults are very hurtful to me. [He uses] ugly words, obscene language, very, very, ugly words towards me.”

This form of abuse can also become repetitive. Linda, married, mother of three children, described the type of situations that would lead to her 17-year-old daughter Sarah’s, verbal abuse towards her and her husband Jack:

If it’s a high stress situation…where she’s trying to finish up school work and she’s working a lot and there’s a lot of pressure…she could be verbally abusive five times a day. She’s just nasty to us, calling us names…we try to ask her a question, and she’s just nasty to us.

**Defiance of parents’ requests.** “Verbal attacks can also be part of a power struggle between teens and their parents when the conflict moves beyond an immediate demand to a more direct challenge to the parent’s authority to decide family rules and norms” (Routt & Anderson, 2011, p. 41). Parents found this form of abuse very harmful because youth not only spoke to them disrespectfully, but with statements that demeaned their character and authority.

Eileen and Harold, married, parents of 15-year-old Andrew, described what happened when their son, ran away from home:

Harold: He gets very verbally abusive. If he’s asked to do anything, or he’s asked to stop doing something. It’s very challenging to deal with.

Eileen: He doesn’t like to follow rules, and this is not the first time he has run away. He doesn’t come home when he’s supposed to come home….According to him, rules do not apply to him, and you can’t do anything to make him follow the rules.
Worrisome behaviors. Youth may engage in risky behaviors such as running away from home, staying out all night, sneaking out, using drugs, or threaten to commit suicide. They may also threaten to harm their parent, blame their parents for their emotional distress, or refuse to get help (i.e., engage in counseling). Many parents described various instances of these behaviors. Sandra, divorced, single mother, described a difficult situation with her 15-year-old son Brian,

He was threatening to cut his wrists if his dad forced him [to go to school]. So, his dad called me on my cell phone… “He’s threatening to cut his wrists.” And I said, “Call the police.” And his dad wouldn’t call, so I called from work. I said, “I'm not at home. I have a 14-year-old who’s threatening to commit suicide.”

Hannah, single mother of two adolescents, recounted the experience with her older, 15-year-old son, Carter, after he had run away from home:

I was worried about him. I was worried about his safety, where he was at. I was hurt because when he did contact me it was, ‘Well, I hate you and you’re just a fucking bitch and now you’re a fucking bad mom. That’s why I’m never coming home and I’m better off without you and I’m so much happier without you.’

After her son was picked up by the police and returned home, Hannah stated that,

He [Carter] continues to bring up that…I didn’t have the appropriate response for him when the police called me to bring him back… He’s very resentful that I didn’t beg him to stay… that I don’t love him [because] I wasn’t all emotional when I went to pick him up. That I was emotionally cautious in saying things like, ‘Well are you sure? Are you going to leave again or are you going to stay this time?’
Hannah had also experienced her son’s threats, “He was at school and he threatened to kill me and threatened to kill his brother and threatened to kill the vice principal, so they called the police.”

Some parents received other types of threats. Anna, divorced, single mother, described her 11-year-old son Caleb’s threats, “He’s threatened me. He’s like, ‘You know, you can't hit me. You know, you can't do nothing back to me because I’ll say you battered me to the police. They’ll arrest you.’” These types of threats are particularly harmful because they instill fear and cause parents to worry about potential legal consequences that then influence parents’ responses.

*Property damage.* This is when an adolescent breaks an object that may have special significance for the parent or will break something to threaten and intimidate a parent (Routt & Anderson, 2011). When youth typically engage in property destruction it is a sign that the abusive behavior is becoming more out of control. Moreover, the cost of making repairs and replacing damaged items is an additional burden for parents (Routt & Anderson, 2011). Several parents provided accounts of property damage.

Elizabeth, married, mother of two children, discussed her 13-year-old son Matthew’s property damage, “He broke our flat screen TV. He’s punched holes in the walls. Our bedroom door no longer closes because it’s so off kilter, and he’s kicked it in on both sides.” Anna indicated that her son Caleb, “was starting to get neighbors irritated. He was trashing stuff outside the house. He was doing property [damage], and then the landlord got involved, and was threatening us to move.” Eileen described her son Andrew’s behavior, “If you’d ask him to do chores, like just clean the bathroom, he’d go in there and piss all over the bathroom instead of cleaning it. Had to have the floors replaced because he urinated so much.”
Rachel detailed the extent of her 17-year-old son Jared’s property damage:

He has damaged the house in lots of ways. He rips off doors when he gets mad. I have holes in my walls. He knocked off all of the pictures on one wall when he was mad and shattered glass and the pictures everywhere. There are holes in his room. Basically, anytime I turn around now it’s at the point there’s nothing he [hasn’t] damaged.

Clearly, these youths are experiencing significant emotional distress and have difficulty dealing with their emotions; however, the constant emotional attacks have an exacting toll on parents that cannot be minimized.

**Physical abuse.** Physical abuse of a parent is defined as “any behavior that intends to physically hurt or harm that parent” (Dahlberg & Krug, 2002, as cited in Routt & Anderson, 2011). Physical abuse can result in physical injuries. While youth may not have intended to injure their parent, they did use force against them. Parents described a range of physically abusive behaviors that included physical intimidation and harassment (posturing or “puffing up,” intentional “bumping,” “following” parent around) to hitting, punching, grabbing, pinching, pushing/shoving, spitting, throwing objects at parents. One critical aspect of this form of abuse is the use of physical intimidation and force to coerce, control, and instill fear in parents. Acts of physical abuse/violence typically did not happen in isolation. Rather they happened concurrently with other forms of emotional abuse such as verbal attacks, defiance of parent’s authority, and property destruction.

Linda detailed her daughter Sarah’s progressive use of emotional and physical abuse:

She would follow me. I couldn’t escape her. Like she’d just be after me. But last year is when it just went over the edge and she started destroying things in our
home. We’ve replaced her bedroom door like three times. There's…this is where I’m going to cry…there are holes all over in her bedroom walls, the bathroom door. She started breaking things, she started hitting us more when we get in fights. And then February it went completely out of control and she wouldn’t go to school. She misses probably two to three days a week of school, and I can’t get her to go and I can’t get help from the school. And no therapy would work, and no psychiatry had worked. So, I tried to get her to go [to Step-Up program] when my husband came home, she just took the phone and smashed me in the face with it. And I said that was it, I have to call the police, because the domestic violence and the property damage.

Elizabeth detailed the physical abuse she had sustained from her son, Matthew:

I have had multiple bruises over the years. When Joe (father) had taken the X-box controller away, we were in our bedroom doorway, Matthew was going after Joe, I got in between, Matthew pushed me and that’s when I fell and broke my wrist…. [On another occasion] Matthew threw the Xbox – it’s the rectangular thing. He threw that at me and I had to get eight stitches. He's been violent in the car. So that's been difficult too sometimes, just to pick him up from school, because the school said, ‘Hey, you need to come get him.’ He'll punch me on the way home, demanding that I take him out to lunch or something like that, and he's very demanding. He very much expects to get his way immediately, and if he doesn't get it then I'm not doing it right…things just aren't good.

These parents’ accounts show the interconnection between both emotional and physical abuse and the escalation of abuse. Many parents had also endured abuse for years without a
meaningful recourse that could help to end the abuse.

**Gendered experiences of abuse.** This study’s findings show that mothers were the predominant victims of APA across two-parent and single parent households. This also supports the literature showing mothers experience higher rates of APA. While there was a higher number of male youths that engaged in APA among the families interviewed, mothers experienced emotional and physical abuse from both male and female children.

Barbara, divorced, single mother, described her 16-year-old son David’s use of violence:

> It was the first time I realized how much stronger he was than me. He had punched me in the face. You know, he struck me twice in the face. And he said the first time he didn’t think he hit me hard enough, so he hit me again until he knocked my glasses off.

Eileen provided an example of a similar experience with her son Andrew:

> He doesn’t like it when anybody tells him what to do. One time when he grabbed me, it was because he wanted me to sign a form for school that said he could bring his iPad home. Harold (husband) and I had already discussed saying, ‘No, that’s not going to happen.’ He was really not happy with that, and he wanted to grab me and make me sign that paper. That’s the kind of stuff – if you’re not going to do it, I’m going to make you do it. So, the first time he grabbed me, I gave him a hug, and he turned on me and put me in a lock. I was like, okay, I guess I’m not going to give you any more hugs. Something as benign as that – trying to hug your child – and he turns on you.

Some mothers described experiences with their adolescent sons that mirrored domestic violence interactions between adults, although not always violent. Anna reported that her son
Caleb, “acts like some man who comes home from work, and I’m supposed to shut up, which he tells me to do often, and let him do whatever he wants, no restrictions.” Sandra said of her son Brian, “I have to ask him for permission to use my own Internet that I work so hard to pay for because if I use the Internet while he’s playing the game, I guess his game slows down. He would just become furious and come to my room and demand I apologize for making him lose the game.”

Some married fathers also reported that their wives experienced more abuse than they did. Barry stated that his daughter Carla was abusive, “not much to me but to my wife a lot. I had to get in between them a few times.” Harold discussed his son Andrew’s behavior towards his wife and younger daughter, “he can be very verbally abusive, especially with his mom. He’s grabbed his mom a couple of times. It’s domestic violence. He’s very abusive to his sister verbally and physically.”

Some married mothers felt that the abuse was directed more towards them because they were the ones who were at home most of the time. Linda reported that her daughter Sarah:

[is abusive] more towards me just for the fact that I’m the one at home all the time with her, and she relies heavily on me. If I’m not doing what she wants me to do, she is just more on me than my husband. But then she’s still verbally abusive to him, especially, if she tries to divide us.

They also noted that as a function of being stay-at-home moms, they were often responsible for resolving conflicts with their children. As Elizabeth stated, “I’m a stay-at-home mom. It’s kind of my job to figure out what to do.”

Fathers also experienced emotional and physical abuse. Jaime, married, father of three children, shared that his son Jimmy, “When he turned 15, became more aggressive. I think he felt
stronger, he is taller… There were days when I would confront him [about his behavior], he would puff up his chest, and I thought things were out of control.” Harold indicated that his son Andrew, “would clench his fists and want to fight me, but I wouldn’t touch him.” Michael stated that his 17-year-old son Kenny, “got to the point this month I thought he was going to pop me, but I was ready. I was ready for him, and I walked away, he walked away, too. He left the house.” Robert, married, father of two, recounted an incident with his 18-year-old son, Bill:

His posture was clearly aggressive and from the actions were clearly threatening. He literally stepped in front of me and would not let me leave the apartment…I was going to call the police at this point. And he knew that…of course, I was freaked out. I did not want to get into a physical confrontation with my son.

Elizabeth described how her son Matthew “pulled a knife on Joe (father). And so, we called the police and said, ‘That’s it. Take him.’”

One important difference between the mothers’ and fathers’ experiences is that adolescents would physically assault the mothers, whereas they would physically confront the fathers to challenge them but typically did not follow through with an actual assault (except for the family where the youth pulled a knife on the father). It is unclear if the youth respected their fathers more, or if they viewed their fathers as stronger and more likely to fight back. Common to both mothers’ and fathers’ experiences is the disconcerting nature of the abuse which caused fear and worry. The abuse that both mothers and fathers sustained, regardless of the type, left emotional and physical scars, and affected their lives in significant ways.

Impact of APA on parents’ well-being. The impact of APA is multi-faceted and deep. As one father, Jack, described it, “It’s been hell on earth since she was 11. It’s affected us so bad.” The impact encompasses the physical injuries, emotional pain, and the effects on other
aspects of their lives. Parents experienced deep hurt, anxiety, frustration, and exhaustion from the abuse. They feared for their own physical safety and worried about the well-being of other family members. The following excerpts depict the different ways parents were affected by the abuse.

Lydia, who adopted her 17-year-old nephew, Anthony, when he was a young child explained:

I have been very badly affected because the insults and the abuse hurt me a lot.
He does not respect me. It hurts me because I have always treated him well and have bought him everything he has needed.

Barbara reported:

I have had some issues with anxiety and depression. I do see a therapist on a weekly basis and I am on antidepressants. It’s had an impact on my sleep and changes in my appetite. When you are physically abused, there are obviously injuries that occurred - torn ligament in my jaw from when he punched me in the past.

Many mothers described living in fear, “walking on eggshells” or on “high alert” for any indication that violence might occur. Sandra’s son’s violence often caused her to flee the home in fear. During a violent incident in which Brian had thrown a chair at her, Sandra reported:

I ran down the stairs. I thought he was chasing me. I gave up halfway through the stairs because my whole body was shaking. I was scared…I sat down, and I was just waiting to be stabbed. And then something gave me energy and I continue running downstairs. I’m trying to put a key in my car to get out. And the key kept falling and I could feel him here. He wasn’t behind me, but I felt like he was going to come and get me. So, I got in my car and took off. I parked a
couple of blocks from my house and I called the police. He had threatened me before. He’s like, ‘Sleep with one eye open.’ And I’ve woken up with him standing next to my bed, so I don’t know what going on inside his head.

After enduring her son Jared’s destructive violence in the home for a long period of time, Rachel described the emotional toll it had taken on her and her husband Aaron:

I just reached a point where I felt like I was at my wits end. I’m actually a really strong and a capable person in a whole lot of ways and I just started to shake and shake and shake. I was overwhelmed, and I drove myself to emergency. They’re like ‘What can we do for you?’ And I was like, ‘I don’t know but I think I’m having a mental breakdown.’ They took my blood pressure and it was way off the charts because I couldn’t handle it. You sort of reach a point where it’s overload. You can’t process the feelings you’re having….When stuff would be happening with Jared [son], Aaron seldom confronted him on it. He [Aaron] would sort of just be in his room…it was sort of avoidance. In other words, he had his own way of not being able to deal with it, but it was slow and gentle and cried in his room over a long period of time.

APA also affects parents’ ability to engage in other aspects of their lives whether it be pursuing career interests, partaking of family activities, taking care of their own health, and having friendships outside the family.

Linda: I’ve tried to start businesses for myself and I can’t do it because I’m there for her. I’m a mom number one. She doesn’t even know what I’ve given up. So, it’s hard….I’ve lost self-esteem. I struggle personally. I don’t put myself out as much to friends. My husband and I, we don’t go out much, just for the fact that
we’re exhausted a lot of the time. And when we have downtime, we need
downtime. We just need to sit quietly – so it’s affected us socially.

Harold: Well, it affects the way you live. We can’t travel outside the country because of him. We can’t travel with him because it’s a nightmare to take him places. We have these problems no matter where we go. So, it disrupts your life. It makes you angry, and it makes you disappointed. You never know what’s coming next. You have to deal with your own issues in life, going to work every day. You can’t trust him, so it’s like you’re in jail because you can’t go anywhere if he’s in the house. You have to send him out. He can’t be in the house while you’re gone. There’s a lot of emotional stress and a lot of personal stress that goes along with having a child like this. He’s fine with people as long as he’s getting what he wants. But as soon as anybody in authority challenges him, he’s all over that – ‘you’re not telling me what to do.’

Other parents reported similar experiences:

Anna: I was unable to take care of any of my personal health. I was unable to focus on any of my needs. Not my health care needs, not thinking about my future, nothing. I couldn't think of anything. Everything was about him. Either I was going to see therapists about him, or I was scheduling meetings about him, or going to the school about him. It was all about him all day long, and I got through it, but I was very unhappy and sick from it all.

Hannah: I am resentful of him almost because he has created all of this conflict. My friendships with other people have failed. I can’t go anywhere. I’m trapped in our house because I can’t trust him to be there by himself and stealing from us. I
can’t go anywhere. It’s just horrible. We can’t go anywhere. We can’t go to my family get-togethers because he’s stolen from my brother’s and sister’s homes.

You never want to tell anybody what’s really happening.

Parents seem to put their own lives on hold, and find it difficult to pursue other interests, friendships, and family relationships.

**Impact of APA on parent-child relationship.** The impact of the abusive behavior left parents with overwhelming emotions while still providing for their children’s needs. Parents described the relationships with their children as “complicated,” “damaged,” and “broken.”

For Linda:

It’s [the relationship] damaged due to the fact that I’ve never had anyone in my life say such mean things to me. I mean it just breaks my heart. For years I tried to protect her [Sarah] from being bullied so bad. I was there. Like everything was devoted to help her, so that she could have a good life and then to turn around and tell me I’m a bitch and she hates me and ‘F you.’ It just breaks my heart. She told me I was nothing, I have no life and I’m nothing. It just breaks your heart when you’ve given everything.

Many parents expressed a deep sense of loss over the broken relationship and their hopes for something different. Hannah stated:

I’d like there to be a relationship that…didn’t involve yelling, crying – it was just like a normal relationship. I wish that I could talk to him about other stuff without there being always an argument because right now sometimes even if it’s a normal conversation…It’s almost like [he’s] always trying to pick an argument just to get attention and it’s just so draining. I can’t. So, I avoid talking. I would
like there to be conversation. He’s 15 ½ now and he’s said it all the time, ‘Well, when I’m 18 I’m leaving and I’m not coming back.’ I would like to at some point have a relationship with him when he’s an adult.

Rosa became disappointed over the relationship with her daughter Anita:

What hurts me is that she (Anita) knows all that we [as a family] have suffered. She is a woman like me and I thought that she would understand me better than my son. We have been through a lot. Last year when we went on vacation, she was angry, bitter, and I paid for everything. I had a horrible vacation with her, fighting and arguing all the time.

The fear and emotional stress made it increasingly difficult for some parents to engage with their adolescent children in healthy ways.

Elizabeth explained her fears:

He’s bigger than I am. He weighs more than I do…I don’t want him to cause more damage….I feel like I’m walking on eggshells. I’m tippy toeing around him just trying to figure out what kind of mood he’s in and how responsive he’ll be because if I’m overly exuberant toward him that can flip his switch too.

Lydia shared how she interacted with her nephew:

Right now, I am like walking on my tippy toes when he comes home. I hardly speak to him because I am very tired, tired of so many insults. I don’t even want to speak to him, so I won’t hear his mouth. He comes home, I will greet him, ‘God bless you, how are you? How was your day?’ That’s all. There’s no conversation because I don’t want him to insult me or to disrespect me. I am so tired of his constant insults towards me.”
Some parents reported that their adolescents distanced themselves from the family. Eileen reported that Andrew:

He doesn’t want to be around us. He doesn’t want to hear anything that we have to say. He doesn’t want to be part of the family. He’s made that very clear. We continue to hope the best for him and are praying for him, but when somebody’s pushing away as strongly as he is, it’s really hard to stay close.

Parents’ relationships with their children are severely damaged due to the abuse and the fear of being abused. While parents desired to have a healthy relationship with their children, the abuse curtailed parents’ and youths’ ability to develop a mutually respectful and loving relationship.

**Impact on parenting.** The deterioration in the parent-child relationship also affected parenting. The threat of abuse/violence from one’s own child presents a complex dilemma for parents as they try to remain physically safe while still caring and being held responsible for the actions of their adolescent. As Barbara described, “I obviously felt like I was in a situation where I was tiptoeing around my son and I wasn’t able to parent because I was afraid for my physical safety.”

Elizabeth acknowledged her own difficulty in responding to her son’s behavior:

He gets under my skin pretty easily because I’m usually on high alert. I don’t always respond as well as I could. I certainly don’t curse at him, but I can be a little sarcastic…which isn’t necessarily the best way to respond to him. So, I’m not always on my best, but I do try to remind myself to be patient, and I do keep my cell phone and my house key on myself all the time. So, if I do need to run again.
Anna experienced fear and worry when trying to diffuse a violent situation with her son Caleb:

I was afraid to call the police. Then when I thought I wanted to, he would take my phone. I don’t know. Maybe I let him take it. I’m worried, ‘Am I going to get into trouble if I wrestle him down and get that phone from him? Is he going to claim I hurt him? And then I’m going to have CPS charges on me?’

When emotions run high during conflicts, parents may encounter difficulty responding in a way that can help to diffuse the conflict without giving up their authority. Holding on to their authority is extremely difficult for parents when they are being verbally or physically attacked or humiliated by their own child. Hannah discussed such a challenge:

I feel like I get too emotional. I get really worked up. I get very defensive and it’s hard for me to not take it personally. And I tend to be a type of person – when I get emotional, I cry. I feel like that comes off then as weak. I definitely give in too easily and too quickly.

Hannah described what happened when her son used his depression to convince her to let him have access to the Internet, for which she had already set time limits:

He is very much sort of [giving me a] guilt trip. ‘Well think about it, I’ve been depressed this whole time. I’m still trying to get over my depression. I have conflicts at school. My life is horrible. I don’t go out to see my friends because I’m depressed. This is my one thing that I have because this house and you – this family is so miserable.’

Parents often tried to exert their authority by both disciplining bad behavior and trying to appease their child’s distress. Some parents described themselves as “rescuing” or not holding youth accountable for their actions by not enforcing consequences or letting them continue with
the negative behavior, which would cause parents to feel guilty or angry at themselves. Barbara explained, “I would feel guilty because usually by the time I got to the consequence, it was one of those firm and angry responses. Because I was for a very long time a rescuer. If there were consequences, I would rescue him from them.”

Eileen and her husband Harold described how hard it was not to let their emotions influence how they addressed conflict with their son Andrew:

I think we’ve gotten a lot better at not getting emotionally involved. I feel pretty good because we don’t go there. He wants us to engage with him physically. We don’t. If he wants us to engage with him verbally, we don’t. But it’s hard, because you get your brain going, and it wants to fight, and you say, be the adult. That’s not our job.

When parents were at the point where they could no longer put up with the violence and abuse, most called the police for help, but many struggled with this decision. Parents feared what would happen to their adolescent due to police involvement and did not want their child to have a juvenile record. They also felt ashamed because neighbors would witness the arrest of their child, as Jack described:

I was at work and Linda [wife] called me and said, ‘Sarah’s (daughter) just cleared off the wine glasses and smashed them all over the floor.’ I said, ‘Why don’t you call the police?’ That’s the big problem, you know? It’s a very, very, very hard decision to make. Because, you know, the police come, and you have two or three squad cars outside your house and all the neighbors are looking at you. And your kid’s walking out there with handcuffs behind her back and shoved into the back of a car. It affects you pretty bad. And it affects the other kids too.
[Her brother] saw her the last time. You’ve got three officers in your house interrogating you for an hour…it’s a little bit traumatizing.

While calling the police is a very difficult decision to make, some parents did so as an expression of their authority and the need to address behavior that is no longer acceptable. As Linda explained:

It's hard but you have to do it, you just have to. Because it’s not okay to be hit by your kid, it's not. I kept thinking what happens when she grows up and gets in another relationship, she can't hit her husband, she can't … you've got to be respectful of other people.

Sandra reported about a time she called the police after her son Brian had acted violently:

When the cops arrived, he [Brian] was calm already, and the cop is like, ‘Well, if he didn’t hurt you, then we’re not going to take him.’ Then I remembered something they said [at the Step-Up program] that if he commits any kind of property damage, I can call the police and the police have to take him. The police have come to my house many times and they didn’t take him. But this time I said, ‘You are going to take him, this is the law.’ And once I said that then they had to take him.

Holding youth accountable for their actions and engaging legal authorities to help enforce consequences is one of the resources parents living in these situations have used to reassert their parental authority. Calling the police can help to send the message that their behavior is not only unacceptable but also subject to criminal prosecution, which has serious consequences.

**Impact on parent identity.** Adolescent-to-parent abuse breaks the parent-child boundaries of respect and role expectations. There is a lack of certainty in the established roles
of the relationship. When parents live with an adolescent who shows no respect for their parental authority and mistreats them, a parent can begin to doubt their own effectiveness and authority as a parent. Parents in this study described experiencing diminished self-esteem and identity as a parent. Parents reported feeling like a failure and experiencing great shame and guilt; some even blamed themselves for their adolescent's behavior.

Linda: Because you feel like you're a bad parent, you think that you must have done something wrong. And you can't control your kid. You're supposed to be the one in charge right, and you know…you just feel like, "Where did I do wrong?"

Jack: You feel a total failure that what the heck have I done wrong? Why? Why did we get to this point where you have to call the police to take your kid away? You have no control because you’ve basically lost control.

Sandra: Shame. It’s very humiliating for a mother to say that her child is hitting them. The first emotion you have, it’s guilt. I always thought I must’ve caused him to behave this way.

Eileen: People from outside... they see a problem, but they don’t know what you’ve been through or what you’ve tried to do.... They think there are certain things that will fix it. So, they are like, well, you must not have done this. Well, yes, we have done that and guess what – still a problem.

Barbara: In terms of identity, It’s diminished self-esteem, diminished feeling of efficacy as well. Diminished idea of understanding of my kid at all, a lot of self-doubt...I don't know if I'm doing the right thing, especially with the decision to separate [from son], and having the dad step up [have son live with father]. It's been very difficult for different reasons…. I just have a lot of shame around
parenting right now. Yeah, it hurts. Especially when I’m interacting with other parents whose kids have been much more successful. There are times that I’ve cried. There is some embarrassment and shame.... And again, those feelings of doubt around my ability to make a choice.

Hannah: I feel like a failure. A complete failure because I feel like I’m not really able to provide what he needs emotionally and so I am confused about how to act, how to react. I’m sure every single thing that I say is because I don’t know how he will react. I feel very sad – there’s more distance emotionally between us because he’s just not somebody that I want to be around.

Elizabeth: I question myself, I guess. What could I have done better? What should I do differently? I just question myself a lot....I feel like a failure sometimes, probably more often than not. I wonder what I did wrong. I wonder what I can do better. I don't wish for different children. I love them. I just wish things were different, things were easier.

Jaime: I don’t know if I’m being a good father. I didn’t have a father. It’s hard for me because I don’t have memories of a father who would have taught me. Sometimes I think I’m not giving them [children] love. It’s hard for me because I don’t have experiences with [my own] father.

Michael: It affects me in the way that I say [it] makes me feel like a failure as a father. I guess I didn’t live up to expectations. I feel like a failure, but I know what needs to be done.

While parents grappled with negative views of themselves or questioned their parenting, some held on to positive views of themselves and their parenting.
Linda: I know that I'm a good parent and that I'm doing the best that I can. And I feel proud of myself for learning new skills and new ways to approach situations. And it’s really helped me to learn that I did the best I could through all this therapy.

Harold: Well, we’ve got two older kids. They didn’t turn out so bad….I don’t feel I’m a terrible parent. I don’t feel like I failed him. If nothing else, I feel that we’ve given every opportunity for him to succeed.

Elizabeth: I know my friends and the people around us, all the people that we've been in contact with keep reassuring us that we are good parents, that we're doing the best we can, that we are trying to find the best resources we can. We're not giving up on him.

Anna: I believe that I've been an excellent parent the whole way around. I think at the time these really horrible things were happening, that I did blame myself and wonder if maybe I was a bad mommy, or I didn't do things right. But all along I think I've done everything I could do.

Rachel: I am proud of myself as a parent that when there are rules you stick to them. If you say you’re going to do something you’ve got to do it otherwise it doesn’t mean anything. I’m proud that I’ve loved him through all of this and still believe in him. And we’re still investing in him and loving him and helping him and directing and being positive.

**Impact on siblings.** As parents become consumed with managing their adolescent’s abusive behavior, they begin to withdraw from other interests and relationships. Parents recognized that their other children suffered due to the ongoing conflicts in the home, which
diverted parents’ attention to the problematic behaviors. In some families, siblings were also abused by the adolescent, which was extremely challenging for parents to deal with.

Linda and Jack are parents to three adolescent children. While they dealt with their daughter Sarah’s abusive behavior, they acknowledged that they had less time for their other two children, one was older than Sarah and the other younger. Linda reported, “We have two other kids. Watching the effects on them was just hard because all our energy goes into Sarah. We don’t have a lot for them and them listening to the fights and the arguing.”

Jack added that their 14-year-old son Hanson,

…is probably very, very resentful of the amount of time that has been spent on Sarah. And he really enjoys spending time with us. But over the years the amount of time that we have spent and money that we’ve spent is huge. And so, when he looks at Sarah, he gets very angry, especially when he sees her getting out of control. We have to say, ‘Hey, you know what, don’t touch her. Go to your room. Calm down.’

Linda elaborated that:

Sarah tried hitting her brother once and he pushed her away. I think it scared her that he would do that. He’s gotten bigger than her. So now the little brother is taller, and he tells her ‘I won’t take it from you so don’t dish it to me.’ It’s really hard on him. Every time he hears an argument, he runs to my defense, he runs to be my witness, to stand between us in case she tries to hurt me. He’s now my protector and I don’t want him to have that problem. It’s hard.

Hannah, a single mother of two adolescent boys, described how her youngest son (14-year-old) Arthur was affected by his older brother Carter’s (15-year-old) behavior towards him.
Hannah explains:

I think that Arthur is very frustrated at times with the fact that his brother [Carter] is so resentful that he acts out [towards him]. Carter broke into his brother’s room and stole some things. I had to put a key lock on Arthur’s door, which still didn’t keep Carter out. Arthur’s really angry and resentful and he’s angry at me that there’s not a consequence that really works. Arthur’s been dealing with his brother’s feelings towards him for years and it doesn’t get any better. No matter what I’ve tried nothing really works.

Hannah also indicated that Carter was very antagonistic toward Arthur, would often bully him, and get into fights with him for which she’d have to call the police. She said that Carter “is very resentful of his younger brother who he perceives is favored.” Hannah acknowledged that she had a better relationship with her younger son; he had bonded well with her. She believes that Carter “is resentful of that relationship and often feels like his brother gets breaks that he doesn’t.” She suspects that Carter is jealous of his younger brother because it seemed that he intentionally chose to run away from home on Arthur’s birthday. She thinks this may have been Carter’s way of taking attention away from his brother. She also wondered if Carter’s abusive behavior toward her could, in part, be related to his strained relationship with his brother.

Harold and Eileen, parents of two children living at home, described the impact of their son Andrew’s (15-year-old) abusive behavior toward his younger (9-year-old) sister.

Harold: Andrew’s very abusive to his sister verbally and physically. He will sneak in little slams, actual physical slams, and make inappropriate comments to her.
Eileen: It was to the point where I couldn’t leave him and his sister alone on the same floor of the house without supervision, or anywhere. I can’t leave them in the car because he would say something or smack her. It’s not little kid bickering. It’s kick her across the room type stuff that you shouldn’t have to deal with in your house.

Harold: It’s been super stressful for her. Even the teachers at school have noticed her change as she’s gotten older. She’s not just that happy-go-lucky kid that she was, the relaxed child that we used to know. Andrew will go off on something, and she’ll end up in tears. ‘Why is he acting like this? Why does he have to act up that way?’ She doesn’t understand why there’s all this stress and tension.

Lydia, adoptive mother of her 17-year old nephew Anthony, describes how he physically abuses his younger sister, Karen:

   He hits Karen. She bleeds from her nose. He sometimes punches her, and leaves bruises and I have to get in the middle so that he won’t hit her. Then when I’m in the way, he starts to shout and insult me, and to break everything that is in the way.

Rosa shared how her 17-year-old daughter Anita’s abuse also affected her 23-year-old son and nine-year-old daughter:

   My daughter [Anita] has scratched me, grabbed my hand, and pushed me. One day my son saw what was happening and told Anita, ‘You have to respect Mom.’ She started to say horrible things to him and my son was going to hit her. Then I told him, ‘Son, don’t hit her,’ but my son was furious because my daughter was disrespecting me terribly and he got involved because she was going to hit me.
My youngest daughter was shaking [from fear] so my son got himself under control and left the room.

Rachel, a married mother of two adolescent children, reflected on the impact of her oldest son Jared’s behavior on his younger sister, Doria. She reported:

One of the biggest damages in a way is my daughter Doria because she has to live through all of this and she’s younger than Jared. The very first time Jared had the very unpleasant whole bipolar episode …we basically ended up taking off to the hospital. But it was pretty ugly before all that happened, and she saw all of that.

She was only nine at the time. That’s a lot for a young mind to deal with. So now while he’s been going through this horrendous year, this year she’s 14 and she knows what’s going on. It’s just been really, really hard for her. [At one point] my daughter decided I’m out of here and she took off and we couldn’t find her. Then I figured out where she was, and I brought her home and she was really angry and really defiant. I consider her [suffering] a lot of collateral damage from all of this.

Rachel felt sorry that she did not protect her daughter better, even though they were later able to find a friend for her daughter to stay at during times of crisis. She lamented that she thought her daughter “probably felt invisible a little longer than she should have.” It is difficult for parents to shield their other children from the effects of the abuse as much as they would like because they themselves are living through the brunt of it. For the siblings that are also being abused or suffering silently because they are witnessing their parents being abused, it can potentially cause a lingering trauma and shift the dynamics of their relationships with family members.
The impact of APA cannot be underestimated. It significantly affects parents’ physical and emotional well-being, shatters the parent-child relationship by embedding fear, destroying trust, and causing parents to doubt their own parenting abilities. The parents in this study reveal an unspoken grief over the broken relationship, and the loss of the relationship they had hoped for. The loss of the relationship brought up feelings of guilt and led some parents to blame themselves for not making the right decisions, not loving their children enough, not listening enough, or perhaps not giving enough of themselves. They consider that a lack on their part caused their children to behave abusively toward them.

APA also affects parents’ ability to engage in other aspects of their lives whether it be conducting even routine tasks, partaking of family activities, taking care of their own health, and having friendships outside the family. Parents also acknowledge the effects of APA on their other children, who in many cases were also abused by the adolescent. Additionally, because of the shame that many parents feel and the fear of judgement from others over the abuse they are experiencing, they do not share with others what is happening at home. This brings about isolation which only serves to worsen the situation at home because abuse thrives on secrecy.
CHAPTER 6: “STUCK IN A CYCLE:” INFLUENCE OF APA ON FAMILY DYNAMICS

This chapter presents findings on the study’s second major theme, “stuck in a cycle:” influence of APA on family dynamics, in response to the research question: what impact does APA have on the ways parents and children interact with each other? The chapter is divided into three sub-themes. First, the symptomatic cycle examines interactions that parents and youth engage in that reflect a symptomatic cycle. The symptomatic cycle is a key concept developed by Micucci (1996) using the family systems framework that consists of repetitive sequences of interaction between family members that emerge as they try to deal with conflict within their relationships. The second sub-theme examines parents’ views of power and control in these conflicts. Lastly, possible contributing factors, addresses significant issues that could be influencing the dynamics in the parent-child relationship.

The Symptomatic Cycle

Experiencing conflict is a normal part of family life and relationships. While unpleasant, conflicts can provide opportunities for parents and youth to learn how to express different needs, views, and expectations and work toward a positive resolution that supports family cohesion and stability. In APA affected families, however, conflict often cannot be resolved. The conflict leads into a back and forth argument that fuels further conflict that often ends in abuse by the youth. These interactions then establish a pattern of behavior, a symptomatic cycle, that parents and youth have difficulty breaking.

Parents described the typical issues that often led to such repetitive conflicts. The main issues include, getting their adolescent to abide by household rules, to help with chores, to attend school, and/or to act responsibly at home and outside the home. The adolescents’ use of electronics, (e.g., games like X-box, video games, the use of the phone and/or the Internet) and
the use of drugs also generated conflict. Finally, conflict arose when parents requested something or tried to enforce a consequence and their child simply refused to comply or instead demanded what they wanted leading to an endless back and forth argument.

Rachel had problems with her 17-year-old son Jared who persisted in having drugs and alcohol while using the family car:

I called him [Jared] on it and I took the car keys and told him that he wouldn’t be able to drive again…He responded by getting angry and calling me names…So, we started to fight. He started yelling and screaming and I yelled and screamed, and he swore and called me names and I used the same swear words and called him back. I sat on the couch and he got up in my face and spat at me and that’s when I swore and basically used the MF word because he had just used that word and treated me that way and he’d never done anything physical on me like that. It’s very hard to have someone spit in your face. And after spitting in my face he intentionally knocked some dishes off a side table of the couch I was at and he then looked at me with that really defiant “what are you going to do about it?” He picked up the chair and banged and banged and banged the chair and then he picked up another piece of furniture and threw that. Then he picked up the garbage bin and intentionally like took off the lid and hurled the garbage at me. And all this time I’m `saying to him ‘You know what, it’s not okay. Stop. Get your stuff. Get out.’”

Hannah also reported the difficulties she had in upholding expectations regarding school work with her 15-year-old son Carter:
During the last part of the school year he was put on the rainbow learning contract and expected to do school work online. It was my expectation that he was going to go to the library and use the library’s computers just because we didn’t have one at home for him to use. So, getting him to go in the morning, ‘You need to get up and let’s go.’ ‘No, I’m not going to go. I’ll go on my own time.’ ‘No, I can’t leave you here at home by yourself because you have not been trustworthy, and you’ve stolen from me.’ ‘No, I’m going to go when I want to. I’m not going to do what you say.’ I would say, ‘well, come on with me and I’ll make sure you get some breakfast.’ And he’s ‘No, you’re just bribing me. I’ll just go when I want, and I’ll come back when I want.’ I unfortunately had to leave him at home and then he destroyed some property [at home] and went on his merry way throughout the day and still did not do any schoolwork. So that was a conflict, which I did not – wasn’t able to get any success.

The interactions depicted in these parents’ accounts show the challenges that parents face in asking their adolescent children to assume responsibilities or stop engaging in negative behavior, and the difficulties youth have in responding to their parents’ requests. Interactions that keep the argument going set the stage for the symptomatic cycle to develop, as both parents and youth may engage in behaviors that are counterproductive to obtaining a suitable resolution to the conflict.

**Managing Conflict**

Parents tried different strategies to better manage conflicts with their children. They ranged from avoiding conflict, using a safety plan, calling the police, to encouraging better communication. Other parents also found ways to disengage from the symptomatic cycle of
conflict through separation from their child or by changing how they interacted with them.

Avoiding conflict. Some parents sought to avoid conflict to prevent abuse using strategies they developed on their own or had learned from the Step-Up Program. Elizabeth reported how she dealt with her 13-year-old son Matthew to ensure he kept to the time allotted for playing on X-Box:

I usually set the microwave or some other kind of timer so that he knows, so that it’s not a surprise, cause he’s not going to keep track of time necessarily. I do try to warn him. I say, ‘Hey, you’ve got 10 minutes left, be ready.’ And then when he doesn’t do it, I turn off the power. He gets angry. I can’t take the [X-box] controller away…I know that will result in more physical interactions than I want. Generally, I keep a house key on me and so I turn off the power, just to the room. But I go outside, and he locks me out…and so I go for a walk or I go to a friend’s or I just wait, until I think maybe he’s calmed down.

Eileen and Harold, parents of 15-year-old Andrew described how they addressed conflict with their son who routinely argued with them:

Eileen: I usually respond with kind of a broken record; which is something I had to be coached on, but it seems to work pretty well. Basically, you say the same response the whole time. Say he wants chicken for dinner, the answer is ‘No, we’re having fish.’ He’ll argue, argue, argue; ‘No, we’re having fish;’ [he’ll] argue, argue, argue; ‘We’re having fish tonight. You can have fish or nothing else;’ [he’ll] argue, argue, argue; ‘We’re having fish.’ You just say the same thing over and over and over again because there’s no point in arguing back, because he’s not being rational. He just keeps telling you why he should have
what he wants. It doesn’t stop.

Harold added: Sometimes when you find yourself arguing with him, you have to sometimes step back and say, this isn’t working. You have to say it to yourself and try to back off because it doesn’t work to argue back and forth. You have to learn to control what you say, and you have to learn to control your behavior.

**The safety plan.** Many parents who participated in the Step-Up program reported that they used the program’s safety plan to help prevent conflicts from escalating. The safety plan is an agreement that parents and youth make that details the steps they will take when there is a conflict. It allows parents and youth to take time away from each other to calm down and then return to reasonably discuss the issue. Family members decide beforehand what they will do during that time to calm down (i.e., take a short walk, listen to music, etc.) The self-calming activity should last about 15 minutes, and parents or youth can call the safety plan.

Linda described an instance in which she used it when her daughter Sarah wanted to borrow money:

She (Sarah) had two hours to run these errands and her bank card wasn’t working. I told her we had to stop at the bank because she wanted to purchase these things. So, she didn’t want to go to the bank… I said, ‘You’re 18. You know, these are your errands and what you want to do. You need to be responsible and learn how to do these things.’ She got mad, got in the car, and she started yelling at me and started hitting the dash of the car. She was mad, having a little tantrum. I looked at her and said, ‘This is not okay, and I’m not going to do this.’ I got out of the car and I just walked in the house and walked up to my room and I said, ‘I need some time. You need to calm down and then we’ll talk about this.’
Although Linda was able to remove herself from an escalating situation, her daughter did not want to participate in a self-calming activity. Linda added that, “she started texting me that I wasn’t a good parent, that I should be there for her. I don’t support her. I told her when she calms down, then we can talk again.” When Linda tried to address the issue later, Sarah chose to go to her room instead. While parents had mixed results using the safety plan, particularly when youth did not want to participate, most reported that the safety plan became a vital tool to help them step away from an escalating conflict.

**Encouraging communication.** This is another strategy that parents learned through the Step-Up program. Barbara explained:

> I tried to definitely encourage communication. Trying to understand his perspective. Problem solving where I would talk about problems when we’re not heated and try to come up with solutions. When we were escalated, definitely utilizing the safety plan until we’re in a space where we could both safely communicate and try to come back to issues after. But I didn’t feel like a lot of those things were effective over time. Most people have to be committed to utilizing those tools and I didn’t feel like there was a consistent commitment on his end.

Parents that used this strategy also had varying levels of success, however, they found this strategy increased their awareness of how to improve communication with their adolescent.

**Calling the police.** Parents would often call the police when conflicts escalated, and youth became violent or damaged property. Rhonda shared that after a violent incident involving her son, “The police were called, and they took him to jail for domestic violence. They [police] were involved a few times before that.” Sandra also faced a similar situation, “I
called the police on him and the police took him. He was in juvie for two weeks, and then his dad took him out of juvie, so he’s staying with his dad.”

After Robert’s son caused property damage at home “I called the police and the sheriff’s deputy came out and we filed a report. The deputy filed it to the sergeant. The sergeant put it up to the prosecutor’s office. The prosecutor’s office said, we’ll prosecute this as a malicious misconduct in the third degree.”

Some parents called the police to help deescalate the situation. Eileen stated “We have called the police several times ourselves because he got so escalated. We try to remind him of different tactics to help him calm down, but he doesn’t want anything to do with that really. He wants to be there in the fight, in your face….When they [police] get here, he settles down pretty much.” Her husband, Harold, adds that the son often provokes a physical confrontation to try and get them in trouble by causing them to physically hurt him, “He’s tried that several times. So, we call the police, but he tries to get them to go after us instead of him. That’s what he tries to do.”

**Separation.** Some parents opted to separate from their adolescent because they felt unsafe as the abusive behavior continued, or their adolescent was unable or unwilling to change the behavior. Sandra shared that after her son’s last physical assault, she asked the father to assume physical custody of their son Brian.

I am not feeling safe. Every time I encounter him, he shows me a reason why it’s not safe for him to come back home. He just gets angry, and he starts calling me names, and I don’t know what’s going to happen next time he doesn’t want me to call the police. He’s going to stab me or …I don’t want to be a victim anymore. I don’t feel safe.
Barbara also faced a similar situation with her son David:

His dad and I came to an agreement that it's probably best for him to move in with his father. He'll be able to visit [me], but we just agreed that although things did improve; he didn’t become physically violent after the [Step-Up] program. A lot of his disrespectful behavior and his refusal to follow house rules continued. And he would, when I was trying to enforce things like boundaries, kind of resort to a lot of the tactics that he used in the past to maintain control in the household. After the program, especially as the behaviors continued and especially after that period where things got fairly escalated, and it felt really physically unsafe, I started recognizing that some of my power is actually to disengage.

**Changing as a parent.** Using skills and strategies learned in therapy, the Step-Up program, or by relying on their faith, some parents made changes in how they interacted with their adolescent.

Linda reported how she and her husband shifted how they addressed conflicts with their daughter Sarah:

We know to cut it off; we know not to respond to it, not to feed it. I think us changing the ways that we act towards it has helped her – you can't fight with yourself. So, she’ll try, but it goes nowhere; and then we’ll say, ‘You know, we need to take a break. And we’ll come back in 15 minutes and we’ll talk this over.’

This approach differed from their past attempts to address conflict:

In the past we would’ve engaged with her. We probably would’ve yelled back, ‘No. You’re going to do this.’ And then she would’ve said, ‘No, I'm not.’ It would’ve been a huge power struggle. Now we’re trying to take away that power
struggle and say, ‘That is your choice, and I’m not going to be treated that way. And when you calm down we can talk about it.’

Rachel reported how learning about communication and mindfulness techniques helped her:

I learned more about ways of communication so that now in hindsight I can see that the kind of passive/aggressive comments I was making weren’t helping. They were just either egging him on or not helping. The main thing I’m doing is shifted my thinking and I’m training myself to be more mindful in the moment. I didn’t think I was doing anything but now I realize I was. I’d get all worked up in my head and I would think it’s okay because there was actually stuff to be worked up about, but I’ve learned how to stop myself from doing that.

Robert shared how his faith in God helped him to change:

Through the support of my church I drew closer to God, which ultimately, I’m learning, God wants. God didn’t cause these things, he doesn’t want this to happen in my son’s life. But my son has free will and God’s not going to take that away. So, I drew closer to God. My friends who’ve walked through this with me over the last year have just been amazed at how I’ve matured and come out of this more patient, more wise, more resolved, more gentle in dealing with him. Less reactive, less angry, almost no anger.

Robert also noted the importance of having hope; he believed his faith in God helped him to make positive changes and have hope for a stronger relationship with his son, “I hope that it will be better, that it will be deeper, that it will be strong, there will be trust. That he would trust me, and I hope that he would continue to respect me in his words and his actions.”
**Having hope.** Despite the difficulty of their circumstances, most parents were able to share their hope for change for themselves, their children and their relationship.

Linda: I want to keep on with that (therapy), just to be a better person. Not that I'm a bad person, but to learn more skills because you can use them in so many ways in your life. My hope is to be able to let her make her own decisions and to deal with them and play more of a support role. I’d like to help my daughter become a beautiful individual, competent, young woman. And to keep giving her support in that. And hopefully our relationship will grow better as she learns skills and I learn skills.

Elizabeth: I do feel hopeful. I feel like we're trying to get as much help as we can, and maybe there's more help out there, and we just don't know about it yet. I want the best for him. I want the best for the family. I want everyone to come out of this better.

Hannah: I hope that I can find a place for him to go to school where he could actually learn and be successful. I hope that I can take back my authority as the parent and not be a doormat and do that without getting emotionally wrapped up in that somebody is hurting me. And I hope that I’m going to start the process for a [CHINS] petition, which stands for a child in need of services to try to maybe get some Respite Care in an out-of-home placement – a temporary out-of-home placement.

Michael: There’s only one hope – that he overcomes his problems and he changes his behaviors, and he sees his misconduct, and he goes back to school, and he gets his high school diploma. But he has to make a concerted effort on his behalf as
well – can’t have everything on a silver platter. The same way I was able to change and recover, he has to put in the work, too, himself, as well. That’s the way it is. The only thing is, never give up hope.

For those that were still struggling through the conflicts and abuse, having hope helped them to not give up and continue to seek services and advocate for their family’s needs. Having hope, something positive to look forward to, can be an important pathway toward change.

**Views of Power and Control**

A central aspect of the parent-child relationship is the hierarchical construction of power in the relationship – with parents having the legal responsibility to care and provide for their children, and children being subject to the rules, expectations, and discipline of their parents/legal guardians. Parents are viewed as possessing and exercising “power” (i.e., legal, economic, political) over their children, who are in turn viewed as lacking power and in need of care and protection. Across the parents’ accounts, views of power and control differed from this binary construction by gender. Additionally, an interesting shift in views of power and control occurred for parents whose adolescent had turned 18 (legally considered an adult), but who were still living at home.

Notably, most mothers viewed that their children exercised more power or control during conflicts. Sandra shared, “He [son] thinks he’s my equal, you know. That he has the same right as an adult.” Elizabeth stated that in trying to resolve conflicts with her son:

He’s resisting me, and in order to not get anybody hurt or anything broken, he either gets his way by disrupting everything so much that you can’t do what you wanted to do, and he’s not doing what he wanted to do, so nobody wins. But he kind of wins because he took everything away from everyone.
Hannah reported her views on who has the power in the relationship:

I would like to think it was me but it’s not. I’m trying to. It’s definitely a power struggle. It is definitely, even just the way that he won’t talk to me. He is very demanding and thinks that I’m not the boss of the family. I think that he feels powerful. He does get emotional, he does get worked up; he’s like, ‘Well, I’m going to tell you what you’re going to do for me.’ He’s not willing to back down.

Barbara also shared her views regarding the power dynamics in the relationship, “I think there are spaces where I am empowered, and I do have control, but that’s not in my relationship with him and especially not in my household. I would say that in a lot of ways he did have more power.” Her son, on the other hand told her that he felt he was being controlled. She reported:

Even if I tried to use a rewards system [to promote behavior change], he would talk about it in terms of power and control. Where in my mind I was thinking of it from an empowerment model…he felt like he was a dog on a leash, or that I should hold a carrot in front of him. He would just talk about feeling that he has no control, no power.

Lydia was struggling to find another living situation for her adoptive nephew, Anthony, who was about to turn 18. She did not want him to continue living in her home with her four younger daughters, as she explained:

I want to see how I can help Anthony with this problem. If he stays with me in the house it’s going to cause a lot of problems because he thinks he’s the father of all the girls. He thinks like he’s the man, that he has the authority to govern them and govern me, as if he were the father of the family. I think he has taken on that role. I am not saying that he has, but I believe he has taken on the role of being
the man of the house.

While mothers struggled to exercise their power/parental authority and have control over conflicts, some fathers reported that they were able to maintain control.

Harold stated:

I don’t give him the opportunity to be successful escalating it [conflict]. I tell him, ‘this is the way it is, and I’m not going to get into a physical fight with you. I’m not going to do it.’ I say, ‘if you want to go there, then you go there, but you’re not going to win on that’…He doesn’t get what he wants. So, I would say we’re in more control when it comes to that.

Michael reported:

It’s always a power struggle, but I don’t let him overpower me. If I see that he gets really, really out of hand, I’m able to have the upper hand, and I control. I just don’t want to engage in any physical aggressiveness with him. That’s not the way to handle it. But there will be times when I will leave. I leave him, and I do it intentionally, just to study him because I can get a grasp of him more. But I usually have control of the situation.

Parents of youth who had just turned 18 shared how their perspective towards power and control shifted. Linda explained:

The dynamics changed because she turned 18, so our mindset towards her changed. So, when she was 17 it was…I think us trying to have that parental control but when she turned 18, ‘These are the rules of our home, and you can choose to follow them or not follow them. It’s up to you. If you can't follow the rules, then you need to leave. You need to find another place to live because
you’re 18 years old.’ I think we’re trying to change it now to having control in our
home rather than control over her.

Robert also shared a similar viewpoint:

There’s a phrase, ‘I am in charge, but I am not in control.’ I can’t control if my
son brings drugs into the house. I can’t control his usage of it. But I am in charge
so when he violated these things [household rules], I called upon, in this case,
higher authorities of the police to force him out because I am in charge. Because
I exercised that, I think that had a positive effect on him. He realized, ‘Okay, my
dad is in charge, he will call the police. I don’t like the consequences of not being
able to live here.’ I really started behaving like I’m in charge.

The parents’ views shifted from one of exercising power over their children to exercising
power over their household. Understandably, this change in view can be expected since parents
of 18-year-olds are not legally or financially responsible for them. However, for these parents,
what is notable, is that their young adult children are still living at home, which presents a
complex dynamic particularly since they have experienced APA. Thus, having a view of power
over their household is important because they can set expectations or rules for behavior that
their children need to abide by or risk losing the privilege of living at home.

**Possible Contributing Factors**

The parents identified significant issues as possible factors for the emotional and
behavioral struggles their adolescents experienced that often led to conflicts. Some parents
described difficulties in the youth’s early childhood, including medical issues, witnessing
domestic violence, and early signs of behavioral problems. Most parents shared their youth’s
difficulties with mental health issues and some also struggled with substance abuse.
Medical issues. Barbara reported that her son David began to have medical complications shortly after his birth. He was hospitalized for several months during his infancy and these medical issues persisted. In her view, the medical issue prevented early mother-child “bonding.” In her words:

I’ve had to carry several hats. I was in a lot of respects his medical provider and caregiver for most of his development…So even though it’s in the past, it changes your relationship, right? The focus wasn’t always on bonding, like it would be in those first months of life. The focus was on trying to get him through because we didn’t know whether he would make it…. As he transitioned and started getting better, I realize I still did a lot for him even when he had capacity to start taking responsibility. But I think I’ve always struggled to actually forge a relationship with my son that isn’t defined by his medical conditions.

Domestic violence history. There were also several mothers that had histories of domestic violence and family abuse.

Barbara experienced domestic violence that her son had witnessed, as well as prior experiences of abuse as a child. Barbara stated:

My father was physically abusive to my mother, and it took a toll. So, I did experience abuse as a child, and I did experience abuse from my son’s dad. There was physical abuse when he was a baby for the first few years of his life, and there was emotional and psychological abuse for a period of time when he was growing up until our divorce. I was actually a catalyst for the divorce. So, a lot of the abusive language, a lot of name calling, a lot of those things he witnessed.
The family history of domestic violence was a huge factor that she felt contributed to how her son treated her:

I think in hindsight one thing that was not good for David to observe was DV in our home. He saw me take on the role of serving someone, and it created the expectation around male privilege, that he could occupy a role where he would be served, as well. I’m trying to undo a lot of that now…. I think there was some situational factors, obviously, just the fact you’re having been raised with abuse (DV) where you’ve seen certain ways of having anger, coping with anger, modeled by his father who was a really strong parental figure for him, someone he deeply respects.

Sandra described what her home life was like during her son Brian’s early childhood, “A lot of stuff happened. There was domestic violence at home, and I feel like I was depressed, post-partum depression, that lasted maybe all his life. I had a lot of issues that I didn’t deal with.” She said that she had been abused as a child and by her ex-husband. Her son had witnessed the domestic violence up until the age of six. She added, “we had a good relationship before he turned 13. He started to act, when he was 13, like his dad… if you disagree with him, it will flip a switch and he will change into somebody who’s very angry. You can’t disagree with him.”

Rosa shared that she had experienced domestic violence from her children’s father, “He would humiliate me with his words, curse me, insult me, push me around and he would slap me in the face. I would put up with everything because he was my children’s father.” While she was able to get out of the relationship, she added that she had to take him back because of financial need. She stated:
That was the worst mistake of my life. I had good communication with my children and then he got in the way. I couldn’t say anything to my daughter Anita, like ask her to do chores and help around the house, because he would say, ‘leave my daughter alone, you bother her too much.’ He took my authority away [as a mother].

Anna also had a history of domestic violence and struggled with mental health issues. She reported:

I had depression and PTSD, dissociation. I had some domestic violence with my husband before we weren’t married anymore and had some developmental trauma disorder….I know a lot of what my kid does is just stuff he learned from his dad as a baby, in the crib. Just seeing, hearing his mom and dad, and hearing his dad, what his dad did when he was just a baby, not even seeing him.

**Early signs of trouble.** Eileen indicated that her son Andrew had a difficult and complicated start in his early years.

I met him when he was three years old. He is my ex’s son. Shortly after I became his stepmom, I deployed because I was in the Army and I was gone for almost a year. During that time, he was with my ex. Then I came back when he was five. By the time he was six, his dad and I had gotten divorced. The court granted me complete custody of him because of safety concerns; his biological dad was an alcoholic and abusive. When he was nine I remarried and Harold and I both adopted him. From the get-go I had a lot of problems. He’s one of those kids that every day the teachers would give me reports. He was probably five or six when he started stealing. It went into stealing money from kids at school,
soda money from teachers’ desks, and escalated. He basically mugged another kid a few weeks back. At home we can’t leave anything out or else it’s going to be his.

Linda described her daughter Sarah’s difficult early years:

She’s been an anxious child since birth, like social anxiety, she’d cling to my leg. If anybody looked at her when she was a toddler she’d fold in half. I’d have to peel her off to go to class. Pre-school, kindergarten all the way to third grade…She had friends, but she didn’t have a lot because she was just shy, she was super shy and anxious.

Linda believed that Sarah’s social anxiety contributed to extreme shyness and difficulty developing friendships in school. Around fifth grade Sarah also became a victim of bullying.

Linda stated:

I’d felt sorry for her and I’d come to her rescue. And I’d go to the counselor and they told us that she had terrible anxiety and she would self-mute. So, when people would try to talk to her she just wouldn’t talk. So, then we started counseling and then she wouldn’t participate.

Around the same time Sarah was also diagnosed with ADHD and social anxiety. Linda added:

She [Sarah] was being bullied at school, her [school] work was failing, and she was becoming more defiant at home….I’d pick her up at school and I never knew what I was going to get. Whether she was going to come in the car. She’d hold it together at school and then she’d lose it when she got in the car. Sixth grade was bad.
Mental health issues. Parents also viewed mental health issues and/or diagnosed disorders as influencing the youth’s behavior. Several parents reported that their child had received diagnoses including ADHD, oppositional defiant disorder, social anxiety, bipolar disorder, and depression, some diagnosed in early childhood. A few of these youths also used drugs. Eileen and Harold reported:

He’s got a diagnosis, oppositional defiance, along with his ADHD and his depression. He’s been gone for 14 days, so he hasn’t been on any of his medications. Then he takes drugs. He smokes marijuana and takes whatever else he can get a hold of.

Harold believed that Andrew’s mental illness kept him distant from the family and from being empathetic to the impact of his behavior on the family.

I don’t think, because of his mental state, his mental illness – I don’t think that he really thinks about it. If he was thinking about how it affected everybody, he’d be home. He’d be doing what he’s supposed to.

Anna viewed her son Caleb’s mental health issues as something that was inherited, as she described:

There’s a very big issue with him because he does have ADHD and he does have oppositional defiant disorder. It's a legacy two to three generations back in our family, both sides, and we're just starting to explore that in the psychodynamic therapy. It's something that is tacit. It's just something that's been part of the legacy which contributes to this, Caleb feeling angry, and not knowing why, and wanting to call mom, swear at mom. Act domestically violent.
Sandra described her concerns regarding her son Brian, “He gets angry so quick, and it’s so irrational for somebody who’s intelligent. I’m afraid he has some really serious mental health issues, you know, because it’s irrational the way he thinks sometimes.” Her son had threatened to commit suicide if he was made to go to school which led to a psychiatric hospitalization. Sandra explained:

He was there for a week, and they gave him a psychiatric evaluation. They diagnosed him with depression, but nothing else. And the doctor said he would not open up to him. And I said, ‘How can you give him a diagnosis if he did not open up?’ So, I don’t know what’s going on in his head.

The inability to control their emotions, even show remorse for their actions, along with poor self-esteem, and lack of coping skills, were some of the defining characteristics that parents believed contributed to their adolescent’s abusive behavior. As Barbara explained,

I think there is also the parts that are his attributes as well, probably that are factoring into it. I think he does have issues with esteem, issues with identity as well, and not quite knowing another way to cope with his emotions. I think there’s not that emotional regulation skill…where he can actually address his emotions in a way that’s not aggressive…. I feel like he definitely has some issues with depression, and him coping with it in an aggressive way. He will just act and won’t think.

Rachel described the situation with her son Jared:

He’s never been able to control his emotions well and he’s been seeing counselors for it for years and it’s just something that he’s not been good at…. When he was in the ninth grade he started to go into a massive – a real sort of behavioral
tailspin… when we followed through on it the psychiatrist that he had been working with said that it was probably a first bipolar episode when we recounted all of the things that had occurred.

**Substance abuse.** Several parents identified substance abuse by their adolescent children as a factor that contributed to the abusive behavior. For some of these youth, substance abuse co-occurred and exacerbated their mental health problems. The abuse most often escalated when parents confronted youth about the substance abuse and their need for treatment.

Michael described changes in his 17-year-old son Ken:

I began to see changes when he was 16, maybe 15, to the present. I know he’s come under the influence. He got arrested for possession of marijuana and got arrested for shoplifting. He was involved in a few fights. He’s been verbally abusive towards me and his mom but most towards me…. I guess he’s like that when he’s under the influence or when he doesn’t get his way. So, what he does is start shouting. He uses profanity and all that. Since I wasn’t in his life at some time – I was lost in the world at one time and then came back into the family. So, he throws in my face, ‘Well, you did the same thing, dad; you did drugs, you got high, you abandoned us. I like to get high just like you liked getting high in the past.’ I’ve got to deal with that.

Rosa reported that her 17-year-old daughter, Anita, was abusing marijuana and was physically and emotionally abusive towards her,

When I would go into her room, I would tell her [Anita] ‘You were smoking marijuana, right?’ Then she would say, ‘So what? It’s my life. What do you care? If you want, call the police. If you call the police, you are going to be
responsible for my future. You are responsible for my life.’” I would say, ‘No, you’re the one who is responsible for your life, not I. Your future is yours. You’re the one ruining it.’ She would say, ‘No, not your life. I’m relaxed, calm. I’m not hurting you.’ I told her, ‘Yes, you’re causing me a lot of harm because you become very aggressive.’

Exploring these factors helps to shed light on how the adolescent’s struggles with mental health issues, substance abuse, or a difficult childhood could potentially influence the parent-child relationship dynamics and their interactions. The following chapter examines the parents’ experiences seeking help to address these issues.
CHAPTER 7: SEEKING HELP

This chapter presents findings on the study’s third major theme: seeking help, which examines parents’ experiences seeking help to address the adolescent’s abusive behavior in the home. The theme is divided into four sub-themes: finding the right services, which explores parents’ efforts to find appropriate services; barriers to services, identifies challenges parents faced in accessing services; services that helped, presents experiences with services that provided support; and building awareness needed looks at parents’ recommendations for increasing awareness and access to information regarding APA. It is important to note that 15 of the 18 parents interviewed were participants of the Step-Up program and resided in Washington state, thus their experiences are framed within the context of WA’s local and state governmental policies. The remainder of study participants are New York City residents and their service-seeking experiences are also provided.

Finding the Right Services

Most parents did not have an easy time finding responsive or effective social services to address this form of family violence. Parents mostly sought help from the police, mental health providers, and schools. Some parents also filed for at-risk youth petitions through the court system to obtain services. When youth were arrested for assault or property destruction, it started the juvenile justice process and often required youth’s participation in a diversion program. This was the experience for most of the parents that participated in Step-Up.

Seeking help from the police. Calling the police was often the first line of help for parents when they were physically assaulted or there was property damage.

Rhonda: The police were called, and they took him to jail for domestic violence.

They [police] had been called a few times before that.
Hannah: So, my son was taken [arrested] after he hit me.

Sandra: I called the police on him and the police took him.

Elizabeth: We had to call the police on Friday that same weekend because he was hitting all three of us.

Eileen: So, at that point [when son is escalated] especially if Harold’s [husband] not here, I often have called the police.

Some parents went directly to the police seeking advice and found that the police could not provide the information they needed. Linda and Jack went to the police when their daughter’s behavior became violent at home. Jack described his experience:

I went up to the police station looking for more help, more information. And they didn’t really – all I got was the lady doing the clerical stuff. There was no real officer, no real help. There was no real information. It was just like well, if she’s acting violent call the police. And again, call the police. Well, what happens when you call the police? Where do they go? What happens? There’s no information.

There really isn’t.

When Sarah physically assaulted her mother, Linda and Jack went again to the police. Linda added:

We had gone to the cops to say what can we do with this child. Like where do we turn, where do we go? But because I told the police officer I was hit in the face he wrote her up for domestic violence. When we went to talk to him about what Sarah did the first thing he did was, ‘Oh, I got to book her, I got to write her up for domestic violence.’ And I’m like, ‘Wait, that’s not why I’m here to see you. I’m here because I want help.’ And he goes, ‘You should put her in military school.’
So, she was arrested and brought to Juvie or detention, and she had to stay there until she saw the judge.

This connected the family to the Step-Up program, a diversion program, which they were all able to participate in.

Other parents had mixed experiences when they called the police for help, as Elizabeth explained: “[The police] told me at that time, although I think they’re getting better at it now, but at that time they said, ‘Well, this is a parenting problem.’ Just left. These couple of instances they said, ‘We're here for you. Call us when you need us.’ So that was good.” Hannah also had similar experiences:

[One] experience that I’ve had with the police when I had to call them up, I had a very positive experience. They were very willing – if I had said, ‘Yes, I need you to take him [son] away to Juvenile, they were willing to do that.’ One other time I had to call when my older son pushed my younger son, and [they said], ‘Well, you know, they’re just brothers.’ I think that we do need to educate our police officers that, it’s not okay to use violence. And it’s not just ‘boys will be boys.’

In other instances, the neighbors called the police. Rachel described such an incident, I didn’t call the police. The windows are open because it’s summertime and the neighbors heard. The neighbors heard so much obviously domestic violence that they had called the police. So, the police come up and of course they know us and we’re outside. He [son] takes off and goes down the driveway. And the police see him at the bottom of the driveway and basically walked him back up and they say to me, ‘Are you okay? Is everything fine?’ And frankly if they had seen the inside of the house they would have locked him up again and I didn’t want that to
happen. So, I told them that we had had another one of our disagreements, but I had asked him to leave the house, that he was leaving the house and that was fine with me.

As was previously described, parents often found it difficult to call the police because of the shame they felt, or they did not want their adolescent to be arrested and to have a juvenile record.

**Seeking mental health services.** Most parents sought mental health services for their adolescent. Eleven of the 16 youth whose parents were interviewed for this study were either receiving or had received some form of therapeutic treatment through a therapist, psychologist, psychiatrist, and some were on medication. Some youth had also been in treatment since early childhood.

Eileen and Harold described the many steps they took to try and find help for their son Andrew:

Eileen: By the time he was in first grade, we had him in counseling. Then we kept him in counseling until seventh, eighth grade. Then he got to the age where he could, in Washington state they can say ‘no, I don’t want to do this.’ We encouraged him to do more counseling past that point. We even had a lady come to our house with CPS (Child Protective Services) to do in-home counseling. We try to invite people over to our house that could possibly be mentors. We’ve tried to work with counselors, teachers, an IEP (Individual Educational Plan) at school so that he can have special accommodations. I feel like the list goes on and on. We’ve sent him to special camp where he can go with other kids that have similar issues and try to receive group therapy there. We put him through drug counseling hoping that would help with the drug problem. We’ve had him
inpatient for a week trying to help with psychiatric stuff.

Harold: We’ve read more books, we’ve talked to more specialists, we’ve gone to more programs trying to help this kid and get him on track and to parent him the way that he needs to be parented. It’s been so frustrating just to have none of it work. None of it really seemed to make a difference.

Elizabeth also reported on the various mental health providers that have treated her son:

He has had a therapist since fourth grade. He had one for, I want to say maybe a year and a half and switched to another one. So, he's been with the second one for quite a while… I think it's a good match, and I think [son] can trust him. I'm not sure he [son] tells him [therapist] the truth entirely all the time, but I know that he is an adult that he trusts. And then we have a psychologist, because we had to do the at-risk assessment for school, and we have a psychiatrist who prescribes medication.

Several parents reported that their adolescent had been hospitalized for suicidal ideation.

Barbara explained:

We had our rapid crisis intervention for the first incidences of abuse… in that particular year he was diagnosed with pretty moderate depression. He had been admitted for suicidal ideations and suicidality in general. He had expressed ideation and an actual plan through his therapist at the Children's Hospital at the time.

Hannah stated:

I do think he [son] is genuinely depressed, and he doesn’t know how to deal with that and so a lot of that then comes out in anger at me or anger at his brother. He’s
been to Children’s Hospital and hospitalized twice in their psychiatric unit for suicidal ideation in the past couple of months.

Sandra described her experience when her son was hospitalized after he had threatened to commit suicide:

He was there for a week, and they gave him a psychiatric evaluation, they diagnosed him with depression, but nothing else. And the doctor said he would not open up to him. And I said, ‘How can you give him a diagnosis if he did not open up?’

Parents had mixed experiences with mental health providers and some became frustrated with the inadequacy of the services. Linda and Jack, Sarah’s parents, spoke of their struggles, “We’ve been to counselors. We’ve been to behavioral therapists. We’ve been to psychiatrists. And nothing seems to have worked.” Rachel also described her difficulties in finding services that would help her son:

He’s never been able to control his emotions well and he’s been seeing counselors for it for years and it’s just something that he’s not been good at. I was always searching for anger management classes for him because I felt that the counseling he was getting wasn’t getting to the heart of anger management. In trying to find those, the answer I always got was, we have anger management for adults, but nobody could point me in the direction of anger management for a youngster and it was always a real frustration. I searched and searched and hunted. And then along came the last year where he decided to go off his medicine and things got ugly pretty quickly.
Her son’s violent incidents led to his involvement with the juvenile justice system and subsequent participation in the Step-Up program.

Parents also encountered services that did not adequately address their needs.

Barbara reported:

One of his [son’s] initial therapists, who didn’t really have any skills around domestic violence, did a lot of questioning around our relationship, even though it was reported to her that it was abusive, and when David [son] was telling her about thoughts of harming me, she didn’t share that with me. She actually disclosed after that I may come to harm, but she never brought that to my attention. I didn’t feel like that therapy was very helpful.

Anna also described her early experiences with therapists:

I have had a few therapists. We’ve been able to get, but they don’t have the skills in these areas. So, they want to do like play therapy, they want to do this report-based: “Hi, how are you doing? What’s going on in your life?” They’re more focused on treatment in one area, when this is obviously many areas. It’s gone over extended time. It probably involves more than just a focused treatment.

Linda discussed one of her daughter’s early experiences with seeking treatment for her daughter:

We had her tested and she tested that she has ADHD inattentive with social anxiety. So, in seventh grade they started her on Ritalin, to try to help her, and that was horrible. All the medications just made it worse to the point where she would melt down. She has a trundle under her bed and she would pull it out and would climb underneath the bed and she would wrap herself up and she’d just cry. The drugs were just awful on her.
Seeking help from schools. Some parents reached out to their adolescent’s school for help to address the youth’s truancy and support to address the abusive behavior at home. Linda’s daughter Sarah missed a lot of school, as she explained:

We were dealing with the school with her [Sarah] not going to school. By the end of the year, they [local WA school district] filed a civil lawsuit against her for not attending school. They told her that she could get like a work program for punishment or they would put an ankle monitoring bracelet on her. They [school] said the lawsuit is in her name but I think we’re involved as well because we’re her parents. I think it all depends on what is brought before the judge. We’ve tried. We’re in constant contact with the school, we’ve complied…We talked to the counselors at school, saying we need help, we have this problem. Unless Sarah is an alcoholic or drug addict they have nothing in schools to help these children. She isn’t even allowed to see the psychologist there at school. He's only there for what they call IEPs (Individual Educational Plans). She has a non IEP, but he can’t meet with her to help her through things. They’ve no support in the school.

Hannah faced difficulty finding a suitable educational program to help her son Carter who had not done well in both traditional and alternative educational settings:

I don’t know what the school is going to do [with] a student that just has one semester’s worth of work. But also, now we’re in the position of well what school are you going to go to? What school will take you with the issues you have and how violent you’ve been with the school personnel? He doesn’t want to do anything online and certainly I couldn’t do that one. He’s not self-directed
enough....I looked into a school which was recommended to me, but I think you have to have an IEP and the school district really has to pay for it…We had started an IEP evaluation for behavior but then he was kicked out of school and the psychologist was unable to evaluate him and so they could not put anything together.

Rosa, a NYC resident, reached out to her daughter’s school for help to deal with Anita’s marijuana and prescription drug use:

When I found my daughter’s marijuana cigarettes I took photos and took them to the school. I told the school, ‘Look, this is happening with my daughter. In our home we don’t use drugs or alcohol.’ And the school told me that they are not responsible because that is outside of the school. I told them, ‘I heard my daughter talking about a girl who sells pills, her name is such and such, and the pills are prescribed in her name and she sells them.’ They didn’t listen to me and I had shown them photos and they didn’t listen to me. I went back again, and they still didn’t listen to me. They never listened to me.

Lydia, a NYC resident, also sought help from the school and mental health services:

When he was 11 he began to change. He behaved badly toward me, he would insult me. He started stealing things at home, to break things and destroy the house. I started looking for help from the teachers and from a psychiatrist because he had mental health issues when he was younger. He had been on medication but when he turned 11 he didn’t want to take his medicine anymore, didn’t want to see the psychiatrist, didn’t want help from school. He started missing school. They evaluated him at school, but nothing came of it, they
couldn’t solve the problem.

**Seeking help through juvenile justice and family court.** Parents whose adolescent was arrested and placed in detention were offered the choice to participate in a diversion program. Jack explained how they became involved with the juvenile justice system:

We had no idea what to do, who to turn to for help. What the laws, what the real law is. You know, we had to call the police. They brought Sarah to the detention center, then you decide with the deviation lady [probation officer] what you’re going to do. And part of that is you [youth] have a choice. Sarah made the choice. She had to sign the consent that yes, I will go through the Step-Up program.

The youth and parents meet with a probation officer who explains the various diversion programs, including in-home family counseling, mental health services, substance abuse services, and the Step-Up program, and youth and their families decide which one is best suited to their needs.

Some parents filed at-risk youth petitions with the court to get a higher level of support. Anna described, “I may be filing for an at-risk youth petition. If this program [Step-Up] doesn’t keep the violence syndrome down and if we can’t get him on his own, going to school.” Eileen and her husband Harold also filed for an at-risk youth petition. They explained:

We even put an at-risk youth petition with the court, which has been nice. That’s been helpful to Harold and I because it takes the liability off [of us]. That’s something, as a parent, too, what’s my kid going to do that I’m going to have to pay for, you know? Because we’re not rich people. If he steals something that’s worth a lot...ultimately, it’s all on mom and dad.
Eileen points out a stark reality that parents often face; they are held responsible for their child’s behavior, even when it is out of their control, and could be held accountable for the resulting consequences.

Lydia described her efforts in getting help for her nephew by working through the court system in NYC. She reported:

I had to go to the courts and child welfare services to get help. They began to give me in-home therapy, but he never wanted to take therapy. He just became worse. Total destruction in the house. He was horrible towards me. They put him in a foster home and he didn’t want to be there. He always came home and would cry because he wanted to be with me. Then he was placed in a residential setting for 18 months, but he was only there for six months. He was released for “good behavior” and returned home. Back to the same aggressive behavior, verbal abuse, aggressive toward his sisters, he hits his sister a lot. I went back to court. I have been dealing with the courts since he was 11 years old and he’s now 17. The only help I have now is a probation officer but it’s not enough because the probation officer doesn’t know if he can believe what I say or what my nephew says, so he’s in the middle. His probation is going to end soon, and things will remain the same. Anthony hasn’t changed, there is no change in him.

A common experience across the parents’ accounts is the length of time that parents were engaged in finding services for their child. Parents often spent years seeking help, expending energy and resources, as they worked with different service providers that sometimes did not yield the results they needed.
Barriers to Services

Parents not only faced the difficulty of finding the services that could best meet their family’s needs, they also had to contend with barriers that made it harder for them to secure services. These included barriers to accessing services due to limitations or constraints within service systems, and policy barriers that parents felt disenfranchised them of their rights.

Access to services. Some parents faced challenges in navigating the health care system and securing a provider that would take on their case or even getting approved coverage for services.

Anna reported:

So, then we called hundreds of providers on our list. And I’ve been involved with many mental health [provider networks], you know, how they change the healthcare system. So, I was with Life Wise, I was with Group Health. I have called – no matter if I have a PPO or if I'm on Medicaid, there’s all these excuses why these therapists won't take you. Either you’re too severe of a case, ‘We’re not taking clients right now, we’re no longer contracted with your provider, that’s a mistake. I don’t handle your problems.’

Eileen and Harold encountered constant systemic hurdles as they tried to find an inpatient facility for their son.

Eileen: We’ve applied since December to get him into an inpatient program. The problem is the hospitals are not equipped to take care of him. We don’t have medical training. We don’t have all that, but we’re stuck with him because nobody else will take him. It would be nice if there was a program somewhere for these children, at least to give the parents respite.
Harold: There isn’t. His behaviors are so extreme that they’ve kept him from being admitted to a hospital. We’ve been turned down by eight different places because of the psychiatric care. We’re waiting for one more, so we can get him into treatment. It’s intensive inpatient. He was in outpatient care, but he failed because his drug tests were positive all the time. He tried lying to them, and so they don’t want him in there. So, they recommended inpatient care.

Lydia was also seeking a residential setting for her nephew.

I have told the worker many times, Anthony’s probation officer, that I would like them to help me to find a place for him to live once he turns 18, because I don’t want to spend my last years living with this burden. The worker said that I have to wait until he turns 18 to put him in a program called ‘independent living’ but I don’t know how to find such a place. The worker told me that she would help me but his [nephew] probation is about to end. Once it ends they are going to forget about the help [I need].

**System barriers.** For parents in Washington state, one of the biggest hurdles they faced is the health care law (RCW 26.28.010) that permits minors 13 and over to access health care services without parental consent, including emergency medical services, inpatient/outpatient mental health treatment, outpatient substance abuse, and reproductive health services. While this law may expand young people’s access to services, it also allows youth to choose whether to engage or not in services that parents might deem necessary. Parents shared their frustration about this:

Linda: In the state of Washington, you can't get help through a therapist. If she doesn’t want it, she doesn’t have to have it. The state of Washington, 13 years and
older they're in charge of their own medical needs so I can't make her go. Unless she's going to commit suicide, I can't do anything, my hands are tied.

Harold: You’re pretty much forced to put up with the abuse. Especially when you’re in a state like Washington that doesn’t recognize parents’ rights. When a kid who’s 13 years old can make a decision whether he’s going to take his medication or if he’s going to go into drug treatment, or any kind of treatment, something’s wrong with that system.

Parents also went back and forth between service systems trying to find some recourse. Each system had its own service approach that offered short-term measures with no lasting improvement.

Hannah reported:

Nothing happened with the courts. He [son] physically assaulted the school social worker and he was arrested for that and spent the night in juvie and then nothing happened with the court. They didn’t go forward with it. And I understand our court systems are overwhelmed but there’s this kind of conflict; one part is saying he needs mental health services and then mental health services say maybe he needs to go to the juvenile justice route and we’re stuck in the middle…. [When] we came to the end of our at-risk kid petition, the judge was saying [to him] you need to go to counseling again. Then the consequence [from the judge] for the property damage [her son had] caused was – would you write an apology letter to your mom? My son said, ‘No, I won’t.’ And then we went home. There was nothing. It became very clear to him that the judge could mandate something, and he still didn’t have to do it.
Even with their best intentions, parents sometimes could not access the services their family needed. They were either rejected by service providers, had to wait for approval or availability, or were shuttled back and forth between service systems. These experiences add another layer of complexity to the already challenging situations parents were dealing with at home.

**Services that Helped**

Most of the parents participated in the Step-Up Program. They identified services and skills that helped them to cope with their adolescent’s abusive behavior such as participating in support groups for parents and learning positive ways of interacting with their teens. Some parents also found other parent groups and therapeutic modalities that were effective in addressing their youth’s needs as well as their own. Of the NYC based parents, only one identified his own expertise as a service provider helpful in addressing his son’s abusive behavior.

**Parent groups.** Parents overwhelmingly cited that participating in a group with other parents helped to reduce their feelings of isolation and gave them a space where they felt supported.

Jack: When the parents start to share their experiences then you feel like you’re not alone. And we heard from some of the parents that they felt how we felt before. Like when you’re going through this with your kid, you don’t know what to do. Like you have no idea what to do, who to call, when your kid is behaving in a manner that puts her into juvenile detention.

Hannah: It was really nice for me to be around other parents, other moms who have similar experiences. So certainly, it made me feel like I was not alone.

Barbara: Really talking through what impact violence has had on my relationship
with my son and just the connection. I find the parent group sessions are really, really helpful… having that support and really having space where you can lay your guard down and really talk about the impact that this whole process has had.

Robert: I was involved in another program called Changes. It’s a parenting group for parents to help them change how they interact with these youth who are going through problems like this. So, through the group I was learning how to interact with him better and how to change myself.

**Learning new skills.** Parents also identified skills they learned to improve communication with their adolescent, self-calming techniques, how to identify ‘triggers’ that could cause their adolescent to become angry/violent and gain a greater understanding of their family dynamics.

Anna: I try to speak to him differently. I have tried to do what I’ve learned, to let him take responsibility to figure out a plan of how he’s going to solve his problem because part of what we were learning was that when you’re always telling your kid what to do or how to solve it, you’re not letting them use their brain. And then that’s one of the reasons why they may be rejecting what you’re saying and closing their ears off to you. And so, I found that to be good…. I’m learning self-calming techniques and I’ve been really excited to be able to detach from the violence of my child and start my self-calming. And I found that that really helped with being able to deescalate my son.

Robert: I have learned some skills about how to communicate and, you know, my voice tone and my expression of frustration and anger is also a problem. You know, I get upset. I raise my voice. I lecture. I criticize. You know, this kind of
thing, and that goes nowhere. So, the tools that they’re teaching are to not do that. So those types of things have been helpful.

Barbara: I think there’s more mindfulness of what he’s feeling and what can he do to deal with those emotions. And I do see him sometimes engaging in a series of communication that we’ve learned in terms of ‘I statements.’ And I definitely engage in that.

Sandra: I’m learning more of the triggers and how not to engage him; and I started seeing a counselor too because all this was too much for me. So, I see a counselor once a week, a psychologist.

Linda: I learned how important it is for my husband and I to be a unit. Stay on the same page and to not have to participate. Like if she wanted to fight with me I didn’t have to fight. It’s okay to walk away, it’s okay not to answer. I don’t have to join into that fight.

**Intensive therapeutic modalities.** Some families found additional support with intensive therapeutic modalities that they found effective in helping to reduce the youth’s abusive behavior. After a long time searching for a better system of care, Anna found a comprehensive level of support for her son:

> When we got here I immediately signed up for mental health services, and they have what’s called a wraparound intensive services program. We were immediately able to access that and get a team of eight people that would monitor him at school, his school attendance, monitor him at home, give me a family support person, give him individual therapy, give me individual therapy, give us family therapy, and give my son a peer advocate. We are doing psychodynamic
therapy where we are really getting down to underlying issues. We're doing something called Lives in Balance for my son's treatment. The view is they see this kind of disruptive DV behavior against parents, or even against the school as a disability. It's unresolved problems. Not having underlying skills to handle social/emotional problems. And they don't believe that this is a police and juvenile justice problem. They see it more as a disability, a mental health issue.

My son still, at times, has verbal abuse episodes towards me, still struggles with following family guidelines, but on a continuum of severity, it is nowhere near where it used to be. Again, we still need probably more years of treatment.

After continued attempts to find suitable services for their daughter Sarah, Linda and Jack also had a positive experience with accessing more intensive therapeutic treatment services:

Linda reported:

When she didn’t finish the Step-Up program, she was placed in another counseling program. When that didn’t work out, we went to the school for more help, and they sent her to the school psychiatrist who did an evaluation on her. They found that she has emotional dysregulation and that she needed more counseling – instead of cognitive behavioral therapy, she needed more like DBT, which is dialectical behavior therapy, where you learn mindfulness and how to think things through and think things out. We’ve been doing that, and it’s helped us. Specifically, it’s helped my husband and I be more mindful in our parenting style. And it has helped Sarah think about her emotions a little bit more, be more mindful of how she’s treating us and what she’s doing. She’s still struggling with her emotions. We just try to continue to support. We do therapy probably twice a
week, and then we have our own parental coaching that we do. So, she’s still trying to figure things out and deal with her emotions. But the good thing is that we see progress; we see a little bit of progress.

**Self-help.** One father relied on his own professional expertise and the advice of others to help him deal with his son.

Michael stated:

I’m working on it, trying to improve and make some adjustments and modifications in my approach, in the way I speak to him. I just try to provide effective, motivational interviewing and words of encouragement instead of being – some fathers are very hard….I’m a helping professional, a case manager, but I’m a substance abuse counselor as well. I consulted with relatives and family, even my colleagues, other professionals as well. They gave me some advice and suggestions. So, I incorporate all these principles and see how I can make things better.

**Building Awareness Needed**

Parents identified that greater awareness and information on available resources should be easily available to families struggling with APA.

Jack: You need to be able to walk into a police station and somehow that information needs to be available where you can clearly pick up a pamphlet or go to a website. Go to the police, your local website and it’s there. Hey, if your kid is being violent and then lays out the steps. This is the process and don’t be afraid. And that is missing right now….The schools need to put it out there to the parents. If you have a parent night or a parent meeting, you know, put it out there.
They have meetings all the time where parents are all together. Put it out there as a meeting and let them know. Hey, if your kid’s behaving in a certain way this is the resources we have. And put it on school websites even. You know, that would be a great place to put it.

Anna: Well, I think the police really need to be trained, you know, especially with all these shootings that have happened, because they’re liable to come in and shoot someone. Who knows? I think the schools could bring in people from whoever’s domestic violence in their area to come in and do, you know, a program for a week that goes, a carousel, class-to-class or homeroom to homeroom; or, you know, a one-day assembly. They could put signs in the hallways with a little thing where you could get help. But, again, it’d have to be established domestic violence centers.

Barry: If it was possible for them to have more of these places [referring to programs like Step-Up] I think that they do really good. I mean this is kind of really the answer. I just think that they need more availability, stuff like this for people because it worked. It works, and it definitely helps.

Barbara: I think having more forums where it’s discussed. I think schools especially, even if it’s information sessions or just basic PSA things. Something, just kind of putting it out there that, “Hey, this is a thing that people are struggling with. And if you are, these are places that you can get help,” because I don’t think people even know forums or that they exist. I think there needs to be more mentorship programs because – one of the things I’ve been noticing is that a lot of the teens have seen abuse in the household. And having some type of healthy
mentorship would be really helpful because at the end of the day we’re – although it’s going on in the home, it is a part of society as well, right? We do live in a violent society.

Parents’ experiences trying to find services to address their needs has been fraught with difficulty. APA is a problem that is not adequately addressed, or even understood, across service providers in the mental health, education, child welfare, and juvenile justice systems. Parents found services that provide youth and parents with skills to improve relational dynamics extremely helpful, as well as therapeutic modalities that can promote emotional and mental well-being for parents and youth. More importantly, having the support from other parents and professionals who are knowledgeable of this form of family violence helped to make a difference. Parents also indicated the need for greater awareness of APA and making information and resources available to parents. One thing that is clear among all parents’ experiences, is their resolute determination to seek the help that their families desperately need.
CHAPTER 8: DISCUSSION

This chapter will discuss the study’s findings in relation to the research questions, theoretical framework, and existing literature. The study’s contributions to the field are examined, as well as its implications for social welfare knowledge, practice and policy. The study’s overarching aim was to examine the largely unstudied experiences of parents affected by adolescent-to-parent abuse (APA) and to explore the dynamics of the parent-child relationship including how power is manifested and negotiated through the relationship. It also sought to explore the issues that contribute to APA and the impact on the family system. Three major themes were developed that characterized parents’ experiences of APA, impact on the parent-child relationship, family dynamics, and experiences with service providers. Each major theme comprised two or more sub-themes.

Table 4
Major Themes and Sub-themes

<table>
<thead>
<tr>
<th>Major Themes</th>
<th>Sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living in Uncharted Territory</td>
<td>Parents’ experiences of abuse</td>
</tr>
<tr>
<td></td>
<td>Impact of APA on parents</td>
</tr>
<tr>
<td>“Stuck in a Cycle:” Impact of APA on Family Dynamics</td>
<td>Symptomatic Cycle</td>
</tr>
<tr>
<td></td>
<td>Power and Control</td>
</tr>
<tr>
<td></td>
<td>Possible Contributing Factors</td>
</tr>
<tr>
<td>Seeking Help</td>
<td>Finding the right services</td>
</tr>
<tr>
<td></td>
<td>Barriers to services</td>
</tr>
<tr>
<td></td>
<td>Services that helped</td>
</tr>
<tr>
<td></td>
<td>Building awareness needed</td>
</tr>
</tbody>
</table>
Living in Uncharted Territory

Living in uncharted territory captures the dissonant and unknown aspects of the parents’ experiences. Parents reported significant amounts of both emotional and physical abuse. They provided accounts of pervasive emotionally abusive behaviors ranging from verbal attacks that demeaned their parental authority, defiance of parental requests, worrisome behaviors including suicidal threats, and property damage. There was also a strong interconnection between emotional and physical abuse. The types of physical abuse directed at parents included intimidation, harassment, and physical attacks (hitting, slapping, punching, grabbing, pushing/shoving, spitting, and throwing objects at parents). These findings are particularly important in revealing a hidden form of family violence that can emerge across all types of families. The families in this study came from a variety of socio-economic backgrounds. Family structures were comprised of primarily single-parent homes headed by women, but also included wo-parent households. Most families had other children living in the home as well, some of whom were also abused.

Mothers experienced more APA than fathers with attacks that were also more severe. Married fathers corroborated this finding when they reported that their wives were subject to more abuse, even though they themselves were also affected. In addition, some mothers who had previously experienced domestic violence, characterized their APA experience akin to intimate partner violence. Most mothers experienced APA by their sons. While more male youth were reported, female youth also engaged in APA towards their mothers. Most mothers attributed the level of APA they experienced to the fact that they were the ones who were home most often, and it was their role to address their children’s needs and problems. These findings
point to how the expectations of gender roles and the socialization of violence towards women can be influencing APA towards mothers.

While fathers did not report the same level of APA as mothers, their experiences were also difficult. They struggled with their adolescents’ challenging behaviors especially when physically confronted. One father clearly stated that he did not want to get into a physical fight with his son, an experience that is disconcerting for a father because the potential of engaging in a physical fight is real. These findings provide additional insight into the experiences of fathers who may underreport or minimize APA because they may not want to be viewed as vulnerable.

APA has damaging effects on parents’ physical and emotional well-being. Parents experienced deep hurt, fear, stress, and mental and physical exhaustion. APA also affected parents’ ability to care for their health, attend to their other children’s needs, focus on other relationships including friends and family members, and pursue other interests. Their time and energy were primarily focused on addressing their adolescents’ abusive behavior; a common pattern across all the parents’ accounts. Parents were trying to manage and prevent abusive situations while also seeking services to address the behaviors, and their lives became consumed with worry and fear.

Most parents found parenting a youth that engages in APA overwhelming and extremely challenging. Mothers found it difficult to parent their adolescent when they feared for their own physical safety. Parents’ interactions with their adolescent were also fraught with conflict causing emotions to run high and made it difficult for them to uphold consequences for youth’s abusive behavior. When their attempts to apply discipline did not work parents became frustrated and weary. To prevent abuse, some parents learned how to identify triggers that might upset their adolescent and often limited their communication. Parents were caught in a bind,
feeling ambivalent, as they sought to maintain parental authority and control of situations where they were being abused and their authority undermined. Most parents also struggled with calling the police because they felt shame and did not want to be deemed bad parents. They also feared being judged negatively by others outside the home. Additionally, while parents wanted the abuse to end, they were very protective and worried over their adolescent’s future; they did not want their child to suffer any negative consequences such as having a juvenile record. However, when the violence reached a level that parents could no longer tolerate, parents called the police. Some parents recognized this was a way to uphold their parental authority by holding youth accountable for their actions.

Parents’ relationships with their children were described as broken, characterized by conflict and complex emotions including fear, sadness, emotional stress, and loss. Parents expressed feeling fearful, wary of how their adolescent might act, and uncertain as to how they should respond. They were bewildered because their adolescent treated them this way and became increasingly insecure about their parenting abilities. Some also felt disheartened as their parenting expectations were not what they had hoped. This influenced their views on parent identity. Most parents described feeling like they had failed and felt guilt over their youth’s behavior. They doubted their effectiveness as parents and some blamed themselves for their youth’s behavior.

Findings also showed that as parent’s energies were consumed with addressing their adolescent’s abusive behavior, they were unaware of the effects of APA on their other children or were at a loss as to how to help them. In most cases, siblings were also abused by the adolescent and affected by witnessing the negative interactions between their parents and sibling. All parents with other children living at home, expressed great distress over the effect of APA on
their children and their difficulty in attending to these relationships. This finding also reveals the way APA can affect all family members and considerably alter the ways family members interact with each other. It places parents in precarious situations as they try to deal with their own abuse, while also trying to parent an abusive adolescent and their other children who are directly or indirectly abused as well.

The present study supports and adds to what other studies have found in terms of the physical and psychological impacts of APA on parents (Clarke, 2015; Cottrell & Monk, 2004; Murphy-Edwards, 2012; Paterson et al., 2002). It also supports previous findings that illustrate the parents’ feelings of failure, shame, and guilt, over the abuse they sustained and how their parenting was negatively affected (Clarke, 2015; Cottrell & Monk, 2004; Howard & Rottem, 2008; Jackson, 2003). Youth’s abusive behavior influenced parents’ abilities to address conflict and apply discipline or enforce consequences, reflecting bidirectional effects between parenting behaviors and youth’s aggression toward parents (Calvete et al., 2014; Cottrell & Monk, 2004; Ibabe & Bentler, 2016).

This study adds to the current understanding of the gendered nature of APA as demonstrated in past studies (Biehal, 2012; Condry & Miles, 2014; Cornell & Gelles, 1982; Contreras & Cano, 2014; Edenborough et al., 2008; Evans & Warren-Sohlberg, 1988; Gallagher, 2004a; Howard & Rottem, 2008; Hunter et al., 2010; Ibabe et al., 2009; Jackson, 2003; Jackson & Mannix, 2004; Routt & Anderson, 2011). Specifically, how mothers’ view that their parenting role requires them to be mostly responsible for dealing with their children’s behavior, which leaves them more vulnerable to abuse. Mothers are more likely to experience APA because of their direct involvement in their children’s daily lives, as shown in this study’s findings. Exploring social constructions of motherhood and how these can influence mothers’ interactions
with their children, especially during conflicts, can help to reveal how mothers can become 
victimized through their own caregiving efforts.

A new area that has not been fully examined in previous studies is the impact of APA on 
siblings. This study uncovers that there are siblings in families affected by APA who witness the 
abuse of their parents and are also being abused. Parents reported that as a result their children 
were experiencing changes in behavior and had strained relationships with the abusive 
adolescent. Parents also felt helpless as they were trying to cope with their own abuse and 
protect their other children from being abused. While sibling abuse is a recognized form of 
family violence (Gelles & Cornell, 1990), it has not been identified in the literature as a corollary 
of APA. Thus, this study’s findings make a vital contribution in further unveiling the negative 
impacts of APA on the family and identifying siblings as potential victims.

“Stuck in a Cycle:” Influence of APA on Family Dynamics

This study advances current research by grounding its exploration of APA within a 
family systems and family power relations framework to illustrate the theories’ relevance to 
unpacking this phenomenon. This approach has yielded insights regarding the influence of APA 
on family dynamics, specifically how it influences parent and youth interactions during conflicts. 
This analysis also examined parents’ views on who exercised power and control during conflicts, 
as well as possible contributing factors that were potentially influencing the youth’s abusive 
behavior and negative parent-child interactions.

This study sought to understand how parent-child interactions during conflicts could lead 
to APA. Interactions between family members are the bedrock for relationship-building, and 
depending on the type of interactions, can either build or break relationships. According to 
Broderick (1993), family systems theory characterizes families as a special subset of social
systems comprised of a unique set of intergender and intergenerational relationships. Families constitute open, ongoing systems with its respective parts related to one another and the environment (Broderick, 1993). Central to the theory is the idea of the family as a rule-governed system with its members behaving in an organized, repetitive manner, and this patterning of behavior constitutes a governing principle of family life (Jackson, 1965).

Moreover, as the family is an open and ongoing system, it derives life through processes and the patterning of those processes. These processes are interactions between family members. The type and frequency of these interactions influence the individual members in the relationship, which in turn affect the family system. Jackson (1965) emphasized that only when we focus on the interactions between individuals could we advance the development of the conceptual framework. Using the lens of family systems theory, this study examined family interactions and identified patterns that were harmful to the parent-child relationship.

**The symptomatic cycle.** This study found that as parents and adolescents engaged in conflicts, it set the stage for the symptomatic cycle, a key concept developed by Micucci (1996) using family systems theory. The symptomatic cycle consists of repetitive sequences of interaction between family members that emerge as they try to deal with conflict within their relationships. Underlying these interactions is a key principle of family systems theory, specifically, that a change in one element in the system causes a compensatory change in the other (Bowen, 1966). That change, or reaction can serve to maintain and reinforce the initial behavior. The behavior, in turn, becomes learned behavior, the response to it can become a pattern, yielding a negative recursive cycle. In APA affected families, the symptomatic cycle typically began when youth exhibited difficulty in managing their emotions and reacted in abusive ways to parental requests. Parents also had difficulty in managing their responses in
these challenging situations with their adolescent. Parents and youth then became entrenched in a back and forth argument that often led to abuse by the youth and became a negative repetitive pattern of interaction.

These interactions were usually emotional and exemplify another tenet of family systems theory, that the family is an *emotionally governed* system. Each family member’s level of differentiation will influence his/her emotional responses to others in emotionally charged situations (Bowen, 1966). Differentiation has to do with the extent to which a family member is not governed by their own emotions or the other person’s emotional response. The extent to which they can maintain their view and hold steadfast to their beliefs rationally, even when these are being challenged, will influence how they respond (Papero, 1990). When anxiety is introduced into this emotionally governed system, this will cause family members to respond in an emotional way to relieve discomfort, but which may lead to greater difficulties in the future (Kerr & Bowen, 1988).

Changes in the family environment can cause anxiety in family members. In APA, the adolescent’s abusive behavior can cause anxiety in the family, as it is out of the norm. In this study, parents reported feeling fearful, wary of how their adolescent might act, and uncertain as to how they should respond. Parents described themselves as being on “high alert,” “walking on eggshells,” and constantly worried about any situation that might lead to conflict. Parents reported how dealing with the youth’s abusive behavior was draining and a constant source of emotional stress. Parents also recognized that during conflicts they would get too emotionally involved and maintaining their composure was hard when they were continually being challenged. Thus, their emotional response would set into motion the patterns for a symptomatic cycle.
In his work with families affected by APA, Micucci (1996) developed several themes that typify this cycle. He found that relationships become organized around the violence which leads parents to focus on the adolescent who is viewed as the problem, which results in other aspects of parents’ lives suffering neglect. See Figure 1 for a depiction of these themes.

![Figure 1. Themes developed using family systems theory (Micucci, 1996).](image)

As relationships became organized around the violence, parents became overly involved to eliminate or contain the abuse or they withdrew to avoid conflict or any interaction that might lead to abuse. Many parents avoided conflict by using a safety plan, keeping their distance, and by not engaging in arguments. Some parents sought to work through the conflict by encouraging positive forms of communication and problem-solving. Most parents resorted to calling the police when youth became violent and had hurt the parent or caused property damage.
Parents identified some significant issues which they viewed as possibly influencing the abusive behavior – adolescent is viewed as the problem. Most of the parents described their adolescents’ struggles with mental health issues with several who had received diagnoses, and some had even been hospitalized for suicidal ideation. Exposure to domestic violence was another issue that parents thought could be influencing the relationship dynamic. Some mothers described that their adolescent had witnessed domestic violence as a child, and that they acted in ways that were like their father. In some families, the youth’s substance abuse was identified as a major source of conflict. Parents viewed the adolescents’ substance abuse as influencing the youth’s abusive behavior and sought to get their youth to stop. This set off a symptomatic cycle as youth did not want to stop using substances.

Consequently, parents’ response focused primarily on the adolescent, which maintained the symptomatic cycle of interactions and diverted their attention from attending to their needs and the needs of other family members. As their energies were consumed in dealing with the abuse while still trying to parent their adolescent, different aspects of their lives suffered neglect. Parents reported the negative effects of APA on their physical and emotional health, how they struggled to pursue outside interests, how it affected the relationships with their other children, and how these children were also abused or witnessed the parent being abused.

Some parents were able to break out of the symptomatic cycle. Parents of older youth reported that their mindset changed when their youth turned 18. Instead of focusing on having control over their child and his/her behavior, they focused on having control over their household and upholding the rules and expectation for respectable behavior. Since they were no longer legally responsible for the care of their young adult child, they could ask the youth to move out of the home if they did not abide by their household rules. Parents also changed how they
interacted; by not engaging in conflicts when they felt they were being disrespected helped them to not repeat the same negative patterns. A few single mothers found separation to be a necessary recourse when youth persisted in the abusive behavior and they no longer felt safe. In these cases, the youth went to live with their fathers. For parents of younger adolescents who did not have these options, it was much harder to break out of the cycle. However, through their continued help-seeking efforts they were able to maintain hope for better outcomes. This shift in thinking helped parents cope amid their difficult circumstances.

**Power and Control**

The social construction of power for parents and youth needs to be considered. Parents are viewed as possessing and exercising “power” (i.e., legal, economic, political) over their children, who are in turn viewed as lacking power and in need of care and protection (Holt, 2013). APA is one of the least addressed forms of family violence because it seems unthinkable that children could exercise any form of power over their parents. However, this study’s findings show adolescents can exercise power over their parents, while parents often struggle to maintain their parental authority. Downey (1997) asserts that during a violent incident, power is in the hands of the person acting violently because of the fear that it causes in the person being attacked; therefore, the idea of parental power cannot be an automatic assumption. She adds that when adolescents realize that they have personal power to frighten another, it will make it more likely that they will use violence again.

In a parent-child relationship there are established hierarchical boundaries. Parenting adolescent children can make this binary construct of power in parent-child relationships less distinct as adolescents are developmentally no longer children but not yet adults. Holt (2013) posits that “adolescents’ closer proximity to adulthood means that they pose a greater potential
threat than children might do” (pg. 91). Adolescents often want to exercise agency to have control over their environment and make choices/demands over their needs and wants, which may lead them to try to appropriate authority over major aspects of their lives. Several parents described that their adolescent treated them as though they were equal to them, or as though they expected their parents to always meet their needs without reservation. These findings were also reflected in Harbin and Madden’s study (1979), which identified the rupture of hierarchical boundaries in the parent-child relationship, along with the youth’s grandiose sense of entitlement.

The family systems framework helps to conceptualize how power shifts in the development of the symptomatic cycle. In families affected by APA, youth will use abusive tactics or behaviors to achieve their desired outcome, either to have a need or desire met or to get out of not having to do a chore or other responsibility. Parents reported how youth engaged in verbal attacks, humiliation, making parents feel guilty for not meeting their needs, intimidation, property damage, and physical attacks. This behavior, particularly when it continues to escalate and becomes severe, can cause parents to seemingly “give in” to the adolescent’s demands to avoid an abusive incident, constituting diminished parental authority.

The symptomatic cycle intensifies as the abusive behavior becomes increasingly unmanageable and turns into an entrenched relationship pattern that can eventually erode parental authority (Murphy-Edwards, 2012). Parents reported how they became mentally, physically, and emotionally exhausted so that they were less able to follow through with appropriate discipline when necessary. Parents viewed their loss of power resulting from not being able to enforce consequences; keeping the argument going; giving in to youth’s demands; avoiding confrontations/conflict with adolescent; becoming emotional; not knowing or uncertain
of what to do; and lacking support from external sources (i.e., service providers, laws/policies that limit parental rights).

Parents asserted their parental authority when they changed how they interacted with their adolescent. Parents established expectations for not tolerating abusive behavior, learned new skills and strategies to help improve their interactions, and if necessary, held youth accountable for their actions by engaging a higher authority (i.e., calling the police). Seeking help from service providers to address youth’s behaviors served as an empowering way for parents to protect themselves from further physical and emotional damage and from liability. Knowing that they had exhausted all avenues assured parents that they tried to address the situation and gave them a sense of control. Figure 4 depicts these shifts in power. The top half of the circle shows how youth can exercise power over parents and the bottom half shows how parents can maintain or regain parental power.
When parents can disengage from the symptomatic cycle, youth may view that they have lost the desired power over their circumstances as they are not able to do or get what they want. However, if youth can learn to better manage their responses during conflicts with parents or others, they can develop self-control, and be empowered to be responsible for their actions.

**Family power relations.** Power is integral to the relational process. According to Tew and Nixon’s (2010) family power relations framework, individuals can exercise power in protective or oppressive ways depending on their position and role in the family (i.e., parent/head of household), relationship with others, internal coping mechanisms, and access to resources. Protective power safeguards vulnerable people and their opportunities for advancement, while

---

**Figure 2. Adolescent-to-parent abuse: shifts in power relations.**

- Youth desire to have power and control over their life circumstances. (May be struggling with other issues, i.e., mental health, substance abuse).
- Youth can exert power through abusive behaviors that divert parental attention to their needs/wants.
- Youth can be empowered by developing self-control over their emotional responses during conflicts.
- Abusive behaviors may cause anxiety and fear which can influence parents' negative response to abusive behaviors.
- Parents lose power when engaged in symptomatic cycle to address abusive behaviors.
- Parents gain and/or maintain power when holding youth accountable to established rules and expectations.
- Parents disengage from symptomatic cycle by changing their response towards youth's abusive behaviors.
oppressive power exploits differences to advance one own’s position at the expense of others (Tew & Nixon, 2010). Families are also subject to and engage with external networks, including policies and systems (political, economic, legal, educational, religious), gender role expectations, and popular media that also have a strong influence on family life. These external systems can exert collusive forms of power that ostracize individuals and families because of their ‘otherness’ or foster cooperative power through valuing commonalities and differences to provide mutual support (Tew & Nixon, 2010). In the family system, protective power serves to maintain a desired balance of authority and autonomy that can be bolstered by cooperative policies and services that recognize and address the needs of families in difficult situations.

Given the social and cultural expectations of parents and their sanctioned role of authority within the family, it seems inconceivable that children would be able to exert power over their parents. Parenting is imbued with so much personal meaning for parents, as it forms part of their identity and how they view themselves and how they perceive others view them. Parents are held responsible for socializing their children to behave according to societal norms both within and outside the home and are held accountable by legal and governmental authorities for doing so. However, when adolescents are abusive to exert control over their parents, which is contrary to societal and parental expectations, it dramatically shifts how parents can exercise protective power over their children and access cooperative power through external agencies and extra-familial supports.

Gendered power relations. The role of gender adds another layer of complexity in understanding the phenomenon of APA. Most of the mothers in this study did not view that they had power in the relationships with their adolescent sons. As has been previously cited, mothers experience APA at significantly higher rates, and male-perpetrated APA is also reported at
higher rates. APA is highly gendered and bears striking similarities to domestic violence (Downey, 1997; Holt, 2015; Routt & Anderson, 2015) which helps to situate it as part of the broader pattern of violence against women (Holt, 2015). Conceptualizing APA within the paradigm of gender-based violence is important as it renders the social construction of the powerful parent inadequate. It also recognizes that mothers can be viewed as lacking authority and power due to political systems such as patriarchy that devalue women, thus placing them at risk for APA. Moreover, for women who have suffered previous abuse and domestic violence, they may be less likely to exercise their parental power because their view of their own power may have been diminished (Paterson et al., 2002). It might be that APA has not been more broadly recognized as a social problem because mothers are the predominant victims, and the structural biases that similarly delayed a policy response to domestic violence, continue to persist.

Social constructions of mothering can also play a role in APA. Mothering is conceptualized within a dual dichotomy: a “good mother” can prevent problems or fix them, and if she does not then she is a “bad mother” (Weingarten, 1994). The mother and adolescent may be trapped in this bind; the adolescent may expect the mother to fix their problem or meet their need because this is what mothers are supposed to do for them. Women, as mothers, may also feel this burden to “fix the problem” because they are the primary caregivers and it is their “responsibility” to ensure their children’s well-being. As a result, women can lose their sense of self, lose their place in the relationship, and become disempowered (Weingarten, 1994, 1998). I also think from my own experience that when you are abused by your child, you feel rejected and devalued, and your identity as a mother can be broken. This makes it very difficult to believe that you have any power or authority as you are no longer esteemed a good mother.
Over the years the social and cultural constructions of parenthood and childhood have changed significantly, specifically the way Western society views the roles and responsibilities of mothers and fathers, and the way childhood is socially constructed. Notwithstanding the important changes that were necessary to establish and protect the rights of children globally through the UN Convention on the Rights of the Child, current social and cultural influences have changed the way that parents and children interact while expectations of parental responsibility have increased (Holt, 2015). These influences combined with macro and micro level factors can have deleterious effects on families. There are families that are also more vulnerable to APA due to a host of factors that need to be better identified and analyzed through research. This need is especially salient to preventing a cycle of abuse to continue into adulthood for young people who are now using abusive tactics to exert control in their homes.

Seeking Help

This theme examined parents’ help seeking experiences in terms of the types of services they engaged and barriers they faced in their help-seeking efforts. Services that they found helpful was also explored, as well as recommendations to help increase awareness of APA and the delivery of services and resources to affected families.

Finding the right services. Parents spent considerable time, often years, trying to find the right services and sought help from various service systems including the police, mental health, juvenile justice, and child welfare. Given the lack of services that specifically target APA, parents had to navigate different service systems, which was very challenging and often frustrating. Most parents called the police when the adolescent had become violent and hurt the parent or caused property damage. Parents had mixed experiences with the police; in some instances, the police were supportive and willing to take the youth to juvenile detention and in
other cases they were dismissive and considered the youth’s behavior a parenting problem. While calling the police served as a critical resource for the parents’ safety, it was a very difficult call for parents to make. The shame of having your child arrested and being judged a bad parent, made parents delay police involvement until it was necessary.

Many parents also sought help from mental health service providers. Most of the youth that engaged in APA had received diagnoses including depression, oppositional defiant disorder, social anxiety, ADHD, and had engaged in some form of therapeutic treatment. A few parents reported that their adolescent had also been hospitalized for suicidality. A common theme among the parents’ experiences was a sense of frustration as they worked with various providers trying to find the therapeutic service that could best address the dynamics of APA.

Parents experienced similar frustrations when they reached out to schools for help with the adolescent’s truancy and the behavioral challenges the parents were experiencing at home. In some cases, the schools were ill equipped to address the youth’s truancy and could not support parents dealing with abusive behavior at home. Parents who worked with the juvenile justice system and family courts also had mixed experiences. Some parents found these services were not as effective as they had hoped. Youth were either referred to counseling or placed on probation, which in the parents’ view did not hold youth accountable for their actions and youth continued to engage in the same negative behavior. Families that were connected to a diversion program like Step-Up found the support very helpful as it reduced their sense of isolation and provided a space for families to share their difficulties while learning new skills to improve their relationships. While parents experience different outcomes in their search for services, the literature cites the benefits of help-seeking as an important coping mechanism for parents (Clarke, 2015; Murphy-Edwards, 2012).
Barriers to services. Parents encountered barriers in accessing services because service providers either were unwilling or unable to take on their case or lacked the appropriate level of care. Parents in Washington state also faced system barriers stemming from a governmental policy that provided youth 13 years old and over with the ability to consent for their own health, mental health, and reproductive health services without parental consent. Parents felt that this policy disempowered them. If youth chose to not participate in a therapeutic service, which many did, parents had to abide by the youth’s choice even when the youth’s behavior warranted some form of treatment.

Parents also experienced barriers as they navigated the different service systems, which at best only offered short-term solutions. Service providers appeared constrained by their own limitations; they either lacked awareness of APA or lacked effective strategies that could address the problem. For example, when some parents reached out for help to the police and asked for information to help them deal with their adolescent’s violence in the home, the response they received was that they should call the police if the youth becomes violent. This was not the help that parents wanted at the time because they were hoping to avoid such a drastic measure. Parents also found that the juvenile justice system was limited in its efforts to provide a meaningful consequence for youth’s actions that would not involve detention but provide another outlet for youth to change their behaviors. Additionally, parents reported that even the mental health services their youth received did not adequately address the complexity of APA.

Services that helped. Parents described the various services they found helpful in coping with their adolescent’s behavior, which they received through the Step-Up program or other service providers. Overwhelmingly, parents found parent groups extremely supportive and helpful in reducing their isolation as they were connected to other parents who were going
through similarly difficult experiences. Parents also found learning skills in communication, mindfulness, and self-calming useful in deescalating or preventing conflicts that could lead to abuse. These skills also provided them with tools they could apply to help reduce the sense of powerlessness that dealing with the abuse could evoke. Some parents of adolescents that required more intensive services, were able to find therapeutic models, such as intensive case management and dialectical behavioral therapy, that provided the parent and youth with comprehensive services that were targeting the root issues in the family dynamics.

**Building awareness needed.** Parents also identified the need for increasing awareness around APA and provided recommendations. These included having informational resources available at police stations and training police officers on how to help parents dealing with APA; holding forums and parent meetings at schools where parents could be easily reached and the issue addressed; making more programs available that address adolescent violence in the home; providing parents with respite programs that could place youth in temporary out-of-home placement; and providing youth with mentorship programs and therapeutic supports. Most parents felt that the information needed to be made more accessible to help parents feel at ease asking for help. Recognizing APA as a social problem will dispel the secrecy and shame that surrounds it and make more services available to families. APA affects parents’ lives in many ways and the more supported and acknowledged they are, the more effective they can be as parents.

This study advances current research by presenting the circuitous path that parents follow in finding the appropriate help for APA. Their experiences with service providers reflect a deeper issue. The needs of parents and families affected by APA have not translated well to the field of practice. This study found that parents and youth experienced mixed outcomes with
service providers due to the limited understanding of APA and its full impact on parents, youth, and families. The conceptualization of APA as a social problem was framed within the parameters of the service approach, which presents a problem when the service approach does not have a comprehensive understanding of the issue. Service approaches were primarily targeted toward the youth. For example, if youth became involved with the juvenile justice system, the problem was construed as a juvenile delinquency issue, and youth were either asked to write an apology letter to the parent and/or referred to counseling services or other diversion program. If the problem was addressed as a mental health issue, then youth were evaluated and provided with some form of behavioral treatment. While these approaches provide parents with some recourse, they do not account for the impact of APA on parent safety, parenting abilities, and the effects on other family members, such as siblings. These service approaches may also not account for the possibility that youth can choose not to engage in recommended services, which many parents reported. The services that parents found most effective, such as those offered through the Step-Up program, were informed by a service approach that was developed with an understanding of the problem and that addressed the needs of the family.

The literature also shows that current conceptualizations of APA lack an understanding of this social problem. Service approaches blame parents’ poor parenting abilities or juvenile delinquency, which is often attributed to poor parental control (Tew & Nixon, 2010). Holt and Retford (2013) found varying conceptualizations of APA among a group of frontline practitioners across disciplines including children’s social services, youth offending services, victim/DV support services, police and judicial services. Some conceptualized it as “criminal” behavior. While others situated it within the construct of family violence or within the construct of power and control that recognizes the major social and cultural shifts influencing current
intergenerational power struggles. They acknowledged that APA was a problem and cases were increasing; however, they also recognized that frontline services were not responding in effective ways resulting in “perverse outcomes” through actions that penalized and blamed parents for their own victimization. Moreover, they identified that the lack of policy guidance, concerning APA as a social problem, rendered them unable to work cooperatively both within and across disciplines to provide appropriate responses (Holt & Retford, 2013). This presents a critical area of need for service providers across disciplines to work together to develop a more coordinated service response to APA.

Implications for Social Welfare Knowledge, Policy, and Practice

Adolescent-to-parent abuse presents a major breakdown in family functioning and stability that affects the well-being and safety of parents, hinders the development of healthy parent-child relationships, and places vulnerable youth at greater risk for poor social, educational, and emotional outcomes. Social workers in a variety of settings are very often at the frontlines of helping families deal with such complex issues. Social workers, as well as other human service professionals need to be educated about APA, how it is manifested in the home, the effects on parents, youth, and other family members, and the specific risks that it presents for mothers.

Understanding the challenges that parents face in parenting adolescents that are engaging in abusive and other risky behaviors is also of critical importance. Specifically, how abuse affects the parent-child relationship, parenting, and the debilitating emotional toll that APA has on parents. Adolescents need extensive support to address their specific challenges, which can worsen their abusive behavior, i.e., substance abuse, mental health disorders, previous exposure to domestic violence and/or history of being abused, negative peer associations, poor school
experiences, and attitudes that reflect an inflated sense of entitlement and/or lack of empathy for parents.

Social work practice is ideally equipped to provide the foundation of a meaningful service approach that integrates both an understanding of the environment in which families are situated, combined with an assessment of their strengths and weaknesses to identify and develop appropriate interventions. For example, with a goal toward developing adolescents’ and parents’ strengths, interventions should help adolescents understand the consequences of abusive behavior, learn to be accountable for their behavior, and how to make healthy behavioral choices. Parents need to be supported in restoring their parental authority and given the resources to help them heal from the effects of the abuse along with positive strategies to develop a healthy parent-child relationship. As Miles and Condry (2015) describe:

A positive and effective response is likely to be holistic in approach...a focus upon the whole family and working with both parents and young people, and a primary concern with safety and protection and careful risk assessment, combined with a positive attitude towards working with families and a recognition of their potential for change (p. 1091).

It is also important to note the role that societal expectations play within family dynamics, specifically how parents should raise (socialize) their children to become productive and law-abiding citizens, and how youth should learn to abide by parental and other authorities. Young people today also face a host of cultural expectations as they seek to be accepted by peers, form relationships with others outside the family, and to navigate environments that can be hostile. Why some youth choose violence or other abusive tactics during conflicts with parents may be attributed to familial factors (i.e., previous exposure to domestic violence/child abuse,
parenting practices, communication styles), individual factors (mental health, substance abuse, “sense of entitlement”), and external factors (influence of media, peers). The accumulation of these factors also operates within a larger sphere of influence characterized by a society and culture that has a high tolerance for violence, which is permeated through the media constantly. Moreover, parenting in today’s Western culture is also brought up to scrutiny with “parent blaming” or “shaming” becoming the norm through social media, and mothers on the higher receiving end of this “blaming” phenomenon.

The lack of policy recognition and limited interventions available presents a major barrier for families seeking help to address APA. The literature points to the divergence of conceptualizations of APA among service providers as the cause of the inadequate policy and service response that APA has received (Holt & Retford, 2013). APA is often situated within child welfare, juvenile justice, and domestic violence policy and service paradigms, that have differing social constructions of parents and youth, with policy and service goals aligned according to these social constructions. For example, within the child welfare framework, the problem of APA is framed as a failure of parents to provide a suitable environment for children who are constructed as victims (Hunter, Nixon, & Parr, 2010), but which fails to acknowledge the parents’ experiences as victims and the impact of abuse on their ability to parent. In a study of practitioners’ constructions of parent abuse, social workers lacked familiarity with the term and were reluctant to recognize a youth’s behavior as abusive (Nixon, 2012). They more often described the problem as the youth having ‘challenging behavior’ or attributing it to ‘poor parenting’ (Nixon, 2012). Hunter et al.’s (2010) evaluation of family intervention services found that frontline workers did not identify the abuse of the mothers by their children as a problem
requiring a formal response, rather it was viewed as a failure of parenting which they would address by providing parenting help.

In the juvenile justice field, youth and parents are constructed as perpetrators, with parents being held responsible for their children’s behavior and accountable for ensuring their children follow court orders (i.e., detention, probation), and that they themselves follow court orders as well (i.e., attend parenting programs, pay court fines). For example, in the UK, several legislative acts were introduced, the Parenting Order in the Crime and Disorder Act 1998, and the Anti-Social Behavior Act 2003, which hold parents directly responsible for crimes committed by their children. This serves to re-victimize the parent by requiring that they serve as the transformative agent for change (Condry & Miles, 2012; Holt, 2009). These measures make assumptions about parents’ ability to control youth’s behavior as their responsibility and make them accountable as such. However, as Henricson and Bainham (2005) posit “the attribution of blame to parents for their children’s behavior up to the age of 16 underestimates children’s independence and overestimates the ability of parents to control the behavior of young people as they grow older” (p. 103). While there is a greater recognition of APA by practitioners in the juvenile justice field due to the increasing number of cases that present with this form of violence, there is a disconcerted sense of apathy or complacency as explained by these practitioners:

> This is actually quite a big problem in parenting now. We need to, you know, have a look at this.’ But I think, we know it exists, and it’s maybe it’s almost like a complacency (Condry & Miles, 2012, p. 247).
I don’t think there’s sympathy for the parents; you know, I think if your sort of offspring is antisocial or whatever, then if it happens to you in your house, well you’ve kind of brought it on yourself type thing. I don’t think people are, at a high level, that much interested (Condry & Miles, 2012, p. 246).

APA also bears striking similarities to domestic violence in terms of the multiple forms of abuse parents experience, gender-based violence, victim-blaming/parent-blaming, and the institutional re-victimization of victims (Holt, 2015). Yet even within this context, as with child welfare and juvenile justice, there has been a long-held policy silence. Nixon (2012) found that professionals in the domestic violence field relayed the difficulty in identifying the problem due to parents’ reluctance to come forward, which kept the abuse concealed and ‘under wraps.’ This was particularly evident in families with histories of domestic violence where parents were aware of the impact of the domestic violence on their children and felt responsible for their behavior, thus they were less likely to tell their stories. Additionally, mothers suffering domestic violence may access services to leave an abusive relationship, but when it comes to their children, the options of leaving, having their child placed in care, or throwing them out of the home, are not choices they would consider (Holt & Retford, 2013).

The social resistance to acknowledging APA as a form of family abuse where parents are victims has hindered the development of an appropriate and meaningful policy response and the development of more targeted interventions. To address the complexities of APA, interventions must “frame children and families as active players in developing strategies to promote transformative power relationships and empowerment” (Tew & Nixon, 2010, p. 588). Greater strides in this area can only be achieved when practitioners and researchers break the collusive
power of silence that has continued to shroud APA in secrecy and shame (Holt, 2015; Tew & Nixon, 2010).

Thus, APA requires a comprehensive policy and programmatic response that does not “penalize” parents and “problematize” youth; a response that achieves the primary goals of safety and violence-free homes, restoration and healing of broken family relationships, and trauma-informed treatment for parents and adolescents. Greater awareness and education on this issue across various fields of practice that engage with families, such as child welfare, juvenile justice, domestic violence, police, education, and mental health is necessary to help identify families that may be experiencing APA. There needs to be a coordinated multi-agency effort that supports parents and adolescents with policies that help keep parents safe, teaches adolescents to be accountable for their behavior, and interventions that improve family communication and conflict resolution.

**Limitations**

The findings of this study are not generalizable to a wider population of parents; however, the intent of this study was to unveil experiences that are often hidden due to the nature of the experience and to increase awareness of APA as a critical social problem. This study examined the experiences of parents affected by APA through self-reports, which while important, can only provide their perspective regarding the impact and dynamics of APA. In my initial planning for the study, I had intended to also include the experiences of adolescents so as not to limit the findings to only the experiences of parents, and thus provide a deeper understanding of the phenomenon. Considering my timeframe and the scope of research I could effectively focus on, I chose to center my study on parents’ experiences, and to address adolescents’ experiences of APA in future research. Additionally, a study of this nature would
have benefited from integrating the perspectives and experiences of service providers that work with families experiencing APA, particularly their assessment of parent-child relationship dynamics and the strategies used to help them. This would be a vital area of study in future research of APA.

Most study participants were recruited from the Step-Up program in Seattle, WA, which provided direct access to parents who experienced APA. While this was extremely helpful for recruitment, it presented a few limitations. The racial/ethnic homogeneity of program participants limited the variability of perspectives. That the families sought and received services for APA may have introduced a selection bias. Additionally, parents’ help seeking experiences may be influenced by local governmental policies and service systems that may not be generalizable to other locations. Another area of limitation is the reliance on one method of data collection, as this study used interviews as the primary data collection method. Additional methods of inquiry, such as observations of parent and adolescent interactions, would have provided deeper insight into relational dynamics. This form of data collection would have been difficult to undertake as families might consider it intrusive and would require spending considerable time with families to develop their trust and willingness to have their interactions observed.

**Future Areas for Research**

This study found that mothers are more vulnerable to experiencing APA. In addition, mothers experiencing APA most often viewed that they had no power in the relationship with their adolescent children, and this was especially salient for mothers raising adolescent sons. Future research should delve deeper into the relationship dynamic between abused mothers and their adolescent children, particularly looking at the influence of gender and socialization of male
and female roles on the power dynamics. Another important facet of this research should also examine the influence of social constructions of mothering, as well as any past histories of abuse and/or domestic violence, on the mother’s identity and view of her parental authority. It would be important to have a greater understanding of the intersectionality of all these factors - the societal expectations of mothering, gender roles, and the impact of past trauma on the mother’s response to APA. This can help to inform interventions that work with affected families and identify additional areas of support that should be provided to mothers.

This study also found that service systems are often limited in their response to APA and addressing the needs of parents. There is limited research that examines the experiences of social service providers in the fields of child welfare, juvenile justice, family court, schools, and domestic violence, to learn how they view APA, what service approaches are used, and what do they find most challenging. It would be important to look at the conceptualizations of APA within these service systems and how existing policies around family violence influence service delivery and how parents affected by APA are treated.

Research that also examines the experiences of adolescents who engage in APA is vitally important to understanding how APA affects them and influences interactions with their parents. This study found that most of the parents had adolescent children that struggled with mental health issues and/or had poorly developed socio-emotional regulation. Studies are needed that can further explore the role of youth’s mental illness and/or level of socio-emotional development on their use of violence within parent-child interactions. There were also several families that had experienced domestic violence that youth had witnessed as young children. Research is needed that examines the impact of witnessing domestic violence on youth’s relational dynamics with parents, especially with their mothers who are most often the adult
victims. In addition, research that looks at the influence of environmental factors on APA, such as the role of violence in our society can yield further insight into the factors that further entrench the use of violence to resolve family conflicts.
Conclusion

This study sought to understand and illuminate the experiences of parents affected by APA, a hidden form of family violence that has not garnered enough attention as a critical social problem affecting families today. Using a qualitative design grounded in phenomenological inquiry, this study developed three major themes that examined various aspects of APA. *Living in uncharted territory* explored the parents’ lived experiences with APA and the impact of APA on their well-being, relationship with their adolescent, parenting and parent identity. The *impact of APA on family dynamics*, used a family systems theoretical framework to unpack the relational processes that undergird APA. *Seeking help* showed parents’ journeys as they navigated various service systems to find help that would address APA.

The study engaged a vulnerable population, parents experiencing a breakdown in their parent-child relationship due to the presence of APA. The study’s findings show that APA has significant detrimental effects on parents’ physical and emotional well-being, the parent-child relationship, and overall family functioning. Experiencing APA has a debilitating effect that hinders parents’ ability to deal beyond the scope of their own mental and emotional anguish. APA hinders parenting abilities and can cause an erosion in parental authority (Murphy-Edwards, 2012). Parents’ self-esteem and identity were also negatively affected. APA has a strong impact on other family members, including siblings who in most cases were also abused, and limited parents’ participation in other aspects of their lives.

In terms of relational dynamics, parents and youth engaged in conflicts around home life issues that became a symptomatic cycle, an entrenched pattern of negative interactions that would often lead to abuse (Micucci, 1996). APA also caused an imbalance of power that was gendered. Most mothers in this study did not view that they held power in the relationship with
their adolescent sons, placing mothers at significant risk. Several factors were identified as possibly contributing to APA including the adolescent’s mental health issues, substance abuse, and past family history of domestic violence, which provide a greater contextual understanding to both parents’ and youths’ struggles.

Parents’ help-seeking experiences were frustrating and circuitous, as they tried to find help through various service providers. No single service system had the answers and resources that parents were desperately seeking; parents had to rely on a patchwork of service providers including the police, juvenile justice, mental health, schools, and child welfare. This points to the need for cross-collaboration among systems that work with APA affected families and the development of a holistic and comprehensive approach to address this form of family violence.

My purpose in researching APA and the experiences of parents stemmed from my own personal experience. Conducting this research helped me to heal and gain a deeper understanding of the complexity of this form of abuse that parents keep secret because of the shame and the pain that is too deep for words. This study contributes to the extant literature by focusing on the needs of the parents and shedding light on the gendered nature of APA and the implications for mothers who are more likely to experience APA. It also identifies the inadequate and fragmented response across service providers to this serious problem. Finally, it raises greater awareness for the need to develop policies and interventions that support and protect parents that are being abused and that provide families with therapeutic and restorative strategies for breaking out of negative conflict patterns and developing healthier relationships.
Appendix A
Research Study Brochure in English and Spanish

The study will look at any behavior of an adolescent that seeks to control, dominate, or threaten a parent or sibling. You may be experiencing this if:

- You feel afraid of upsetting your teen and you change your behavior to avoid it
- You are “walking on eggshells” trying to predict your teen’s wants and needs
- Your teen pushes, hits, punishes, or hurts you or his siblings, throws things or damages your possessions or those of other family members
- Your teen threatens to hurt you, themselves or others if you do not meet his or her demands
- Your teen ridicules or tries to humiliate or embarrass you, your family or friends
- Your teen constantly criticizes you and puts you down
- Your teen threatens you that he/she will leave home if you do not do what they want
- Your teen blames you for his or her behavior

For more information contact:
Sofia Oveido
(646) 985-5171
sofia.oveido@phs.cuny.edu

Research Study on Parents and Teens in Conflict

Participants needed for research study exploring conflict in parent and teen relationships
Study Purpose
You are invited to participate in a research study that will explore the experiences of parents and youth in families in which adolescent children have been disrespectful or hurtful to their parents (physically, verbally, and/or emotionally). We would like to know more about how this issue affects parents, adolescents, and the parent and child relationship.

Who Can Participate
Parents (18+) of adolescents who have been disrespectful or hurtful towards them. Adolescents (13 - 17 years of age) who have difficulty engaging with their parents in a respectful and non-abusive manner.

How You Can Participate
If you are interested in being part of this study and meet the criteria, you will be asked to participate in individual interviews that will be conducted in-person at a convenient location and/or over the phone at your convenience.

Contact:
For more information contact:
Sofia Oviedo
(646) 285-5171
soviedo@gradcenter.cuny.edu
El estudio analizará cualquier comportamiento de un adolescente que busca controlar, dominar, o amenazar a una madre, padre u otro familiar. Por ejemplo, si usted experimenta lo siguiente:

- Usted siente miedo de molestar a su adolescente y cambia su comportamiento para evitarlo
- Usted siempre está a la expectativa tratando de predecir los deseos y necesidades de su adolescente para evitar que se enoje
- Su adolescente empuja, golpea, o lastima a usted o a sus hermanos, tira cosas o daña sus posesiones o las de otros miembros de la familia
- Su adolescente amenaza con hacerle daño a usted o a otros si no cumple con sus demandas
- Su adolescente trata de humillar o avergonzarlo a usted o su familia o a sus amigos
- Su adolescente constantemente le critica y le habla de mala manera
- Su adolescente le amenaza con que él o ella se va ir de casa si no hace lo que quiere
- Su adolescente le culpa a usted por su comportamiento

Estudio sobre el Conflicto en Familias

Se buscan participantes para un estudio explorando el conflicto entre madres y padres y sus hijos adolescentes

Para más información contactar:
Fery Linares
212-285-5271
flinares@gradcenter.cuny.edu
Objetivo de Estudio
Usted está invitado a participar en un estudio de investigación que explorará las experiencias de las familias afectadas por el comportamiento de adolescentes que han sido irrespetuoso o hiriente hacia sus madres/padres (de manera física, verbal y/o emocionalmente). Nos gustaría saber más acerca de cómo este problema afecta a los padres, jóvenes, y la relación entre padres e hijos.

Quien Puede Participar
Padres (18+) de adolescentes que han sido irrespetuoso e hiriente hacia ellos. Adolescentes (de 13 a 17 años de edad) que tienen dificultades de comportarse con sus padres en una manera respetuosa y no de manera abusiva.

Como Puede Participar
Si usted está interesado en ser parte de este estudio, usted será invitado a participar en una a dos entrevistas individuales que se llevará a cabo en persona en un lugar privado y conveniente y/o por teléfono a su conveniencia.

Contacto:
Para más información contactar:
Sofía Oviedo
(646) 285-5171
soviedo@gradcenter.cuny.edu
PARTICIPANTS NEEDED FOR RESEARCH STUDY EXPLORING THE EXPERIENCES OF PARENTS AND TEENS IN CONFLICT

STUDY PURPOSE:

You are invited to participate in a research study that will explore the experiences of parents and youth in families in which adolescent children have been disrespectful or hurtful to their parents (physically, verbally, and/or emotionally). We would like to know more about how this issue affects parents, adolescents, and the parent and child relationship.

Are you the parent of a teen experiencing any of the following?
Behavior that frightens you at times
Fear of your teen becoming angry with you or other family members
Behavior from your teen such as yelling, insults, demanding things, breaking things, shoving, hitting, and/or making you feel bad

WHO CAN PARTICIPATE:
Parents of adolescents who have been disrespectful or hurtful towards them.

HOW CAN YOU PARTICIPATE:
If you are interested in being part of this study and meet the criteria, you will be asked to participate in individual interviews that will be conducted in-person at a convenient location and/or over the phone at your convenience.

If you are interested in participating this study or have any questions, please contact the principal investigator, Sofia Oviedo at (646) 285-5171 or soviedo@gradcenter.cuny.edu
RECRUITMENT FLYER FOR RESEARCH STUDY
SPANISH LANGUAGE VERSION

SE NECESITAN PARTICIPANTES PARA UN ESTUDIO EXPLORANDO LAS EXPERIENCIAS DE PADRES Y ADOLESCENTES EN CONFLICTO

OBJETIVO DE ESTUDIO:

Usted está invitado a participar en un estudio de investigación que explorará las experiencias de las familias afectadas por el comportamiento de adolescentes que han sido irrespetuoso o hirientes hacia sus madres/padres (de manera física, verbal y/o emocionalmente). Nos gustaría saber más acerca de cómo este problema afecta a los padres, jóvenes, y la relación entre padres e hijos.

Es usted madre/padre de un adolescente y que experimenta:
- comportamiento de su hijo(a) que le asusta
- temor de que su hijo(a) se enoje, se ponga violento con usted u otro familiar
- comportamiento como gritos, insultos, exigiendo cosas, romper cosas, empujones, golpes, y/o haciéndole sentir mal

QUIÉN PUEDE PARTICIPAR:

Padres (18+) de adolescentes que han sido irrespetuoso e hiriente hacia ellos. Adolescentes (de 13 a 17 años de edad) que tienen dificultades de comportarse con sus padres en una manera respetuosa y no de manera abusiva.

¿CÓMO PUEDE PARTICIPAR:

Si usted está interesado en ser parte de este estudio, usted será invitado a participar en una a dos entrevistas individuales que se llevará a cabo en persona en un lugar privado y conveniente y/o por teléfono a su conveniencia.

Si está interesado en participar en este estudio o tiene alguna duda, póngase en contacto con el investigador principal, Sofía Oviedo al (646) 285-5171 o soviedo@gradcenter.cuny.edu
Appendix C

Informational Letter for Research Study

THE CITY UNIVERSITY OF NEW YORK
The Graduate Center
Doctoral Program in Social Welfare

Letter to Parents

Dear Parent,

My name is Sofia Oviedo. I am a doctoral student in the Social Welfare Doctoral Program, at The Graduate Center, City University of New York. I am conducting a research study that looks at the impact of disrespectful and hurtful behavior of adolescents toward their parents. I have lived through this experience and am conducting research to help families and increase awareness of this issue.

The study will look at any behavior of an adolescent that seeks to control, dominate, threaten or coerce a parent or sibling, which is called adolescent-to-parent abuse. You may be experiencing this if:

- You feel afraid of upsetting your adolescent and you change your behavior to avoid it
- You are ‘walking on eggshells’ trying to predict your adolescent’s wants and needs
- Your adolescent pushes, hits, punches or hurts you or his siblings, throws things or damages your possessions or those of other family members
- Your adolescent threatens to hurt you, themselves or others if you do not meet his or her demands
- Your adolescent ridicules or tries to humiliate or embarrass you, your family or friends
- Your adolescent constantly criticizes you and puts you down
- Your adolescent threatens you that he/she will leave home if you do not do what they want
- Your adolescent blames you for his or her behavior

If you have had any of these experiences with your adolescent and would be willing to share your story, I would like to interview you for this research study. Through the interview I hope to learn how this experience has affected you and the relationship with your teen.

I can interview you either in person at a location that is convenient to you or over the phone at a day and time that you choose. If you are willing to participate in an interview, I will provide you with a form that you would sign indicating your willingness to be interviewed.

I am also interested in interviewing teens who have engaged in this behavior. If your teen is willing to participate in an interview and you are in agreement, I will provide you with a parental permission form to sign. If you have any questions regarding the study, or would like to participate in an interview please feel free to contact me at (646) 285-5171 or at soviedo@gradcenter.cuny.edu. Thank you!
Queridos padres,

Mi nombre es Sofía Oviedo. Soy una estudiante de doctorado en el Programa de Social Welfare del Graduate Center, City University de Nueva York. Estoy realizando un estudio de investigación que examina el impacto de la conducta irrespetuosa e hiriente de los adolescentes hacia sus padres. He vivido esta experiencia como madre y estoy llevando a cabo esta investigación para ayudar a las familias afectadas y para proveer más información sobre este problema.

El estudio analizará cualquier comportamiento de un adolescente que busca controlar, dominar, o amenazar a una madre, padre u otro familiar. Por ejemplo, si usted experimenta lo siguiente:

• Usted siente miedo de molestar a su adolescente y cambia su comportamiento para evitarlo
• Usted siempre está a la expectativa tratando de predecir los deseos y necesidades de su adolescente para evitar que se enoje
• Su adolescente empuja, golpea, o lastima a usted o a sus hermanos, arroja cosas o daña sus posesiones o las de otros miembros de la familia
• Su adolescente amenaza con hacerle daño a usted o a otros si no cumple con sus demandas
• Su adolescente trata de humillar o avergonzarlo a usted o a su familia o a sus amigos
• Su adolescente constantemente le critica y le habla de mal manera
• Su adolescente le amenaza con que él o ella se va ir de casa si no hace lo que quiere
• Su adolescente le culpa a usted por su comportamiento

Si usted ha tenido alguna de estas experiencias con su adolescente y estaría dispuesto a compartir su historia, me gustaría hablar con usted para este estudio. A través de una a dos entrevistas espero aprender cómo esta experiencia le ha afectado a usted y a la relación con su hijo(a).

Puedo hablar con usted en persona en un lugar privado que sea conveniente para usted o por teléfono en el día y hora que usted elija. Si está dispuesto a participar, yo le daré un formulario de consentimiento que firmará indicando su disposición a ser entrevistado.

También estoy interesado en entrevistar a los adolescentes que han participado en este tipo de comportamiento. Si su hijo adolescente está dispuesto a participar en una entrevista y si están de acuerdo, yo le daré un formulario de permiso parental a firmar.

Si usted tiene alguna pregunta en relación con el estudio, o si le gustaría participar en una entrevista, póngase en contacto conmigo llamando al (646) 285-5171 o al soviedo@gradcenter.cuny.edu. Gracias por darme la oportunidad de compartir sus historias conmigo.
Appendix D
Screening Consent Script in English and Spanish

THE CITY UNIVERSITY OF NEW YORK
The Graduate Center
Doctoral Program in Social Welfare

ORAL OR INTERNET BASED SCREENING CONSENT SCRIPT

Title of Research Study: Exploring Narratives of Adolescent-to-Parent Abuse

Principal Investigator: Sofia Oviedo
Doctoral Student

I am a doctoral student in the Social Welfare Doctoral Program, at The Graduate Center, City University of New York. I am conducting a research study that looks at the impact of disrespectful and hurtful behavior of adolescents toward their parents. I have lived through this experience as a parent and am conducting research to increase awareness of this issue and help families that are affected.

You are being asked to participate in a screening process to determine if you are eligible to participate in this research study. The purpose of this research study is to understand how parents and youth are affected by disrespectful and/or hurtful behavior of an adolescent towards his/her parents, which is called adolescent-to-parent abuse. I will be talking with parents to learn what they have experienced, how it has affected their relationship, and how they view themselves.

If you agree to participate, I will ask you to answer a series of questions pertaining to your adolescent’s behavior toward you. Answering these questions should take between five to 10 minutes. There are no known risks to you for participating in the screening other than those that are part of everyday life. You may feel uncomfortable answering some of the questions, however, you do not have to answer any questions you do not wish to answer or are uncomfortable answering, and you may stop at any time.

I will make my best effort to keep your answers confidential. No one except for myself will have access to your answers. If you are found not eligible for the study, your answers will be shredded/destroyed. If you are found eligible for the study, and you decide to participate, and provide informed consent, then your answers will be kept with the research record.

Your participation in this research is voluntary. If you have any questions, you can contact me at (646) 285-5171. If you have any questions about your rights as a research participant or if you would like to talk to someone other than the researcher, you can contact CUNY Research Compliance Administrator at 646-664-8918.

Do you agree to participate in the screening process? _____ Yes _____ No
Mi nombre es Sofía Oviedo. Soy una estudiante de doctorado en el Programa de Social Welfare del Graduate Center, City University de Nueva York. Estoy realizando un estudio de investigación que examina el impacto de la conducta irrespetuosa e hiriente de los adolescentes hacia sus padres. Estoy llevando a cabo esta investigación para ayudar a las familias afectadas y para aumentar la toma de conciencia sobre este problema.

Se le está invitiando a participar a contestar una serie de preguntas para determinar si es elegible para participar en el estudio. El propósito de éste estudio es entender cómo los padres y los jóvenes se ven afectados por la conducta irrespetuosa y/o hiriente de un adolescente hacia sus padres, que se denomina como abuso de adolescentes hacia los padres. Voy a estar hablando con madres, padres y jóvenes para aprender sobre lo que han experimentado y cómo ésta conducta ha afectado a su relación.

Las preguntas tomará alrededor de cinco a diez minutos. Le haré algunas preguntas sobre el comportamiento de su adolescente. No hay riesgos conocidos asociados con su participación más allá de éstos que son parte de la vida diaria. Puede que se sienta incómodo al contestar las preguntas. Sin embargo, no tiene que contestar ninguna pregunta que no desee responder o si se siente incómodo/a al responder, y puede dejar de hacerlo en cualquier momento.

Haré mi mejor esfuerzo para mantener sus respuestas confidenciales. Nadie más que yo tendrá acceso a sus respuestas. Si se encuentra que no es elegible para el estudio, sus respuestas serán trituradas/destruidas. Si se le encuentra elegible para el estudio y decide participar, y provee consentimiento informado para la investigación, sus respuestas se mantendrán con el registro de la investigación.

Su participación es voluntaria. Si tiene alguna pregunta me puede contactar, Sofía Oviedo, investigadora principal, al (646) 285-5171. Si usted tiene preguntas acerca de sus derechos como participante en la investigación, o si tiene comentarios o preocupaciones que le gustaría hablar con alguien que no sea el investigador, favor de llamar al administrador de cumplimiento de investigación CUNY al 646-664-8918.

¿Está usted de acuerdo en participar en el proceso de selección? _____ Sí _____ No
Appendix E
Screening Tool in English and Spanish

THE CITY UNIVERSITY OF NEW YORK
The Graduate Center
Doctoral Program in Social Welfare

Screening Script for Parents

Title of Research Study: Exploring Narratives of Adolescent-to-Parent Abuse

Principal Investigator: Sofia Oviedo, MPA, MPhil.
Doctoral Student

Thank you for talking to me about my research. The purpose of this research study is to understand how parents and youth are affected by disrespectful and/or hurtful behavior of an adolescent towards his/her parents, which is called adolescent-to-parent abuse. I will be talking with parents to learn what they have experienced, how it has affected their relationship, and how they view themselves.

I would like to ask you a few questions to determine whether you are eligible to participate in this research. Would you like to continue with the screening?

The screening will take about five to ten minutes. I will ask you some questions about your adolescent’s behavior. You do not have to answer any questions you do not wish to answer or are uncomfortable answering, and you may stop at any time. Your participation in the screening is voluntary.

I will make my best effort to keep your answers confidential. No one except for myself will have access to your answers. If you are found not eligible for the study, your answers will be shredded/destroyed. If you are found eligible for the study, and you decide to participate, and sign the research informed consent form, then your answers will be kept with the research record. Would you like to continue with the screening?

Instruction: If yes, continue with the questions. If no, thank the person and discontinue screening process.

1. Are you the parent/guardian of an adolescent who is 13 to 17 years of age?
   ____ Yes  ____ No (If no, do not continue with screening.)
2. Has your adolescent exhibited disrespectful and/or hurtful behavior towards you?
   ____ Yes  ____ No  ____ Not sure (If yes or not sure continue with ques. #3)
3. I will go through a list of disrespectful/hurtful behaviors and I would like for you tell me which behaviors your teen has used and how often it has occurred (i.e. daily, weekly, monthly).
   a. Physical abuse
   b. How often
Slap
Push
Grab
Punch
Kick
Choke
Use knife or other weapon
Other physical (describe)

b. Threats How often

Threats to hurt you
Threats to kill you
Threats to kill him/her self

c. Property destruction How often

Throwing or breaking things
Hitting/kicking/punching walls or doors
Other property destruction (describe)

d. Verbal abuse How often

Screaming or yelling
Name calling
Put downs, humiliation, hurtful words

e. Financial abuse How often

Stealing money or possessions
Demanding money or things you cannot afford

Thank you for answering the screening questions.
If Found Eligible: You are eligible to participate in the study. To continue with the study, you will only need to sign an informed consent, which I will go over with you.
If Found Not Eligible: You are not eligible to participate because your adolescent has not engaged in any of the behaviors I described. Thank you again for taking the time to answer my questions. Do you have any questions? If you later have questions about the research screening, you may call me at (646) 285-5171.
If you have questions about your rights as a research participant, or if you wish to voice any problems or concerns to someone other than the researchers, please call CUNY Research Compliance Administrator at 646-664-8918.

Thank you again for your willingness to answer my questions.
Preguntas para la evaluación de los Padres

**Title of Research Study:** Exploring Narratives of Adolescent-to-Parent Abuse

**Principal Investigator:** Sofia Oviedo, MPA, MPhil.
Doctoral Student

Gracias por hablar conmigo sobre éste estudio. El propósito de éste estudio de investigación es entender cómo los padres y los jóvenes se ven afectados por la conducta irrespetuosa y/o hiriente de un adolescente hacia sus padres, que se denomina como abuso de adolescents hacia los padres. Voy a estar hablando con madres y padres para aprender sobre lo que han experimentado y cómo ésta conducta ha afectado a su relación.

Me gustaría hacerle algunas preguntas para determinar si usted es elegible para participar en éste estudio. ¿Desea continuar?

Las preguntas tomará alrededor de cinco a diez minutos. Le haré algunas preguntas sobre el comportamiento de su adolescente. No tiene que contestar ninguna pregunta que no desee responder o si se sienta incómodo/a al responder, y puede dejar de hacerlo en cualquier momento. Su participación es voluntaria.

Haré mi mejor esfuerzo para mantener sus respuestas confidenciales. Nadie más que yo tendrá acceso a sus respuestas. Si se encuentra que no es elegible para el estudio, sus respuestas serán trituradas/destruidas. Si se le encuentra elegible para el estudio y decide participar, y firmar el formulario de consentimiento informado de la investigación, sus respuestas se mantendrán con el registro de la investigación.

¿Desea continuar con las preguntas?

Instrucción: Si responde sí, continúe con las preguntas. Si no, agradecer a la persona y suspender el proceso.

1. ¿Eres el padre/madre o guardián de un adolescente de 13 a 17 años de edad?
   _____ Sí   _____ No

2. ¿Ha mostrado su hijo/a conducta irrespetuosa y/o hiriente hacia usted?
   _____ Sí   _____ No   ____ No estoy seguro
   (Si la respuesta es sí o no está seguro siga a la pregunta #3)

3. Pasaré por una lista de comportamientos irrespetuosos/hirientes y me gustaría que me diga qué conductas ha usado su hijo/a y cuántas veces ha ocurrido (es decir, diariamente, semanalmente, mensualmente).

   f. Abuso físico
      Bofetada

   Con qué frecuencia
Empujar
Agarrar
Puñetazo
Patada
Ahogar
Usar un cuchillo u otra arma
Otra forma de abuso físico (describir)

g. Amenazas
   Amenazas para hacerte daño
   Amenazas para matarte
   Amenazas para matarse a sí mismo

h. Destrucción de la propiedad
   Arrojando o rompiendo cosas
   Golpear/patear/perforar paredes o puertas
   Otra destrucción de propiedades (describa)

i. Abuso verbal
   Gritar
   Insultar
   Humillación, palabras hirientes

j. Abuso financiero
   Robar dinero o posesiones
   Exigir dinero o cosas que no puedes pagar

Gracias por contestar las preguntas.

Si es Elegible: Usted es elegible para participar en el estudio. Para continuar con el estudio, sólo necesitará firmar un consentimiento informado, el cual guardaré con su archivo.

Si no es elegible: Usted no es elegible para participar porque su adolescente no se ha involucrado en ninguno de los comportamientos que describí. Gracias de nuevo por tomarse el tiempo para contestar mis preguntas.

¿Tiene usted alguna pregunta? Si después tiene preguntas sobre el estudio, puede llamarme al (646) 285-5171.
Appendix F
Interview Protocol in English and Spanish

Exploring Narratives for Adolescent-to-Parent Abuse
Protocol for Parent Interviews

Hello, thank you for agreeing to participate in this study. I will start by telling you what is involved. I would first like to ask you some general questions about you and your family. Then I will ask questions about your child, the experiences that you have had and how these have affected you. If you don’t understand a question, just let me know and I’ll try to explain it better. And if there is any question you don’t want to answer, just let me know and we can skip it.

A. Family Let’s start with your family:
   1. Can you tell me about yourself and your family (Probe: Family composition, occupation, marital status, religion, ethnic/cultural background, etc.)

   2. Can you tell me a little about your relationship with (son/daughter) who was disrespectful to you or hurt you? (Probe: What is the child’s name? What was he/she like as a young child, how is he/she doing school, does he/she have friends, likes/dislikes)

B. Next I would like to ask about your experience with this child (use child’s name)
   3. What kind of disrespectful or hurtful experiences have you had with this child? (Probe: How often, what form, has child witnessed, when did it become a ‘problem’?)

   4. How have these experiences affected you? (Probe: In what ways? Probe: Physical and mental health, employment, relationships, siblings, other.)

   5. Did you seek help to deal with this experience? (Probe: From where? Did it help? Why or why not?)

C. Managing conflict (power/control issues)
   6. Can you describe some of the issues that you think led your child to be disrespectful/hurtful toward you?

   7. Can you take me through an experience in which you and your child had a conflict or disagreement that led him/her to hurt you (physically, verbally, emotionally)? (Probe: How did it begin, how did you respond, what did you say or do, how did your child respond, what did your child say or do?)

Sometimes these conflicts have to do with who is in charge, who is in control, and who has the power in the relationship.

8. Would you say that this was the case in the conflicts you had with your child? (Probe: Who seemed to be able to exercise more control, you or your child? Who
took the lead in trying to resolve the conflicts most of the time? Did the conflicts get resolved? If so, how did this happen? If not, what got in the way?)

9. In managing the conflict with your child, what worked for you? (Probe: What are some things that you would do to try to have control over the conflict with your child? What did you find worked? What did not work for you? Can you explain?)

10. How did you feel about how you acted/reacted? How do you think your child felt?

D. View of self as parent

11. In what ways have the experiences with your child affected your view of yourself as a parent?

12. How do you think others view you as a mother/father? (Probe: Your child, other children/family, friends, others)

13. Have there been similar experiences in your family, like the one you just described with other children or other family members?

E. The future

14. What are your hopes for the future? (Probe: personal goals)

What are your hopes for your child’s future? (Probe: How do you want to see yourself as a parent, what do you want to see happen in your relationship with your child?)

F. Talking about personal experiences

15. Having had time to think about your experiences is there anything that you would like to tell me that we have not already discussed?
Hola, gracias por aceptar participar en este estudio. Comenzaré diciéndole lo que está involucrado. Primero quisiera hacerle algunas preguntas generales sobre usted y su familia. Entonces haré preguntas sobre su hijo/a, las experiencias que ha tenido y cómo estas le han afectado. Si no entiende una pregunta, hágamelo saber y trataré de explicarla mejor. Y si hay alguna pregunta que no quiera contestar, avísemelo y podemos saltarla.

Vamos a empezar hablando sobre su familia:

1. ¿Puede usted hablarme de usted y de su familia (preguntar: composición familiar, ocupación, estado civil, religión, origen étnico / cultural, etc.)
2. ¿Puede decirme un poco acerca de su relación con (hijo/hija) que fue irrespetuoso con usted o le hizo daño? (Preguntar: ¿Cómo se llama el niño/a, cómo está haciendo la escuela, tiene amigos, cosas/actividades que le gustan o no le gustan?)

A continuación quisiera preguntar sobre su experiencia con este niño (use el nombre del niño):

3. ¿Qué tipo de experiencias irrespetuosas o hirientes has tenido con este niño? (Preguntar: ¿Con qué frecuencia, qué forma, el niño ha sido testigo, cuándo se convirtió en un 'problema'?)
4. ¿Cómo le han afectado estas experiencias? (Preguntar: ¿De qué maneras: Salud física y mental, empleo, relaciones, hermanos, otros?)
5. ¿Ha habido experiencias similares en su familia, como la que usted acaba de describir con otros niños u otros miembros de la familia?
6. ¿Buscaste ayuda para lidiar con esta experiencia? (Probe: ¿De dónde ?, ¿por qué o por qué no?)

Manejo los conflictos (cuestiones de poder / control)

7. ¿Puede describir algunas de las cuestiones que usted piensa que llevaron a su hijo a lastimarla/o?
8. ¿Se derivaron de un conflicto o desacuerdo entre usted y su hijo? (Preguntar: ¿Cuántas veces ha sucedido esto, cómo responde, qué dice o hace, cómo reacciona su hijo, qué dice o hace su hijo)?

A veces estos conflictos tienen que ver con quién está a cargo, quién tiene el control y quién tiene el poder en la relación.

9. ¿Diría usted que este fue el caso en los conflictos que tuvo con su hijo? (Preguntar: ¿Quién parecía ser capaz de ejercer más control, usted o su hijo?)
10. ¿Trató de manejar el conflicto? Sí es así, ¿qué trató de hacer? Si no, por qué no (Preguntar: Si las cosas no iban de la manera que usted esperaba, ¿qué diría o haría para que las cosas salieran de la manera que usted quería?)
11. ¿Quién tomó la iniciativa tratando de resolver los conflictos la mayor parte del tiempo?
12. ¿Se resolvieron los conflictos? Si es así, ¿cómo sucedió esto? Si no, ¿qué es lo que impidió que se resolvieran?
13. Al manejar el conflicto con su hijo, ¿qué funcionó para usted? (Preguntar: ¿Cuáles son algunas de las cosas que harías para tratar de controlar el conflicto con tu hijo? ¿Qué te pareció que funcionó, qué no funcionó para ti?)
14. ¿Cómo te sentiste sobre cómo actuaste/reaccionaste? ¿Cómo crees que se sintió tu hijo?

Auto imagen de madre/padre
15. ¿De qué manera las experiencias que ha tenido con su hijo/a le han afectado como se ve como madre/padre (auto estima)? (Preguntar: ¿Cómo te ves a ti mismo como madre/padre, cómo ves tu papel dentro de tu familia, cómo ves tu relación con tu hijo?)
16. ¿Cómo crees que los demás te ven como madre/padre? (Preguntar: Su hijo, otros niños / familia, amigos, otros)

Preguntas sobre el futuro
17. ¿Cuáles son sus esperanzas para el futuro? (Preguntar: objetivos personales)
18. ¿Cuáles son sus esperanzas para el futuro de su hijo/a? (Preguntar: ¿Cómo quieres sentirte como madre/padre, qué quieres que suceda en tu relación con tu hijo?)

Hablar de experiencias personales
19. ¿Habiendo tenido tiempo para pensar en sus experiencias hay algo que le gustaría decirme que no hemos discutido ya?
Appendix G
Informed Consent in English and Spanish

THE CITY UNIVERSITY OF NEW YORK
The Graduate Center
Doctoral Program in Social Welfare

INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title of Research Study: Exploring Narratives of Adolescent-to-Parent Abuse

Principal Investigator: Sofia Oviedo, MPA, MPhil.
Doctoral Student

You are being invited to participate in a research study because you are a parent/caregiver, between 18 to 65 years of age, with a child (13-17 years old) who has engaged in disrespectful/hurtful behavior towards you in the home.

Purpose:
The purpose of this research study is to understand how parents and youth are affected by disrespectful and/or hurtful behavior of an adolescent towards his/her parents, which is called adolescent-to-parent abuse. I will be talking with parents to learn what they have experienced, how it has affected their relationship, and how they view themselves.

Activities:
If you volunteer to participate in this research study, we will ask you to do the following:
• Participate in one to two interviews:
  o Interviews will take place at a location (your home/community program site) and time that works for you and/or can be conducted over the phone at a time that is convenient for you.
  o Interviews will last approximately between 60-90 minutes.
  o If it’s okay with you, I would like to audio-record interviews so I can record as many details as possible. The audio recordings will only be heard by me and the faculty advisor.
  o Interview questions will focus on what you have experienced and how it has affected you and your relationship with your child.

Potential Risks or Discomforts:
• There are no known risks to you for being part of this study other than those that are part of everyday life.

• You may feel uncomfortable talking about personal experiences. Should you need support and need to speak to someone after the interview, I will refer you to appropriate community services.
Potential Benefits:

- You will not receive any direct benefit for being part of this study.
- This study will benefit society in general shedding light on the stories of parents and youth and by providing greater awareness of how adolescent-to-parent abuse affects families. It and may encourage the development of programs policies and services to help parents and youth in communities across the country.

Payment for Participation:
You will not receive any payment for taking part in this research study.

New Information:
If any new information regarding this study comes up that may affect your desire to participate, I will let you know in a timely manner.

Confidentiality:
With your permission, I would like to audio-record the interview(s) so that I can get your answers in detail. I will write up what was said in the interview, a transcript, but will not identify you by name. Audio recordings and transcripts of interviews will be kept in a locked file cabinet in my office. Only I will have access to this information.

All the personal information that you provide through this study will be kept strictly confidential to the best of my ability. If sensitive information is shared that indicates you or your child/family member are at risk of violence/abuse, I will need to tell this information to appropriate community services, and I would not be able to keep that confidential. I will do interviews in a private office/over the phone to ensure that no one else hears any sensitive information that might be shared.

I, CUNY staff with permission, and government agencies that supervise this type of research may have access to research information and records to make sure the research was done well. Research records that are shared with authorized, non-CUNY individuals will not have any information that identifies you. If there are any printed articles or other publications and/or presentations that result from this study, these will not identify you by name.

Participants’ Rights:
- Your participation in this research study is entirely voluntary. If you decide not to participate, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled.
- You can decide to withdraw your consent and stop participating in the research at any time, without any penalty.

Questions, Comments or Concerns:
If you have any questions, comments or concerns about the research, you can feel free to
contact me, Sofia Oviedo, PhD Social Welfare Student, at 646-285-5171 or soviedo@gradcenter.cuny.edu. If you have questions about your rights as a research participant, or you have comments or concerns that you would like to discuss with someone other than the researcher, please call the CUNY Research Compliance Administrator at 646-664-8918. Alternately, you can write to:
CUNY Office of the Vice Chancellor for Research
Attn: Research Compliance Administrator
205 East 42nd Street
New York, NY 10017

**Signature of Participant:**
If you agree to participate in this research study, please sign and date below. You will be given a copy of this consent form to keep.
I agree to have the interview(s) audio recorded (Circle one): Yes  No

____________________________________________________  ____________________________________________
Printed Name of Participant                         Signature of Participant

Date: ______________

**Signature of Individual Obtaining Consent**

____________________________________________________  ____________________________________________
Printed Name of Individual Obtaining Consent   Signature of Individual Obtaining Consent

Date: ______________
Título de Estudio: Explorando Narrativas de Padres y Adolescentes en Conflicto

Investigador(a) Principal: Sofía Oviedo, MPA, MPhil.
Estudiante de Doctorado

Usted está invitado a participar en un estudio de investigación porque es un padre/madre/guardian, entre 18 a 65 años de edad, de un adolescente (13-17 años) que ha tenido conducta irrespetuosa y/o hiriente hacia usted en el hogar.

Propósito:
El propósito de éste estudio de investigación es entender cómo los padres y los jóvenes se ven afectados por la conducta irrespetuosa y/o hiriente de un adolescente hacia sus padres, que se denomina como abuso de adolescentes hacia los padres. Voy a estar hablando con madres, padres y jóvenes para aprender sobre lo que han experimentado y cómo ésta conducta ha afectado a su relación.

Actividades:
Si desea participar en este estudio de investigación, le pediremos que haga lo siguiente:
• Participar en una a dos entrevistas:
  ▪ Entrevistas tendrán lugar en un lugar privado (como su casa/programa comunitario) y/o pueden ser realizadas por teléfono a una hora que sea conveniente para usted.
  ▪ Entrevistas durarán aproximadamente entre 60-90 minutos.
  ▪ Si está bien con usted, quisiera grabar las entrevistas en audio, para así poder grabar todos los detalles exactamente. Las grabaciones en audio sólo serán escuchada por mí.
  ▪ Las preguntas de la entrevista tratarán sobre lo que han experimentado por el comportamiento de su hijo(a) y cómo le ha afectado a usted y a su relación con su hijo(a).

Posibles riesgos:
• No hay riesgos conocidos asociados con su participación en este estudio más allá de éses que son parte de la vida diaria. Usted puede sentirse incómodo hablando de experiencias personales durante la entrevista(s). Si necesita ayuda y necesita hablar con alguien después de la entrevista, le dare referidos a servicios comunitarios apropiados.
Beneficios potenciales:
• Aunque usted no recibirá ningún beneficio directo por participar en éste estudio, éste estudio beneficiará a la sociedad en general y traerá a la luz las experiencias de madres, padres, y jóvenes afectados. El estudio aumentará una mayor conciencia sobre el comportamiento abusivo de adolescentes hacia los padres. También puede fomentar el desarrollo de programas y servicios para ayudar a familias afectadas en nuestras comunidades.

Nueva Información:
Si hay alguna información nueva sobre éste estudio que pueda afectar su deseo de participar, le avisaré lo más pronto posible.

Pago por Participación:
No recibirá ningún pago por participar en este estudio.

Confidencialidad:
Con su permiso, quisiera grabar sus entrevistas en audio a fin de que yo pueda obtener sus respuestas en detalle. Voy a escribir los detalles de su entrevista y resultados del estudio, pero no se le identificará a usted por su nombre. Grabaciones de audio y transcripciones de entrevistas se mantendrán en un archivador cerrado en mi oficina. Sólo yo voy a tener acceso a esta información.

Toda la información personal que usted proporcione a través de éste estudio se mantendrá estrictamente confidencial en lo más que yo pueda. Si se comparte información confidencial que indica que usted o su hijo/familiar están en riesgo de violencia o abuso, necesitaré contar esta información a servicios comunitarios apropiados, y yo no sería capaz de mantener esa confidencialidad. Voy a hacer entrevistas en una oficina privada o por teléfono para asegurarse de que nadie más escuche cualquier información confidencial que podría ser compartida.

Yo, personal de CUNY autorizada, y organizaciones gubernamentales que supervisan este tipo de investigación pueden tener acceso a la información y los registros de investigación para asegurarse de que la investigación estuvo bien hecha. La investigación compartida con los registros que están autorizados, o individuos no asociados con CUNY, no tendrán ninguna información que lo identifica a usted. Si hay artículos impresos o otras publicaciones y/o presentaciones que se hagan como resultado de este estudio, estos no identificará a usted por su nombre.

Derechos de los participantes:
• Su participación en este estudio es totalmente voluntaria. Si usted decide no participar, no perderá ningún beneficio al que usted tiene derecho.
• Usted puede decidir retirar su consentimiento y dejar de participar en la investigación en
cualquier momento, sin ningún tipo de penalización.

**Preguntas o comentarios:**

Si usted tiene cualquier pregunta, comentarios o inquietudes acerca de la investigación, puede sentirse libre de ponerse en contacto conmigo, Sofía Oviedo, investigadora principal, al 646-285-5171 o Soviedo@gradcenter.cuny.edu.

Si usted tiene preguntas acerca de sus derechos como participante en la investigación, o si tiene comentarios o preocupaciones que le gustaría hablar con alguien que no sea el investigador, favor de llamar al administrador de cumplimiento de investigación CUNY al 646-664-8918. Si desea, también puede escribir a:

CUNY Office of the Vice Chancellor for Research  
Attn: Research Compliance Administrator  
205 East 42nd Street  
New York, NY 10017

**Firma del participante:**

Si acepta participar en este estudio de investigación, por favor firmar y poner fecha a continuación. Se le dará una copia de este formulario de consentimiento para mantener.  
Concuerdo en tener la entrevista(s) grabada por audio (Circule uno): Sí       No

________________________________________________________________________  ______________________________________________________________________
Nombre del Participante                                                                                             Firma del Participante

Fecha: ______________________

**Firma del Individuo Obteniendo Permiso**

________________________________________________________________________  ______________________________________________________________________
Nombre del Individuo Obteniendo Permiso                                                                                   Firma del Individuo Obteniendo Permiso

Fecha: ______________________
Appendix H
IRB Approval Letter

Approval Notice
Continuing Review

05/21/2018

Sofia Oviedo,
The Graduate School & University Center

RE: IRB File #2016-0614
Exploring Narratives of Adolescent-to-Parent Abuse

Dear Sofia Oviedo,

Your Continuing Review was reviewed and approved on 05/21/2018. You may continue the research.

Please note the following information about your approved research protocol:

<table>
<thead>
<tr>
<th>Protocol Approval Period:</th>
<th>05/21/2018 - 05/20/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protocol Risk Determination:</td>
<td>Minimal</td>
</tr>
<tr>
<td>Expedited Categories:</td>
<td>(6) Collection of data from voice, video, digital, or image recordings made for research purposes.; (7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b) (2) and (b)(3). This listing refers only to research that is not exempt.).</td>
</tr>
</tbody>
</table>

Documents / Materials:

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Version #</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informed Consent/Permission Document</td>
<td>ACS IRB Approval</td>
<td>1</td>
<td>05/03/2018</td>
</tr>
</tbody>
</table>
Appendix I

Letters of Support/Approval from Participating Agencies

November 17, 2017

Ms. Sofia Oviedo
City University of New York Graduate Center
165 East 118 Street
New York, NY 10035

Dear Ms. Oviedo:

I am pleased to inform you that the Administration for Children's Services (ACS) hereby grants its approval to your proposal “Exploring Narratives of Adolescent-to-Parent Abuse”.

ACS expects that you will abide by all federal, state and local laws governing ethical research.

Please keep in mind that any future revisions of this project may require review and approval from ACS in advance of implementation. In addition, you are required to submit a draft copy of your work to the Division of Policy, Planning, and Measurement for review before any type of publication.

ACS remains committed to the highest quality research and evaluation to ensure the safety and well being of the children and families of New York City.

I wish you the best of luck with your research.

Sincerely,

[Signature]

Allon Yaroni, Ph.D.
Acting Associate Commissioner
Office of Research and Analysis
April 29, 2016

Hunter College of CUNY
Human Research Protection Program (HRPP) Office
695 Park Avenue, Room E1204
New York, NY 10065

To the Members of the Institutional Review Board:

This letter is to confirm the cooperation of the King County Step-Up Program in a research study to be conducted by Sofia Oviedo, a doctoral student at Hunter College’s Silberman School of Social Work. The King County Step-Up Program is managed by the King County Department of Judicial Administration. Sofia is not affiliated with the King County Step-Up Program or the Department of Judicial Administration. Sofia proposes to conduct an exploratory qualitative study of our Step-Up Program, which seeks to restore fractured family relationships impacted by adolescent-to-parent abuse.

We give her permission to conduct her study at our program. She has shared with us the details of her study that aims to explore the experiences of parents and youth that participate in our program and how our program works with parents and youth to address the abusive behavior. We have agreed to provide Sofia with access to parents and youth that participate in our program, as well as relevant archival documents. It is our understanding that she will be providing us with consent forms in order to obtain appropriate consents from parents and youth.

The King County Step-Up Program requests that the identifiers of its clients be kept completely confidential in the research results. We are pleased to have Sofia conduct this study at Step-Up, and look forward to learning the outcomes of this endeavor.

Sincerely,

Barbara Miner
Director and Superior Court Clerk

cc: Mary Taylor, King County Drug Court Program Manager
References


Haw, A. (2010). *Parenting over violence: Understanding and empowering mothers affected by*. Government of Western Australia, Department for Communities, Women’s Interests: The Patricia Giles Centre, Inc.


