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Exploring the place of counselling for parents who have lived with child-to-parent violence

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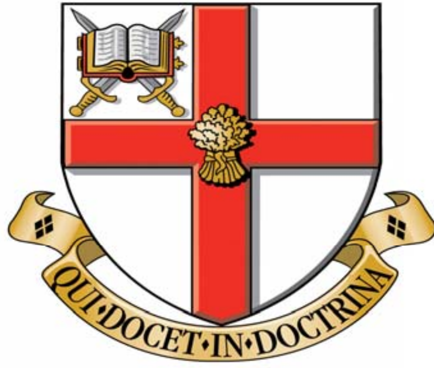

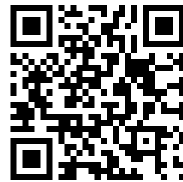

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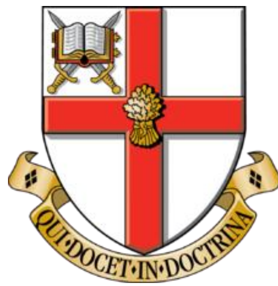

University of Chester

EXPLORING THE PLACE OF COUNSELLING FOR PARENTS WHO HAVE LIVED WITH CHILD-TO-PARENT VIOLENCE.

JENNIFER THOMAS

Dissertation submitted to the University of Chester for the Degree of Master of Arts (Clinical Counselling) in part fulfilment of the Modular Programme in Clinical Counselling

October 2014

Abstract

This study set out to explore the part played by counselling in the lives of parents afflicted by child-to-parent violence, in response to a perceived lack of literature in the area. It is a qualitative study with data generated from audio-recorded, semi-structured interviews, which were subsequently analysed using Interpretative Phenomenological Analysis guidelines. Three participants explored their experiences facing child-to-parent violence, focusing upon the interventions offered, in particular counselling. Master themes from the data clustered around ‘living with abuse’, ‘negotiating a way through’ and ‘support’. An emergent theme was ‘unhelpful service interventions’, which contrasted with the theme of ‘helpful individuals’. A common emergent theme was the persistence of abuse from the child. Just as interventions appeared to depend upon how practitioners conceptualised child-to-parent violence, so too the response of participants depended on the meaning made of their different experiences. Participants’ experiences of counselling also emerged from how they had conceptualised their situations. Implications for practice indicate the need for a non-judgemental stance by counsellors to counter parental self-blame, and a greater clarity when supporting parents who are caught in a dilemma about their rights to personal safety.

Declaration

This work is original and has not been submitted previously in support of any qualification or course.

Signed:

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List of abbreviations

Adfam	An organisation working with **fam**ilies affected by **d**rugs and **a**lcohol
ADHD	Attention deficit hyperactivity disorder
BACP	British Association for Counselling and Psychotherapy
CPV	Child-to-parent violence
IPA	Interpretative Phenomenological Analysis
MATTERS	Mediation and Family Therapy Service
P-C	Person-centred

Chapter One

Introduction

There has recently been a dawning realisation in Britain that 'the family' can be a violent social institution for some, with family life refusing to conform to the idealised family portrait beloved of family photographers. My research considered the intra-familial relationship which has hitherto avoided scrutiny when abusive: the child-to-parent relationship. Commentators suggest that it is surrounded by a 'veil of secrecy' (Routt and Anderson, 2014, p.1). My aim was to explore the part played by counselling in the lives of parents afflicted by child-to-parent violence (CPV).

Before embarking upon the study, I questioned why I had chosen this subject, feeling that "every seeking gets guided beforehand by what is sought" (Heidegger, 1962). It was important for a reflexive researcher to declare any personal significance that might affect the study (Etherington, 2004) and I was confident in declaring that CPV had never been a feature of my family's life.

Rationale

My reason for pursuing the subject of the place of counselling in CPV was because of my experiences as a Person-centred counsellor in finding myself engaging with clients on a subject which I found difficult to conceptualise. Over 22 percent of parents in 150 hours of my placement practice referred to violence toward them from their children, which I felt to be a significant number. In the absence of a generally accepted conceptualisation, however, I found popular opinion to rely upon 'common sense' attributions, leading to parent blaming.

I searched for a body of literature that I hoped would inform my practice but found no books specifically upon counselling for parents in these circumstances. Indeed, the name of the phenomenon has not yet been universally accepted, at times appearing

as ‘child-to-mother’ in a feminist perspective or ‘adolescent-to-parent’ in a youth justice setting. Interventions now hesitantly filtering through from the USA, Canada and Australasia arose through different conceptualisations of the CPV problem, and yet nowhere was this made explicit in counselling literature. Parents were struggling to access help and respond to their abusive child(ren). I therefore aspired to produce research that would fill the gap and open the debate within the counselling profession, my objective in the long-term being to improve the service offered to parents.

Child-to-parent violence and counselling

Tailor-made therapeutic interventions are currently under discussion in small pockets of the UK. As this was a small-scale study, I sought to situate counselling within this debate by focussing upon how abused parents had experienced counsellor interventions.

Searching the literature framed the direction of the study. When I began the research in 2012, there were only two books about the phenomenon of CPV. Two further books have since appeared but the place of counselling was accorded a chapter in only one (Cottrell, 2004). Journalistic research on child-to-parent violence seemed inevitably to begin by documenting its rarity. Little was known about the effectiveness of the few interventions that had recently been implemented in a small number of groups in the United Kingdom:

> While therapists and researchers are becoming more aware of the existence of parent abuse, research has tended to focus on explaining the abuse, rather than on identifying options for interventions. Consequently, very few descriptions or evaluations of treatment programme for parent abuse exist, and no literature is currently available that compares the effectiveness of treatment approaches.
>
> (Kennair and Mellor, 2007, p. 212).

I read and collected existing journal articles, many of which cross-referenced each other, reflecting something of a closed body of literature by researchers mainly from Canada, Australasia and the USA. The University of Chester's inter library requests system unearthed many articles from obscure sources. Family therapy appeared to offer a perspective in the UK and, following a difficulty in obtaining recent family therapy articles, I joined the Association for Family Therapy.

I contacted leaders in the field of CPV, such as Helen Bonnick, writer of the 'Holes in the Wall' UK blog, and Eddie Gallagher, Australian founder of 'Who's in Charge' interventions. They kindly answered queries and shared aspects of their knowledge. Finally, I travelled the country, questioning service leaders in such as Bristol and Crewe, attending seminars whenever possible, and speaking to and recording Amanda Holt, Britain's leading author on the subject. Leads were followed from media items like the 'Today' programme, February 28, 2013. Throughout this time, parents continued to refer in counselling sessions to the problem of CPV and counsellors spoke informally to me of their work with parents.

In Britain, such violence has not yet been accorded the status of 'social problem' given to other forms of family abuse, and thus is not recorded by the Police or the British Crime Survey (Holt, 2011). Indeed, at an APV seminar about current issues and future priorities, Helen Baker spoke of continuing discussion among researchers concerning the name of the phenomenon (April 2, 2014).

Interventions appear to be situated within four broad perspectives: education, health and welfare, criminal justice and family therapy. Individual counselling may be incorporated within any of these approaches or may be separate.

Having decided upon the field of research, I now sought the most appropriate process by which it could be conducted. I wished to understand the meaning made by parents of the world in which they had found themselves. My study was named 'Exploring the place of counselling for parents who have lived with child-to-parent

violence'. My research question was, 'What is the meaning made of counselling by parents who have lived with child-to-parent violence?'

As I wished to hear the voice of parents, I chose to conduct a qualitative study. To facilitate this, the theory and method of research entitled 'Interpretative Phenomenological Analysis' (Smith, Flowers and Larkin, 2009) was chosen. This offered an approach whereby I could engage with individual cases in a deep and detailed way.

I sought to hear from the parents themselves how they had experienced CPV support measures. Three participants were interviewed, each of whom had experienced counselling, having managed past abuse from their sons through separate living arrangements. Two of the participants were marriage partners whose son had been adopted into their family as a toddler.

Participants enabled me to have an appreciation of their conceptualisation of the problem of CPV and an insight into how they felt support was generally handled. Three super-ordinate themes and twelve sub-themes were identified. My interpretation of their words formed the data upon which I based my discussion. Findings were illustrated with verbatim quotes from participants and I concluded with thoughts about implications for counselling practice and possible directions for further research.

Chapter Two

Literature Review

Themes within the literature review

In order to understand more about the background to child-to-parent violence, and to create an analytical framework of how I might investigate it, core literature was sought (McLeod, 2003; Smith et al, 2009). The University of Chester's library was used as a central point from which the search could be expanded, with books, journals and electronic resources enabling me to discover new material.

A literature search was hampered by the search engine's inability to distinguish between literature on parent-to-child violence literature, of which there was a great deal, and CPV. A systematic search study (Appendix I, p.62) was therefore ameliorated by a snowballing method whereby references featured in separate journals were followed up until predominant titles and authors became familiarly known.

I wished to avoid bias by reviewing articles in a systematic and impartial way (Bower, 2010): limiting my study to 'child-to-mother' literature, for example, tended to channel my search predominantly into feminist and power-based explanations.

Cottrell defined CPV as "any harmful act of a teenage child intended to gain power and control over a parent. The abuse can be physical, psychological, or financial" (Cottrell, 2001, p.3). Recognising the manifestations of CPV was my initial large area of study. I then sought to identify from the literature an aspect that resonated with my own concern with counselling (Smith et al, 2009). How CVP was conceptualised appeared to lead to different attitudes and interventions.

However, the contribution of counselling to parents victimised by CPV, whether incorporated into the sparse intervention programmes or alone, has been little understood and remains a subject lacking in research. I therefore searched relevant literature regarding CPV interventions, using Holt's 'resources for practitioners' when her book became available in 2013, and contacted individual agencies for clarification. As 'Family Therapy' was cited within CPV literature as an intervention, I also sought to understand the theory underpinning Family Therapy interventions from books within the University of Chester.

Holt (2013) concluded that there were no comparison studies "to evaluate whether group interventions, family interventions or indeed individual interventions [were] most effective in responding to parent abuse" (Holt, 2013, p. 122).

There appeared to be a gap in research literature and fellow counselling practitioners also acknowledged confusion with how to respond to clients who had encountered CPV. 'Common sense' attitudes (Holt, 2013), such as parental deficit, existed in the counselling world, which did not accord well with Rogers' core conditions of empathy and unconditional positive regard (Rogers, 1951). For example, the thought that the Educational Psychologist who delivered counselling sessions could have considered feelings, an important area for Person-centred counsellors, came as a new idea to one participant:

> *You've got me thinking now... it would have been helpful if someone could have said, 'Well how do you feel? I don't think I've got an answer for your son but I think perhaps I can help you feel better yourself.'... I can't think anyone ever approaching it in that way at all. It wasn't on the agenda as far as I can remember.*
>
> (Gary, 33, 3-10)

I felt the need to clarify my own model of interpreting parent abuse, finding the work of Warner (Mearns and Thorne, 2000) and Mearns (2003) on the plural self to be particularly helpful.

Counselling often featured as part of interventions and independently, on a one-to-one basis, both directive and non-directive. I therefore decided to explore the place of counselling in this confused situation for parents whose lives had been affected by CPV.

Having decided upon the themes of my research, I now sought the most appropriate process by which it could be conducted, wishing to understand the meaning made by parents of the world in which they had found themselves. Husserl's phenomenological approach challenged the researcher to "be willing to question and transcend one's pre-existing ideas about the phenomenon being investigated in order to achieve a deeper level of understanding" (McLeod, 2003, p.26).

Transcending my own world appeared somewhat radical: I clearly could not escape from the hermeneutics of being historically and culturally situated. Interpretative Phenomenological Analysis (IPA) appeared to offer an 'idiographic' approach (Smith et al., 2009), an intensive and detailed engagement with individual cases. It was a means whereby I could offer an interpretation to subjective experiences whilst being cautious of teasing data into generalisations.

Prevalence and features of CPV

Obtaining statistical evidence of the extensiveness of the phenomenon of child-to-parent violence was difficult. A National Family Violence survey of one year in the USA concluded that 18 percent of parents had been affected, with 2 ½ million parents being struck by their adolescent children, and 900,000 of these suffering severe physical abuse (Straus, Gelles, & Steinmetz, 1980). Brezina's self-report study (1999) similarly suggested a figure of 18 percent, but some estimates have been reported as reaching 24 percent (Routt and Anderson, 2011). Without an agreed definition of violence, there could be no comparable statistics but most studies estimated a prevalence of between 7 and 13 percent (Agnew and Huguley, 1989; Paulson, Coombs and Landsverk, 1990; Bobic, 2004; Cottrell and Monk, 2004).

Researchers consistently agreed that the greater percentage of perpetrators is male (Condry and Miles, 2013), although no gender difference has been reported by two studies (Calvete, Orue and Gamez-Gaudix, 2013; Pagani et al., 2004). Mothers are generally agreed to be the more frequent victims, with Condry and Miles' (2013) study of a year's cases reported to the Metropolitan Police placing the figure at 77 percent.

Substance misuse (Adfam, 2012), mental health issues (Cottrell and Monk, 2004), over-responsible parents with overly-entitled children (Gallagher, 2004a) or imitation of a parent's intimate partner violence (Cornell and Gelles, 1982; Ullman and Straus, 2003) have all been suggested as influencing or being an 'overlapping issue' (Galvani, 2010, p.9) to the child's violent behaviour. Adherence to pet psychological theories to explain CPV, such as social learning theory (Bandura, 1971), attachment theory (Bowlby, 1969) or nested ecological theory (Bronfenbrenner, 1979) may become drawn upon in the counselling room to inform therapy. However, Routt and Anderson (2014) state that "no profile exists for abused parents" and deterministic 'cycle of abuse' models have been challenged and should be treated with caution (Holt, 2013; Wilcox, 2012).

The lower age parameter of 'child' in CPV is frequently defined by intentionality, taking account of the age of criminal responsibility, 10 years. The upper limit is usually 24, distinguishing CPV from 'elder abuse', which can occur within any relationship (World Health Organisation, 2014). University researchers in the field of *criminology* were beginning to obtain grants to study the phenomenon, taking intentionality into consideration and situating the problem as '*adolescent*-to-parent violence' (Condry and Miles, 2012). My experience with client work had led me to appreciate that CPV can occur at any age and for this reason, I left the definition of 'child' to the parents, enabling them to narrate incidents from the child's life as they wished.

The phenomenological approach prioritises meanings as they appear to the person being studied (Patton, 1991). This would suggest that a wider definition of abuse, if it were a personal construction of the participant and recognisable as violent behaviour, would be acceptable. Many researchers into domestic violence concluded that including verbal and emotional abuse was more representative of typical abusive interactions (Cahn, 1996; Cornell & Gelles, 1982; Price, 1996). In a significant modification to the generally accepted definition, Gallagher commented that "self-defence, a one-off outburst, or violence in a severely disabled child all constitute violence but are not 'abusive'" (Gallagher, 2004a, p.5). However, as with Adfam's study (2012), I chose to use the words 'violence' and 'abuse' interchangeably, and 'violence' featured in my title in a wider sense to include non-physical forms of abuse, with aspects of financial, psychological, emotional or other forms of victimisation included.

Clients who had chosen to attend counselling did not always comprehend my remit as a counsellor: for them, a counsellor was one of a team in the Primary Care setting. This accorded with current literature, which recognised that parents could appreciate the therapeutic relationship with individual professionals for years without necessarily recognising the 'counsellor' label (Stanley, Penhale, Riordan, Barbour and Holden, 2003; Aldridge, 2006). This meant that as a counsellor I could be the initial person to whom child-to-parent abuse was confided. This was also confirmed by the literacy search: Edenborough's study (2007) concluded that 50 percent of mothers in her research sample spoke to someone about their experiences and of the services contacted by mothers regarding CPV, counsellors were numerically the most frequently called upon among service providers.

While I felt confident to counsel parents experiencing the traumatic effects of CPV, often complicated by low self-esteem and social isolation (Edenborough, 2007), I was unsure of 'the place of counselling' in a wider setting for those parents.

Only four books in the English language have been dedicated to the topic of CPV (Cottrell, 2004; Holt, 2013; Price, 1996; Routt and Anderson, 2014), two of which

were published within the lifecycle of this study. Journals frequently began by commenting upon the paucity of research (Agnew and Huguley, 1989; Bobic, 2004; Cottrell and Monk, 2004; Micucci, 1995; Patterson, Luntz, Perlesz and Cotton, 2002; Wilcox, 2012), although recent decades have seen an increase since it was first identified as battered parent syndrome by Harbin and Madden (1979).

Some publications considered specific aspects of CPV, such as male adolescent violence to mothers (Howard and Rottem, 2008), or family power dynamics (Tew and Nixon, 2010). Reference to the necessity for CPV intervention measures were discovered in different contexts, such as research on adoption (Selwyn, Wijedasa and Meakings, 2014). Articles concerning existing interventions were predominantly from the USA, Australia, New Zealand and Canada.

Different philosophies in a variety of agencies appeared to lead to a confusion of interventions (Cottrell and Monk, 2004).

A confusion of interventions

There is a confusion of how it is to be framed, under education (Webster-Stratton and Herbert, 1994), youth justice (Holt, 2013), family therapy (Micucci,1995, domestic abuse (Wilcox, 2012), or child welfare (Hunter, Nixon and Parr, 2010). I found examples of counselling in each and although Edenborough (2007) attempted to specify demarcation zones in Australia (Appendix II, p.63), the picture in the UK is more confused.

Education

Directly applicable studies from the education world suggested that child-to-parent violence was generally understood as a parenting issue, particularly where the child acted as a model student, keeping parent abuse as a secret. Parenting classes (Webster-Stratton, 2005), designed to enable praise giving, and directive meetings

with Educational Psychologists to consider such as establishing boundaries, were recommended.

Interventions based wholly on improved intra-family communications might appear to reflect a parent-deficit model (Eckstein, 2009), which could appear judgemental and frustrating. This would be compounded where only one child in the family was abusive and siblings who had grown up under similar parenting regimes presented no problems, as experienced by my participants.

Conceptualisations of CPV based on a child-deficit model have also been postulated with such as attention deficit hyperactivity disorder (ADHD), suggested as a causal factor (Ghanizadeh and Jafari, 2010). If there was a direct link, surely all ADHD children would abuse parents, which is clearly not the case. Other considerations might be implicated, such as parental confusion when excusing violence, attributing it instead to medical, psychological or social problems (Routt and Anderson, 2014). Intentionality has been suggested as a key factor in counselling abusive relationships, where victims recognise that the decision to abuse is likely to be a deliberate action (Craven, 2008).

Criminal justice

Interventions emerging from a criminal justice perspective, took both a child-deficit and parent-deficit model. In 2013, for the first time, victims of 16 and 17 year olds had recourse to domestic violence legislation as the Home Office (2012) expanded its definition and lowered the accepted age boundary of domestic violence incidents. Confusion remains, however, between legislation assuming parental accountability for their children and the understanding that parents may feel powerless within their own homes. In previous years parents recounted how they had been made responsible for the execution of Parenting Orders after they themselves have reported the extreme violence of their child (Holt, 2013).

Currently, a restorative intervention emerging from Seattle, USA, the Step Up programme (Routt and Anderson, 2014), has been adopted by a small number of Youth Offending Teams, such as Hull Youth Justice. The programme's authors introduced their chapter on interventions with the words, "he has been in individual counselling, family therapy and even anger management classes. Nothing has worked to stop the violence" (Routt and Anderson, 2014, p.87). They suggested that counsellors do not take the issue of violence from the child seriously, that parents were judged and blamed, that the teens minimised the violence and that the focus was on parenting, rather than the adolescent violence. Furthermore, parents routinely failed to reveal the abuse, fearing reprisal from the child.

Instead of challenging poor counsellor attitudes, the Step Up programme was outlined as an alternative, with a restorative practice base that also prioritises family safety. Group sessions were deemed as more effective, but I noted that some counselling inspired approaches, cognitive behavioural therapy and solution-focussed therapy, were incorporated into the programme. The quotation featured above only emerged from parents for whom nothing has worked thus far: presumably those parents registering successful outcomes from counselling interventions were not quoted. Case data may be hidden in confidential counsellor files.

Assessments to gage suitability for entry to the programme appeared to select for success: "if both are willing to stay respectful towards each other, this treatment model offers the skills and support to help them succeed," (Routt and Anderson, 2014, p.100). Inclusion criteria also assumed that "if either the youth or the parents have mental health issues, they are receiving appropriate treatment for this" (Routt and Anderson, 2014, p. 97), which my client-work suggested to be aspirational in these times of UK austerity, and would perhaps have excluded the sons of all my participants.

Family therapy

Family therapy was a recommended intervention by Micucci (1995) but if the family refused to acknowledge the problem or the child did not engage (Bobic, 2003), progress may be hampered. Group therapy (Paterson, Luntz, Perlesz and Cotton, 2002) and unspecific 'therapeutic relationships' (Stanley, Penhale, Riordan, Barbour and Holden, 2003) were also employed.

The Mediation and Family Therapy Service (MATTERS) programme, which draws upon systemic family therapy, reported some success in Australasia (Sheehan, 1997; Howard and Rottem, 2008). Work is based upon narrative family therapy nested within a holistic context of culture, gender and power, with "the richness of psychodynamic thought" (Sheehan, 1997, p.82). Sheehan wrote of dissonance between 'parts' of the children's self-experiences, with the 'parts' that wanted to repudiate violence being encouraged to grow. The aggressive fear of vulnerability was not judged but considered a survival mechanism.

Counsellors regularly hear comments like "one part of me thinks this but another part of me feels that...". Person-centred (P-C) counsellors would recognise aspects of Rogers' configurations of the Self (Rogers, 1951), and later P-C work by Mearns and Thorne (2000) and Warner (1998) document inconsistencies within the self-structure.

Health and welfare

Gallagher's 'Who's in charge?' programmes have emerged from a health and welfare perspective in Australia, with his work being based upon solution focussed brief therapy, strength based and narrative approaches (Gallagher, 2008). As a counsellor and psychological therapist of many years standing, his work gave pertinent advice to counsellors who upheld naive interpretations of 'unconditional positive regard' and the acceptance that children with such as ADHD characteristics could not control violent tantrums (Gallagher, 2004b). However, an illustrating case study involving the child 'Rick' did not show long-term success and Gallagher concluded that, "I have no reliable evidence on the efficacy of the methods

suggested" (Gallagher, 2004b, p.105). Gallagher's emails (Gallagher, personal communication, July 24, 2014) reflected his ongoing desire for outcome research.

The lack of long-term research did not negate the effectiveness of the "variety of counselling techniques" (Gallagher, 2004b, p.103) outlined and groups based upon 'Who's in charge?' are beginning to spring up in the UK, enabling parents affected by CPV to be less isolated.

In some areas of the UK, multi-agency responses have enabled both parents and children to receive support. In Flintshire, for example, 'Action for Children' worked with youth who assault parents, while the Child and Adolescent Mental Health Early Intervention Service counselled parents. Multi-agency teams could be involved, enabling social workers and educational representatives to meet with parents and devise plans of action. No relevant literature examining the efficacy of this model of intervention for cases of CPV appears to be available, perhaps due to the tendency of agencies to work in separate 'silos'.

One-to-one Interventions

Cottrell (2004) wrote of the dangers of counsellors or mental health professionals working without having truly conceptualised CPV, in that a Freudian perspective prevailed, with the roots of the problem attributed to the child's early childhood. Other examples of inappropriate responses were: implied homophobic abuse, an unsubstantiated mental health diagnosis and a recommendation that the mother should 'write off' the child. It was also suggested, however, that parents who expected blame might find it where blame had not been intended.

Neither were criminal justice professionals exempt from offering unhelpful quasi-solutions, with one police officer purportedly enquiring whether a mother had a husband who could deal with the assault. The "'hot potato' routine" (Cottrell, 2004, p.115) was also specified as an approach experienced by parents who accessed

child welfare systems, with services passing family members round various agencies or denying responsibility completely.

Cottrell noted that “in the long-term, counselling is one of the most helpful services parents can access to help them stop the abuse” (Cottrell, 2004, p.120), although she was writing before interventions such as ‘Step Up’ had been in operation. She differentiated between directive and non-directive, quoting Price that “the goal is for counsellors to be choreographers or quarterbacks who call the plays to help parents take charge of their families” (Cottrell, 2004, p.126).This suggested a more directive approach, although it is noted that the medical model often adopted by directive counsellors may pathologise the problem without addressing the violence.

Price (1996) had much to say about non-directive counselling, which he scathingly named “status quo therapy” (Price, 1996, p. 33) and which appeared to be lacking in understanding of such as the Person-centred approach. His accounts of successful personal directive therapy created an impression of reliance upon the strength of his own character. He stated that parents should develop a mind-set which “is the difference between wrestling with one’s child to keep him or her from leaving against one’s will versus standing in the doorway with a hand on each door jamb and saying, ‘you may not leave!’” (Price,1996, p.83). This appeared to run contrary to safety and survival instincts and in my research study, I was interested to hear participants’ views upon confrontations.

I recorded Holt’s seminar speech summarising parents’ verbal recommendations for support (April 2, 2014). These were: removing confusion by naming the abuse; being listened to; developing strategies to establish boundaries; developing strategies for self-care and safety; and learning about the role of power and control.

Conclusion

Counselling and therapy methods have featured in CPV literature but research concerning the long-term efficacy with regard to CPV does not appear to be readily

available. Literature and interventions based within the criminal justice system focus mainly upon the abusive behaviour of the perpetrator; therapeutic interventions appear to be more family based.

It was evident that the term ‘counselling’ included advice by service providers with their main expertise in areas other than counselling. As counsellor registration has been introduced the UK only recently (BACP, 2014a), counselling has taken many forms in the past. I left the definition of counselling for the participants to decide (Patton, 1991) rather than be unnecessarily verbose in my advertisements by outlining British Association for Counselling and Psychotherapy’s (BACP) definition of counselling: 'counselling and psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over a short or long term to help them bring about effective change or enhance their wellbeing’ (BACP, 2014b, p.1).

Chapter Three

Methodology

Qualitative research

Many of the journals on CPV had been written in the latter half of the 20th century, when quantitative research had been the accepted gold standard of inquiry. They reflected a preference for numerical data, where the complex human process of CPV had been reduced to statistical evidence, such as its occurrence in populations. Bruner's 'paradigmatic knowledge' (McLeod, 2011) had been called upon to determine cause and effect of parental or child behaviour. CPV journal articles dating from this time were thus limited in their appreciation of personal, lived experience.

The positivist epistemology underpinning quantitative research asserted that the Truth was 'out there', which would have left my position as the researcher completely independent of the process (Willig, 2008), a position difficult, if not impossible, to uphold. Qualitative research assumed that objectivity could erase the cultural life of the researcher and produce a 'Truth' without bias (McLeod, 1999; Maykut and Morehouse, 1994). Personal conjectures written by quantitative methods thus went unchallenged: for example, when assumptions were made about CPV occurring mainly in areas of social deprivation, a position that is now questioned (Calvete, Orue and Gamez-Gaudix, 2013).

Qualitative research challenged underlying ideas about research. At the close of the 20th century, 'narrative knowledge' began to rival 'paradigmatic knowledge', reflecting the understanding that we also live in a 'constructed' world', which is "a social, personal and relational world that is complex, layered and can be viewed from different perspectives" (McLeod, 2011, p.3). My initial conceptualisation of parent abuse had been formed through client case work and, as McLeod points out, "within everyday life, and therapy practice, we routinely tack back and forward between

narrative and paradigmatic ways of making sense of problems" (McLeod, 2011, p.2). My knowledge about parent abuse at the beginning of the study was therefore the result of the dance between the quantitative and qualitative methods.

I wanted to know the story that was being told by parents affected by CPV. As the dissertation title suggests, 'exploring' does not assume that the view of reality espoused could be answered by a factual, 'objective truth'-seeking body of knowledge. Such an epistemology (theory of knowledge) would have placed the study in the quantitative tradition. Themes would instead emerge from individual voices, a form of research thoroughly unacceptable to such as the philosopher Sir Karl Popper (Popper,1974).

Situating the proposed research within a reflective qualitative tradition would allow me to be more answerable for the finished product (Haraway, 1988). It would be accomplished by a systematic and reflexive stance (Rennie, 1998) to give a framework for the inquiry process. I also aspired to venture into new territory (McLeod, 2011; Willig, 2008), challenging my own initial assumptions that counselling would inevitably facilitate parental change and impact upon the family to decrease the violence.

Interpretive Phenomenological Analysis

Phenomenology was originally proposed by Husserl as a means whereby experience could be understood with 'radical certitude' (Natanson, 1973, p.5). He suggested that the researcher may most fruitfully engage with the essential experiences of others by examining and 'bracketing off' as much as possible one's own personal experiences (McLeod, 2011). Husserl theorised that an exhaustive description of the phenomena under review could be stripped back to essential features by a process of 'epoché' (Moran, 2000; Maykut and Morehouse, 1994), the researcher withholding all personal judgements in a quest to be 'open'.

In attempting to make sense of existence, Heidegger (Smith et al., 2009) instead elevated the everyday agency of the human being to what must surely be a more attainable position, taking account of prior experiences and preconceptions. It then followed that the researcher's ontology, or beliefs about the world (Jones, Hayward and Cardinal, 2004) should also be overtly stated. Texts could now be re-evaluated in the light of self-knowledge.

As a Person-centred counsellor, I clearly held a positive view of counselling but aspired to be aware of personal biases to attain a deeper level of understanding. A 'fusion of horizons' (Gadamer, 1975) became possible as I engaged with individual participants, each with their own personal perspectives, from my own culture, perspective and time.

While phenomenology tends to produce descriptive work, humans are sense-making creatures and so a study of people would also involve the interpreting of experiences. The interpretative approach is informed by hermeneutics: "a form of cultural inquiry that seeks to construct a historical understanding of the experience and realities of other persons" (McLeod, 2003, p.33).

I was engaged in a double hermeneutic, attempting to make sense of participants who were endeavouring to make sense of their experiences (Smith et al., 2009). This study was therefore underpinned by a tension between two positions, phenomenology and interpretation, and took the approach of Interpretative Phenomenological Analysis (IPA).

Sampling

As I was not aiming to make generalisations about the larger population, positivist methods of choosing a cross-section of the community were inappropriate (Mintz, 2010). Probability sampling was inconsistent with my approach and so the sample was selected through purposive means (Smith et al., 2009, Denscombe, 2010). My particular purpose was to find a sample of participants who represented a range of

experience within the phenomenon of CPV. I aimed to select a small, homogeneous sample of parents sharing the experience within the operational parameters, who could provide information-rich data.

I was seeking parents who had participated in counselling during the period when they were experiencing abusive behaviour from their child or children. In order to clarify the extent of the violence encountered, to discourage correspondents with toddler taming anxieties, for example, the Adolescent Violent Behaviour Questionnaire was included with the information sheet (Appendix III, p.68). The Adolescent Violent Behaviour Questionnaire completed by participants was based upon descriptors from the Violent Behaviour Questionnaire (Paterson et al., 2002).

I encountered great difficulties in obtaining a sample of participants willing to speak about their experiences. Perhaps difficulties of finding a relevant sample account for Cottrell and Monk's comment as late as 2004: "to our knowledge, no studies have ever incorporated the use of qualitative interviews to gain narrative data from select participants regarding their personal experiences and interpretations of adolescent-to-parent abuse" (Cottrell and Monk, 2004, p.1075).

Eckstein suspected that the problem of locating abused parents willing to participate in her qualitative study was due to "their self-imposed isolation, the veil of denial, and the fear of being judged as a poor parent" (Eckstein, 2009, p.371).

Edenborough (2007) noted that higher levels of child-to-mother aggression were reported when support networks were accessed, so the safety of participants was paramount. Access to parents currently experiencing CPV was understandably discouraged by the supervising university, for reasons of safety. In addition to fear of retribution from the child, parents could have feared that their child might sever the relationship. However, being silenced for her own protection was anathema to Pauline, working against her campaign to raise the profile of the suffering of parents. As she stated: *'One of my burning desires ... is to further the process, to ... get something in place for parents because everything concentrates on the young*

person ... in my experience' (Pauline, 2.26-30). Safety measures in my study were maintained due to the existence of negotiated or separate living arrangements.

I had advertised nationally and locally for a year before three participants emerged through a snowball sampling method. The study was advertised to local and national counselling groups (Appendix IV, p.68), university counselling departments, 'Therapy Today' and the BACP research noticeboard. Leading researchers in the field of CPV such as Eddie Gallagher and Helen Bonnick, were kind enough to publicise my research (Appendix V, p.69). Finally, participants emerged after hearing of my study through word of mouth. Ages were scattered within a 35 to 70 age range, with one participant being male, giving "maximum variation sampling" (Maykut and Morehouse, 1994, p.57). All were white British.

The sample was appropriate to the research question, as outlined by Yardley's criteria for validity in qualitative research (Smith et al., 2009).

Data Collection

This study aimed to expand the understanding of the place of counselling for parents affected by child-to-parent violence. I elected to conduct face-to-face interviews as the interaction most likely to enable participants to 'tell their own stories, in their own words' (Smith et al., 2009, p.57). As common information was sought from informants, I decided upon semi-structured interviews (Mintz, 2010), drawing up an interview schedule of questions (Appendix VI, p.70). It was my intention to allow the interviews to develop in the direction that the research participant lead, whilst being mindful of the subject matter and of the primary research question. In the event, in their full responses to question one, all other questions were answered.

As very little literature existed in the area of research that I had chosen, the interview questions were designed to be open-ended and flexible enough to respond to areas that I had not previously considered (McLeod, 2003), and all three participants chose to situate their experience of counselling within a wider framework of support.

Participants were thus empowered to explore their unique responses to the research question, with all participants independently choosing to talk about many events from the child's upbringing. The information gained through their narratives answered all my questions (Appendix VI, p.70) and more, having been given "freedom and time to unfold their own stories" (Kvale, 1996, p.130), and two participants spoke beyond the hour originally envisaged as the guide time assigned to the interviews.

Communications prior to the interviews had been conducted by email, through which they had received and responded to the information sheet (Appendix III, p.64). I ensured that participants were aware of their rights to withdraw and prepared information to be given during the closing debriefing, whereby they could receive help should the interview raise painful issues. Participants were asked to read through and sign a client consent form (Appendix VII, p.72) before beginning the interview in order to ensure that they were fully aware of the process.

Interviews were conducted in mutually convenient, safe locations, which were private and quiet enough to allow audio-recording to take place. I was aware that my impact upon the participant would bring about a co-creation of the narrative that was told (Fontana and Frey, 2005) and aimed to be attentive and respectful. I sought to create an atmosphere of trust which was safe enough for the participant to talk freely about his or her life without the interaction becoming a therapeutic event (Kvale, 1996). Dual relationships were avoided, due to an appreciation that respondents might otherwise feel inhibited in expressing their true feelings about counselling, should they be negative. Participants were thanked for attending, in keeping with the attitude of respect that had predominated throughout.

After each interview was transcribed, a copy was sent to the participant concerned to check for accuracy.

Ethics

Respect for the individual is at the heart of ethical research (Abrahams, 2007) and I needed to develop trust with participants (Mintz, 2010) so that their experience and knowledge could be shared with confidence.

Safety of participants was paramount, particularly as the topic of research was of such a sensitive nature. The subject had arisen from my desire to promote the well-being of counselling clients affected by CPV, and my commitment to the principle of beneficence, outlined in the BACP Ethical Framework (2010), extended to informants. The research proposal had been passed by the university Ethics Committee and the research was conducted according to the university framework (University of Chester, 2012). Ethical consent for the research proposal had been obtained from the university on the understanding that participants were no longer in danger from their offspring (Appendix III, p.64) and that they were no longer isolated from sources of help, being group leaders within supportive organisations. Emotionally significant material might arise for participants, causing them to become upset during interviews (Bond, 2004). Therefore, in additional to my information sheet, lists were provided of local counsellors and helpful national organisations concerned with CPV.

I appreciated that it was my responsibility to avoid confusion of boundaries (Bond, 2004), being aware of the danger of responding to participants as clients in a counselling session (Dallos and Vetere, 2005). Responses were predicated on a commitment to the principle of non-maleficence (BACP, 2010).

The fundamental principle of autonomy (BACP, 2010) underpinned my understanding of informed consent, and signed forms (Appendix VII, p.72) were obtained as evidence of consent to take part in the study (Bond, 2004). Participants were informed of their right to withdraw consent at any time until the point that the dissertation was submitted, without fear of reprisal (Mintz, 2010).

Data was handled according to data protection guidelines (University of Chester, 2012). I sought to be trustworthy (BACP, 2010) with regard to confidentiality, using pseudonyms and withholding identifying details to ensure the anonymity of research participants (Mintz, 2010). Sensitivity was necessary in the use of direct quotes to prevent participants from being recognised, even by those who know them well. This was balanced with the desire to present the authentic voice of informants (Spong, 2011).

The study was overseen by an experienced research supervisor. I was also mindful of the researcher's responsibility to self (Mintz, 2010), particularly in respect of the potential personal impact of the subject matter.

Validity and trustworthiness

As quantitative research may seek to establish *validity* in terms of numerical replicability, the criteria for evaluating qualitative validity must inevitably be different. It is difficult to prove and "the question of qualitative validity always comes back to a matter of whether the researcher is plausible and *trustworthy*" (McLeod, 2011, p.279).

As a researcher, my assumptions, expectations and personality would unavoidably affect qualitative studies (McLeod, 2003, 2011). "Being a nonjudgmental and trustworthy interviewer [was] crucial" (Maykut and Morehouse, 1994, p.105), and I therefore aimed to be a sensitive, respectful and trustworthy presence during the interview process.

I sought to maintain reflexive awareness (McLeod, 2003) through keeping a research diary (Appendix VIII, p.73), also by engaging with leaders from the same field of research, which is small, who were kind enough to engage in dialogue and offer suggestions. The study was grounded in conscientiously collected data, augmented with a wide reading of the relevant literature. Themes that emerged from textual

analysis triangulated with other current lines of discussion (Denscome, 2010), although some themes were cautiously offered as new observations.

I instigated a minimal form of member check (Lincoln and Guba, 1985), through sending participants a copy of their transcribed interview to check for accuracy. As Rennie suggested (McLeod, 2003), the study was approached systematically. Although the literacy search with search engines was less easily subject to an audit trail (Lincoln and Guba, 1985), I have aspired to present the chain of evidence, visible in the Appendices, in a coherent way (Yardley, 2000) so that an independent audit (Yin, 2003) would be possible. I sought to be transparent in explaining my rationale.

The study was conducted ‘in vivo’, rather than under laboratory conditions, with verbatim quotes presented to the reader and expanded examples in the Appendices. I have owned my perspective as the ‘I’ in IPA, aspiring to be transparent throughout, with my main motive for the research being to “construct a bridge between research and practice” (McLeod, 2003, p.48).

Spong (2011) suggested that validity is maintained in the context of interview research when the findings have a meaningful relationship with what the interviewees have said. The strategies for text deconstruction outlined in the IPA approach (Smith et al., 2009) were studied and used. With practice, I developed an “immersive and disciplined attention” (Smith et al., 2009, p. 180): a closeness to the texts that precluded digression from the participants’ actual words. As I read and re-read the whole texts, using a hermeneutic circle, moving between the whole and the parts, I became aware when self-opinionated ‘emergent themes’ deviated from an honest appreciation of the meanings of participants, and adjusted them.

Yardley (2000) suggested that part of the criteria for valid research lies in whether it is meaningful and useful and in opening the debate concerning counselling and CPV, I have aspired to be both.

Data Analysis

I required a means of analysis through which I could condense and gain understanding from the rich, reflective accounts generated by the interviews (Hammersley, 1989). Personally transcribing the interviews began the process of becoming immersed in the data (Mintz, 2010). The analytical process of IPA was followed (Smith et al, 2009): transcriptions were flanked by wide margins; lines were numbered (Appendix IX, p.74). I moved through each transcript line by line using the right-hand margin for initial noting, exploring the descriptive, linguistic and conceptual elements of the text (Smith et al., 2009). I aimed to present an honest *interpretation* of what the participant really meant and noticed that this process of close textual commentary grounded me in the *phenomenological* aspect of the analysis, compelling me to become immersed in the data (McLeod, 2003), 'indwelling' the world of participants (Maykut and Morehouse, 1994, p.123) through their word selections.

Further analysis took these comments into account and became more focused as themes emerged in the left-hand margin (Appendix IX, p.74). Whilst quantitative research takes a deductive approach to data analysis, seeking to determine mathematically whether the original hypothesis has been confirmed or refuted, inductive approaches are more suited to qualitative analysis (Goertz and LeCompte, 1981). Thus a tentative hypothesis was tested against each case in turn as the research progressed, which was revised as greater clarity emerged, each case modifying the hypothesis (Smith et al., 2009).

Emergent themes were taken from the analysed text and a new Word table was made for each participant by adding the accompanying key phrases and texts, with page and line numbers (Appendix X, p.76). Each table was cut up and re-assembled manually into groups that clustered naturally together, onto A2 and A3 cards (Appendix XI, p.83). The clusters, connected through similar meaning or numerical frequency of occurrence, emerged as rows with titles reflecting their substance as accurately as possible (Appendix XI, p.83). All three participants had felt it important

to scaffold their interview as a contextualized series of events, and themes were naturally subsumed into three focused groups: 'living with violence', 'negotiating a way through' and 'focus on support'.

The new arrangements were reproduced as a Word table for each participant (Appendix XII, p.84). Each stage was iterative as I constantly revisited my ideas, modifying them in the light of assessing new evidence, but without dismissing the individual experiences of each participant (Smith et al., 2009). Following the electronic colour coding of each Word table, blocks of themes were cut out and rearranged, with patterns across cases explored (Appendix XIII, p.87). Super-ordinate theme titles were clarified and a master table of themes for the group compiled (Appendices XIV, p.88; XV, p.90).

Limitations

I appreciate that the study is culturally and historically situated (McLeod, 2003) and there is a dislocation in time of perhaps twenty years between the events related by Pauline and parts of Brenda's and Gary's accounts. One son was adopted rather than being the biological child. Despite that, there was a remarkable consensus within some of the findings, suggesting that the group was homogeneous and this was indeed a phenomenon capable of being studied. The difference in participants' ages might instead have reflected a changing landscape of supporting provision for those involved in CPV, but this was only partially apparent.

As this was a small-scale, time limited study, it was not possible to satisfactorily distinguish between clinical and counselling boundaries with respect to CPV. Much of the available literature did not discriminate between clinical therapists 'counselling' parents, and professional counsellors offering counsel. I chose to follow this trend in my study.

The sample was small, which could have been a limitation to the study, but there was a depth of rich data due to the generosity of the participants in sharing their

experiences at length. Two of the participants were married, with the abusive son being common to both. Although this may have limited the pool of abusive incidents to which their narratives referred, it also added depth, permitting comparison between responses to the same incident. Indeed, qualitative research does not set out to generalise findings, but to explore personal experience.

The study was necessarily bounded by the use of language and subject to the limitations thereof. Willig (2008) sees the inadequacies of language as a limitation of IPA, both per se and within a time-limited interview, as participant express their life-world and the researcher seeks to capture nuances, quality and texture. The dialogic interaction of the interview relied upon the meaning-making capacity of the informant and the empathic understanding of the researcher, mediated by words and language. A researcher with a different philosophical position could have interpreted the subject differently (Denzin and Lincoln, 2005).

Chapter Four

Findings

Participant one, bearing the pseudonym 'Pauline', was a white British female, between 35-45 years old. The pseudonym for her son was 'D'. Participants two and three were similarly Caucasian, aged between 60 and 70 years. Participant two, 'Brenda', was female and participant three, 'Gary', male. Brenda and Gary had been married to each other for many years. I gave their son the pseudonym 'P'.

Master table of themes for the group

1. Focus on living with abuse

1a. Living with violence/abuse

1b. Bizarre and different

1c. Threat to safety

1d. Negative impact upon the parent

2. Focus on negotiating a way through

2a. Inability to enforce engagement with change

2b. Seeking to understand son

2c. Dilemma

2d. Son encounters resistance

3. Focus on support

3a. Difficulty of finding effective support

3b. Unhelpful service interventions

3c. Helpful individuals

3d. Reflections on counselling needs

1. Focus on living with abuse

All three participants grounded their narratives with aspects of the child's abusive behaviour and the profound impact that it had had upon their lives.

1a. Living with violence/abuse

For Pauline, the physical violence had been traumatic and sustained, often involving sibling abuse (Harbin and Madden, 1979), with injuries suffered by female family members. She related incidents that had affected her physically and emotionally:

> *He started hitting me with those and he punched me a couple of times as well and as I was walking away, still carrying his X-Box, he was throwing things at me. He threw things at me all the way down the stairs.*
> (Pauline, 44.3-6)

Conflicts about money (Evans and Warren-Sohlberg, 1988) had created the most difficulty for Brenda and Gary. Brenda had experienced this in terms of physical threats and attempted intimidation:

> *And because I refused to give him the money, he was in a real rage and he said, 'I feel like killing myself and I feel like killing you' and he sort of shouted this at the top of his voice.*
> (Brenda, 23-26)

Gary was more philosophical about their experiences, but did not speak of having endured personal physical threats:

> *We've had experiences we wouldn't otherwise have had, including having bailiffs call at the door wanting to take goods to pay for debts, and this time in the police cell.*
> (Gary 23.12-14)

1b. Bizarre and different

The word ‘bizarre’ surfaced frequently in all three accounts. All three parents sought to take into account the unusual mental health profiles of their respective sons. Pauline contrasted what she viewed as accepted expectations in such matters as innate love for mothers and a parental hierarchy of authority. The absence of these elements in her relationship with D appeared strange to her:

> *It just flies in the face of everything. And I think this is one of the most important things to get over that it is the opposite of everything.*
> (Pauline, 58.5-6)

Brenda relived the disturbing events leading to P’s detention under the 1983 Mental Health Act:

> *His behaviour became more and more bizarre.*
> (Brenda, 29.1)

Gary sought clarity on the category of mental health functioning to which he partly ascribed P’s behaviour, discriminating between psychosis and general presentation:

> *He wasn’t actually psychotic at the time. But we knew that his behaviour was bizarre on other occasions.*
> (Gary, 6.25-26)

<u>1c. Threat to safety</u>

At times Pauline feared for her life, for example when “*he had been that violent and that aggressive and that threatening I didn’t know whether he was going to come through and kill me in the night”* (Pauline, 47.19-22). Greater determination surfaced when she confronted her responsibilities for others in the household, however:

> *My number one priority has to be our safety.*
> (Pauline, 46.30)

Brenda also spoke with emotion as she recalled fearful situations:

He used to get really worked up and really in a rage. He never hit me but I was... I often felt threatened and I would be worried if he was anywhere near the knife drawer and I wasn't, when he was shouting at me.
(Brenda, 29.28-31)

Gary did not recall fears for his own safety, however, but registered concern for his wife:

He is physical and he's strong and very muscular so I can understand [Brenda] being physically frightened on that occasion.
(Gary, 18.31,19.1-2)

<u>1d. Negative impact upon the parent</u>

Although all three participants had clearly experienced stress, Pauline was more explicit in describing the emotional effects upon her health:

I was just distraught. ... you feel physically sick, you feel as if you're being stretched, as if... almost as though you are having an explosion inside and you can't do anything about it.
(Pauline, 9.3-6)

Lack of self-esteem and suicidal feelings had prompted her to seek assistance:

I was seeing a counsellor at that point as well because I was really, really down.
(Pauline, 21.25-26)

Brenda spoke of reining in her feelings until she could confide later in a sympathetic friend:

He used to really rant at me and I would often finish up virtually in tears, about to burst into tears and I would think, no, I'm not going to burst into tears.
Brenda, 68.28-30)

Her underlying distress was evident at times during our interview, however.

Gary, too, appeared to shun descriptions of his feelings but I detected anger as he recounted the sentiments that he felt unable to address to his son:

> *You're telling us lies. You're making life difficult for us. You're making life difficult for other people. You're making life difficult for yourself. You're being incredibly wasteful.*
> (Gary, 16.20-22)

2. Focus on negotiating a way through

All three participants spoke of the ways in which they had negotiated great difficulties to make sense of the situation.

2a. Inability to enforce engagement with change

All three felt the main focus of intervention should be upon the child. As Gary said:

> *As far as we were concerned it was meant to be focused on P___ but I guess we all interact.*
> (Gary, 5.6-7)

However, lack of engagement by D and P had rendered this impracticable. All participants felt their children would not participate in programmes designed to support them and facilitate change, and this could not be enforced due to the legal and ethical inability to contravene the rights of others.

Pauline referred positively to the theory behind the 'Step Up' intervention programme (Routt and Anderson, 2014), unavailable in Brenda and Gary's day, but still stated,

> *I couldn't force him to go along to that programme.*
> (Pauline, 68.23).

Although speaking of the same phenomenon as Gary, Brenda appeared frustrated with her son:

> *And still he wouldn't agree to seeing a psychiatrist and having any help. You know, it was hopeless.*
>
> (Brenda, 38.15-16)
>
> *They recommended that he should get psychiatric counselling... you can't force them to have treatment if they don't want it... and they don't think they're ill.*
>
> (Brenda, 28.19-28)

By contrast, Gary's narrative suggested an attitude of accepting resignation:

> *He said he didn't want people prying into his private life.*
>
> (Gary, 28.12)
>
> *So he has had support in the past and it's been P___'s decision – and there seems to be no way of forcing any support on him.*
>
> (Gary, 29.1-3)

I omitted Gary's 'muddling along' theme as it did not quite fit under this category title, but it seemed to be an inevitable consequence of his accepting attitude:

> *There are some things you can change and some things you can't.*
>
> (Gary, 35.9-10)

2b. Seeking to understand son

All three participants had fought hard to be empathic and obtain appropriate medical diagnoses for their sons' mental health disorders. In addition, they sought to explain abusive behaviour in an understanding way, with the sons not necessarily taking full responsibility for their actions.

Pauline cited psychological projection to account for some of D's behaviour:

> *He was feeling really bad inside and very angry and hurt and everything and so because of that...everything he said to me was evil, absolutely nasty.*
> (Pauline, 38.25-27)

For both Brenda and Gary, importance was attached to issues around early distress and disruption.

> *He'd had a very rough time with his natural mother and then several foster placements which had broken down.*
> (Brenda, 3.30-31)

Gary also referred to P's genetic inheritance on several occasions to explain his subsequent poor behaviour.

> *I think P___ was dealt a pretty bad hand of cards in terms of his genes and I think he had a very hard time the four years before he came to us.*
> (Gary, 5.13-15)

<u>2c. Dilemma</u>

All three participants related dilemmas which were very real to them.

For Pauline, the physical safety of the family was at stake, if female members of the family were to square up to D when he was roused:

> *'Just walk away, your safety's more important than standing up to him', but I know it doesn't help him winning all the time either.*
> (Pauline, 48.26-27)

Brenda foresaw a life of failure and trouble with the law for P if she did not comply with his financial demands:

We wanted him to succeed, and we thought, well if we don't send him some money he's going to be in trouble

(Brenda, 21.9-10).

Gary recognised his ambivalence between anger and sympathy when attempting to enforce boundaries, due to his underlying feeling of sorrow for P's genetic inheritance and troubled early years.

But on the other hand then you start feeling sorry for him because you think it's not all his fault and you don't know where to draw the line.

(Gary, 16.31,17.1-2)

<u>2d. Son encounters resistance</u>

Although the theme arose in each narrative, the sons' response to resistance appeared qualitatively idiosyncratic.

The theme of P encountering resistance, for Pauline, was often linked with violent attack:

[There] ended up being three locks on the back of the door and there were two big garden-type bolts at the top and either side of where that original one was.

(Pauline, 13.17-20)

Brenda spoke of resistance more in terms of considered decisions by authority figures:

They'd had to restrain P___ because he became aggressive, I think when they'd tried to give him a sedative, probably he wasn't co-operative.

(Brenda, 45.6-7)

Gary related incidents whereby those in authority who had established ‘firm and fair’ boundaries were met with high regard:

> *He said, ‘Oh that’s just because I’m black.’ And she said, ‘I don’t care whether you’re black or white or sky blue pink, you’re not doing that in my class’.*
> (Gary, 15.23-25)

3. Focus on support

<u>3a. Difficulty of finding effective support</u>

In a recent seminar (April 2, 2014), Holt spoke of a ‘lack of co-ordinated support’, and Brenda and Gary related fruitless searches for basic legal rights, for example in matters of basic educational provision, where a suitable school place was not offered without parental insistence. All participants used metaphors implying struggle or fight.

Pauline deplored the dearth of interventions for parents, stating that “*there are so many people out there who aren’t getting any support”* (Pauline, 40.10). From initially feeling overwhelmed, she developed an assertive stance, declaring:

> *You need to push for help, you need to shout as loud as you can for as long as you can.*
> (Pauline, 16.7-8)

Brenda appeared frustrated and angry as she focused upon the ongoing lack of effective support for P:

> *All the help we’ve tried to get for P___ over the years, but we’ve had very few responses. Ever.*
> (Brenda, 73.27-28)

Gary briefly expressed the hope that times had changed but concluded that support was not available:

> *It would be nice to think that people adopting difficult children got some sort of support... In certain areas our experience being, that it's not there even when you fight for it.*
>
> (Gary, 10.31,11.1-3)

3b. Unhelpful service interventions

All three participants expressed dissatisfaction with inappropriate service interventions that had caused them distress. They were not necessarily the same service bodies, however.

Pauline applauded Gallagher's 'Who's in charge?' programme and her personal counsellors, but raged against 'professionals' such as family therapy providers:

> *All these professionals, they are making suggestions. 'It's not going to work for everybody,' she says. But she had no idea of the hell I had been living with by trying to put what they wanted me to, by trying to follow things in the way they think. This is their thoughts, their observations, I suppose. It's all from texts books. It's all from case studies. I was living it. This was my life they were messing with.*
>
> (Pauline, 46.19-27)

Brenda was piqued when medical professionals failed to listen to her and consequently gave incorrect diagnoses:

> *And doctors would say, 'Oh there's nothing wrong with him.'*
>
> (Brenda, 40.17)

Gary reserved his annoyance for the Educational Psychologist in the role of counsellor:

We came away feeling lower than when we went in and we didn't find it helpful. I mean, perhaps nothing would have been helpful but if there's not a sort of solution to the problem, at least it would have been nice if we'd been left feeling a bit better about ourselves rather than feeling worse about ourselves.

(Gary, 11.31,12.1-6)

<u>3c. Helpful individuals</u>

By contrast, all three participants referred to *individuals* who had been helpful. Pauline recalled a practitioner who had supported both herself and D:

They understand him and they are so good with him and they are so good with us as well.

(Pauline, 51.19-20)

Brenda was generous in her praise of an individual who had been supportive of P. and receptive of her advice:

At that point he was allocated a social worker and a support worker and a community psychiatric nurse. And the support worker was absolutely great, absolutely super.

(Brenda, 47.28-30)

Initially, Gary had indicated that they had not received help but as the interview progressed, he changed his mind and recalled several individuals who had helped P:

And that was something else who was very helpful... And she was wonderful.

(Gary, 13.1-3)

<u>3d. Reflections on counselling needs</u>

Although this theme emerged clearly from the data, it generated the most idiosyncratic responses. Pauline articulated her needs fluently, appreciating her desire for non-judgemental counselling: "*someone who can understand without looking at you like you've got three heads*" (Pauline, 42.15-16). For Brenda and Gary, the concept of accommodating their own needs did not seem to have been a priority. Thus Pauline, who had developed a vocabulary to describe self-care, perhaps through her greater experience of interventions, asserted that:

> *It's working with the parent, it's empowering the parent, it's lifting that blame from their shoulders, giving them back their self-worth and the self-esteem.*
> (Pauline, 68.7-9)

Brenda spoke with affection of a trusted empathic listener:

> *And I would say, 'You don't need to tell me to do anything. Just, just listening is what I need. I need to just pour it out.'*
> (Brenda, 63.10-11).

For Gary, the concept of empathic counselling was new. He could not envisage any form of intervention that would have met P's needs, however:

> *It would have been helpful if someone could have said, 'Well how do you feel? I don't think I've got an answer for your son but I think perhaps I can help you'.*
> (Gary, 33.4-6).

Chapter Five

Discussion

A few themes occurred individually with no corresponding themes in other interviews: Pauline's themes included 'comparison to domestic abuse' and 'child in dominant role'; while 'muddling along' was a theme exclusive to Gary. These could be subject for research in themselves: Wilcox (2012) and Omer (2000) respectively, for example, investigate Pauline's omitted themes. As time and space precluded doing them full justice here, they were absent from the master table.

The narrations of all three participants could be portrayed most succinctly by the three main theme titles, while the twelve sub-themes captured aspects of their experiences to which they all repeatedly returned. This chapter will attempt to integrate these themes with the relevant literature, whilst making sense of participants' idiosyncratic viewpoints. I shall not only give a surface description of the data but attempt to "take it deeper" by offering a "level of interpretation" (Smith et al., 2009, p.103).

Focus on living with abuse: the gender dynamic and power

As outlined in the 'findings', all three participants experienced the abuse in different ways, but with agreement that D or P's behaviour at times merited the title 'bizarre'. In addition, there appeared to be a gender dynamic at work.

When Gary and Brenda, husband and wife, initially offered to act as participants, I had reservations about the usefulness of the data: the son of whom they spoke was the same person, data would be replicated; surely memories would overlap. However, perceptions differed, family dynamics viewed from alternative perspectives did not always agree. Gender differences emerged, which Gary attributed to Brenda's increased risk in her role as the primary caregiver:

It was [Brenda] who'd had to say no, and I was really protected from that most of the time.

(Gary, 19.25.)

Brenda, too, noticed "*it was always that I was the butt of all... the problems*" (Brenda, 31.31).

Pauline and Brenda's experience of **'living with the violence'** and **'threat to safety'** appeared to reflect an aspect of physical menace that was absent in Gary's narrative. Pauline recounted a time when D had "*run amok with a carving knife*" (Pauline,13.6). Brenda told of an incident when "*he sort of he just grabbed my hand with his other hand and flung it back at me and hit me in the face*" (Brenda, 53.18-23). On the other hand, Gary spoke in more measured tones, such as "*he was difficult to start with and then he was particularly difficult*" Gary, 22.23).

This could suggest an idiosyncratic difference in the way that incidents were perceived or related, a qualitative increase of violence towards the mother, or all of these. When Gary spoke of his son in the theme of **'encounter[ing] resistance'**, he related incidents where he had not dealt personally with the backlash, unlike Pauline and Brenda's accounts. Moreover, '**threats to safety'** were related only to that of his wife:

He is physical and he's strong and very muscular so I can understand [Brenda] being physically frightened on that occasion.

(Gary, 18.31,19.1-2)

Routt and Anderson (2014) suggested that abusive children were focused upon getting what they wanted. Edenborough concurred, stating that "most abuse was associated with conflicts about responsibilities, money and privilege" (Edenborough, 2007, p.60). However, parents interpreted this as a power struggle, with the children attempting to destroy the parental hierarchy, the ensuing vacuum leaving the child in charge. My review of literature clearly reported a gender dynamic, also replicated in

my study, with a propensity for women to be at greater risk, whether in a one or two parent family (Cottrell and Monk, 2004; Stewart, Burns and Leonard, 2007). Tew and Nixon (2010) investigated the complex family power relations at work in CPV, drawing on models of oppressive, collusive, protective and co-operative power.

This did not seem to suggest a simple power struggle or a case of parent-deficit, which a period of counselling could ameliorate through the subsequent changing of parenting strategies. The relationship between parent and child was a dyadic interaction in which both were caught up. It appeared that "neither parents nor their children [could] be easily categorised into 'victim' or 'perpetrator' roles, nor [could] they be easily slotted into positions of 'powerful' versus 'powerless' and the ensuing allocation of blame that often follows" (Holt, 2013, p.143).

My small scale and time-limited study suggested that gender dynamics were at work, which Gary attributed to the greater time that Brenda spent with P. in her child-rearing role. However, when viewed within the literature on CPV (Edenborough, 2007; Holt, 2013), there is perhaps more at work here than simply greater exposure to P's behaviour would imply. Nevertheless, parents facing abuse are perhaps not in a position to wait for society to revise attitudes towards gender and power: their pressing concern is with negotiating a way through.

Focus on negotiating a way through: dilemma

Mearns and Thorne wrote that "the person takes other people in their life into account in the course of their own maintenance and development" (Mearns and Thorne, 2007, p.24). All three parents were closely bound up in dyadic relationships with sons who medical practitioners agreed had an impaired contact with reality. Furthermore, Pauline, Brenda and Gary all recognised that there was an **'inability to enforce engagement with change'** on the part of D and P but that the interpersonal relationships had caused the participants pain and distress.

Part of Pauline's '**dilemma**', was the anguish that she had felt by having her son charged after exerting her right to be physically safe:

> *And being in the room next to him when he's having his rights read to him has got to be one of my lowest points ever.*
> (Pauline, 44.20-21).

Expressing similar **'dilemmas'**, Brenda and Gary empathised with P due to the experiences of his early childhood and his mental health issues.

'Dilemma' would suggest a conflict within each parent, perhaps equating to the different 'parts' (Mearns, 2003) or 'configurations' (Rogers, 1951) at work within the participant. However, when an additional person, the son, enters the equation, such **'dilemmas'** might be considered at times to be "a neurotic valuing of the wishes of others over their own needs" (Mearns and Thorne, 2007, p.24).

Pauline's narrative reflected change as interventions enabled her to emerge from a place of **'dilemma'**. She recounted how *"the worst time was when I actually thought I deserved it"* (Pauline, 68.13), moving to a place of increased authority:

> *He punched me six times in a row on my arm and after the sixth time I said, 'That is enough'. And he did stop.*
> (Pauline, 28.30-31)

Brenda similarly emerged from a particularly traumatic episode to a place of self-preservation:

> *And we told him that it wouldn't work for him for him to come back home. We weren't prepared for him to come back home.*
> (Brenda, 36.20.21)

Gary's narrative, however, suggested less emotional involvement and an attitude of philosophical acceptance, concluding that "*there are some problems in this world for which there is no solution and we just live with it and muddle along and it's not our fault but there's no solution"* (Gary, 32.13-15).

Thus the way that all three participants conceptualised the problem affected the subsequent responses to their child, which changed and developed for Pauline and Brenda.

All three participants revealed their caring approach in the theme '**seeking to understand son'**. Omer propounded a system of nonviolent resistance for parents affected by CPV, stating:

> The probable underlying assumption of the [parent] in this case is that understanding and empathy are the keys to solving the problem. The counter-assumption of nonviolent resistance is that empathy and understanding, as essential as they may be, cannot take the place of a clear stance that violence must be defined as such and decidedly resisted.
>
> (Omer, 2004, p.6).

This appears to be close to Brenda's comment:

> *But we were very idealistic. I wouldn't be idealistic about this again. We thought that if you handled a child firmly and gave him or her lots of love and in a sort of happy family, that everything would be alright, but we discovered that that's not all a child needs.*
>
> (Brenda, 5.20-24).

Eckstein (2009) recognised the aspect of dilemma in terms of manipulation by the abuser, manoeuvring the parent in a no-win situation through choosing conflict strategies with knowledge of the parent's history of responses. Indeed, Brenda

acknowledged P's tendency to manipulation, stating "*He is very manipulative. Very manipulative."* (Brenda, 79.2).

In the theme of '**dilemma'**, all three participants related how the child's mental health issues initially gave them confused expectations of establishing boundaries. The authors of the Step Up programme stated that "some [parents] use mental health diagnoses to explain and, in some cases, justify their children's behaviour" (Routt and Anderson, 2014, p.58).

However, entry to the Step Up programme is also conditional upon provision for mental health needs being made beforehand. This assumes the existence of effective mental health services and access to community care, which may be aspirational in these times of austerity. Effective *systems* of provision would need to have dealt with D and P's impaired contact with reality, rather than Pauline, Brenda and Gary relying merely upon themselves and '**helpful individuals'**.

Articulating alternative attitudes and ways of viewing hitherto insurmountable problems, often involving moments of insight and personal change, seems integral to personal therapy (Rogers, 1951). Counselling is not blind to the reality of social oppression, however, and at times social support in other forms such as the assistance of the criminal justice system in executing a safety plan, is needed. The **'dilemma'** category could have reflected a deficiency in several forms of support, reflected in their experience of interventions.

Focus on negotiating a way through: experience of interventions

Participants' conceptualisation of the problem may have affected their attitudes to interventions but also the way that society views CPV may have affected practitioners' attitudes to parents:

> *...this form of family violence tends to be reconfigured by external agencies as an individual problem arising out of poor parenting or delinquency.*

Tew and Nixon, (2010, p.588)

Gary and Brenda had received counselling in the 'education' setting, although they were unclear whether the counselling offered was delivered by a clinical psychologist (health and welfare) or an educational psychologist (an educational intervention). Pauline had encountered more recent educational interventions, having been instructed to attend Positive Parenting classes, which she found to be an inappropriate and blaming directive. She had also experienced 'Step Up' and 'Who's in Charge' interventions, family therapy and personal counselling, both directive and non-directive.

The majority of Brenda and Gary's experiences occurred decades before those of Pauline, which perhaps accounted for a slight increase in interventions available to her. After relating the difficulties encountered whilst '**finding effective support'**, she reflected that "*there's some fantastic work going on out there but it is in so few areas*" (Pauline, 42.7). In Brenda's case, no help appeared to be available:

> *When he was 19... we had the worst time, we were getting no help professionally at all at that time.*
> (Brenda, 2.22-24).

She found tracking down support for her son, particularly in the light of the '**inability to enforce engagement with change'**, to be frustrating:

> *You're battering your head against a brick wall trying to get social services to respond and there's P___ refusing help anyway.*
> (Brenda, 76.29-30).

Gary agreed that "*we didn't necessarily expect support: we certainly didn't get any*". (Gary 10.18-19).

While the experience of finding effective support had proved frustrating for all, the general '**unhelpful[ness of] service interventions'** provoked anger. Pauline experienced simplistic solutions and personal criticism:

> *Can't you even control your own child...that was it over and over again*.
> (Pauline, 11.5-8).

She found her self-esteem, already '*at rock bottom'* (Pauline, 70.14) to be further assailed, stating that "*all they do is just undermine and undermine* (Pauline, 32.17). Brenda encountered obstructive service practitioners, with responses such as "*it's hardly worth the effort*" (Brenda, 11.19), and "*Not our responsibility*" (Brenda, 73.9). All participants did justice to a small number of '**helpful individuals'**, but Gary summarised all three in his comment:

> *I think our experience with professional people generally has been rather negative, except when there's been – there have been exceptions*.
> (Gary, 5.27-28)

The counselling delivered in the educational setting was, for Gary, an **'unhelpful service intervention'**.

The voices of participants were also clearly in agreement that mental health conditions had not been diagnosed early enough, despite the clear and unequivocal descriptions given by participants. As Brenda explained:

> *We always felt the doctors thought we were being 'silly parents', you know, over-fussy parents*."
> (Brenda, 40.20-21).

Thus participants frequently did not feel heard, with their greater knowledge of their situation being ignored. This runs counter to a central tenet of Person-centred

counselling: “As no one else can know how we perceive, we are the best experts on ourselves.” (Gross 1992, p.905).

Cottrell agreed with Gary that many people can feel worse after counselling. (Cottrell, 2004). She suggested that “one of the reasons parents sometimes have negative experiences with service providers can lie in the service provider’s beliefs about parent abuse” (Cottrell, 204, p.121). This would accord with the change in attitude towards P. recorded by Brenda during a criminal justice intervention: from being conceptualised initially as an offender he was treated with greater understanding when shown by the Police surgeon to be in a state of psychosis. Holt and Retford (2013) studied the way in which frontline practitioners in the field of criminal justice conceptualised and responded to incidents of CPV. They concluded that lack of policy guidance and appropriate resources contributed to the “little effective response” (Holt and Retford, 2013, p.265) encountered by parents.

Attributions of the causes can be at individual, family, structural, socio-cultural, or even so-called ‘common sense’ levels (Holt, 2012, p.76). Thus Gary’s counsellor and Pauline’s health and welfare therapists may have been unhelpful in their responses if they were based upon an inadequate conceptualisation of the problem.

Focus on support: experience of counselling

In recognising her needs, Brenda described a non-judgemental, empathic skilled helper with an approach that I would have expected from a counsellor. A Person-centred counsellor would also have striven to remain congruent (Rogers, 1951), perhaps reflecting back the true name and nature of the abuse without being confused by the ‘**dilemmas’** which assailed all three participants to their own detriment.

“In the long-term, counselling is one of the most helpful services parents can access to help them stop the abuse” (Cottrell, 2004, p.120), but this may not be easy to achieve. If experiences from a gendered viewpoint provided different contrasting

data, at times the same experience provoked incongruent responses. The Educational Psychologist's counselling sessions, for example, were **'unhelpful service interventions'** to Gary:

> *It was for me a rather negative sort of experience.*
> (Gary, 4.1-2.)

The same counselling sessions for Brenda were placed within the theme of **'helpful individual'**:

> *And she helped, she talked to us and she talked to P___ separately and then she told us what she thought were the problems P____ had from... and how we might try and tackle those problems.*
> (Brenda, 7.31, 8.1-3.)

The counselling for both Gary and Brenda could be described as directive family therapy.

Pauline experienced both directive and nondirective counselling, finding that "*every time it had been of value*" (Pauline, 70.26), but preferring the latter:

> *Person-centred therapy is excellent because it's helping the individual to heal themselves, almost, to find it within themselves.*
> (Pauline, 70.11-12)

By contrast, she found that she was 'fine' after several sessions of directive counselling but returned to feeling diminished within six months (Pauline, 12.4-5).

Both Pauline and Gary recorded the sensation of feeling blamed but for Pauline this was a general feeling, whereas Gary only mentioned self-blame in the context of counselling, saying "*it would have been nice if we'd come away feeling less blamed*

because I don't think we were to blame" (Gary, 5.9-10). Gary also indicated that he would have preferred an approach with more effective guidance:

> *You know, if somebody can point out I'm doing something wrong, show me how to do it better, then check that I'm doing it better and follow through. Fine. But when all you get is blame.*
>
> (Gary, 12.15-19)

Cottrell (2004) asserted that parents who were expecting to feel blamed might find it where none had been intended. However, Rogers' conditions of unconditional positive regard and empathy (Rogers, 1951) did not appear to have been communicated sufficiently well to Gary by the Educational Psychologist during his time of counselling. Brenda spoke positively of the same sessions, stating "*we just had that one period of counselling, which was a help*" (Brenda, 60.29). Greater enthusiasm, however, was reserved for an empathic listener from a faith group:

> *To have someone to listen, actually, helps. You know, just someone... And that was one thing that I did have*..."
>
> (Brenda, 62.24-26).

With Gary's philosophical acceptance of the status quo, Gary would perhaps not have met one of Rogers' 'conditions of therapeutic process', outwardly not appearing to have been "in a state of incongruence, being vulnerable or anxious" (Rogers, 1959, p.213). As Mearns and Thorne concluded: "Person-centred therapy simply does not work with clients who are not experiencing incongruence in their living and wanting to change that incongruence" (Mearns and Thorne, 2000, p.45).

In conclusion, the discussion raises both personal and societal questions if one is to answer the research question, 'What is the meaning made of counselling by parents who have lived with child-to-parent violence?'

Chapter Six

Conclusion

This has been a qualitative small-scale, time-limited study, during which I have attempted to follow closely the meanings made by the voices of participants, interpreting the 'essence' (Husserl, 1927) in the light of my own prior experiences, culture and judgements. The ensuing discussions have been illuminated by experts in the field and the available literature (Smith et al., 2009).

My findings are in keeping with themes uncovered by the research of others, concerning aspects of the violence experienced by parents and their search for solutions. At times these arise from the social climate that does not conceptualise CPV as a form of domestic abuse (ADFAM, 2012) or name it as a social problem (Cottrell, 2004). This has led to deficiencies in social policies and systems (Holt and Retford, 2013). However, my focus on counselling in the CPV setting additionally questions the conceptualisations made by practitioners and also by parents, which may contribute to the levels of engagement in interventions and counselling sessions.

Implications for practice

As a counselling practitioner, I have felt the need for greater understanding of the complex interactions of power within the abusive child-parent dyad. Communicating support through empathic listening and a non-judgemental attitude would also contribute to client well-being. Pauline touched upon the need to counter self-blame with unconditional positive regard (Rogers, 1951) rather than uninformed judgement. She succinctly commented that "i*t's no good pointing the finger and saying, 'You've done this wrong, you've done that wrong – that doesn't matter – and that doesn't move us forward. And that's what we need* (Pauline, 62.28-31, 63.1).

For Person-centred counsellors, a ‘congruent’ (Rogers, 1951) stance against violence would also be necessary when supporting parents who may be unclear about their own right to safety, being conflicted by ‘parts’ of the Self (Mearns, 2003) and caught up in dilemma.

Suggestions for further research

An area for further study might lie in a more detailed survey of the attitudes towards CPV current among counsellors today, working towards offering informed support. Additionally, as Gallagher suggested (personal communication, July 24, 2014), research is necessary to determine the long term effect of interventions upon eliminating violent behaviour, where outcomes initially appear successful.

Postscript

> *Whatever the reasons for this abuse, however it’s come about, the important thing is to get some support and help – to help these people get through it and come out the other side.*
> (Pauline, 62.25-28).

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Appendix I - Search strategy

Search Strategy			
Concepts	**Child-to-parent**	**Violence**	**Counselling**
	Adolescent Adolescent-to-parent Child-to-father Child-to-mother Child-to-parent Domestic Family Juvenile	Abuse Biting Hitting Kicking	Counsel* Therapeutic relationship Psychotherapy
for words with alternate endings e.g. counsel for counsellor, counselling etc Date range: any Geographic location: any			

Databases
BACP website British Library Catalogue Cochrane COSCA website Google PsychINFO PschARTICLES and the Psychology and Behavioural Sciences Collection

Appendix II

Table of long-term interventions suggested by mothers experiencing child-to-mother violence in a high-stress area of Australia (Edenborough, 2007, p.304)

Areas for long-term intervention	Type of long-term interventions
9.1.2.2.1 Legal system	Apprehended Violence Order (AVO) for violent young person
	Support group for parents and children after AVO has been served
	Youth conferencing
	Police discretion
9.1.2.2.2 Health/Welfare services	Advocacy for mothers
	Support groups for women
	Services separated by child's age, i.e. refuges need to be different for 13 year old and 17 year old
9.1.2.2.3 Counselling	Counselling for mothers
	Giving children boundaries
	Anger Management
	Encouraging adolescents to participate in services

Appendix III - Research information sheet

Research Information Sheet

Title of dissertation: Exploring the place of counselling for parents who have lived with child-to-parent violence.

About me: My name is XXXXXX and I am a third year post graduate student at the University of Chester, studying for an MA in Clinical Counselling, and a student member of the British Association for Counselling and Psychotherapy (BACP). On both of my counselling placements, at a Rape and Sexual Abuse Centre and with the Child and Adolescent Mental Health Service, I have worked with parents who have been subjected to child-to-parent abuse.

My research: Having listened to so many parents speaking of the violence they faced, sometimes from just one of their children, I started to look for ways in which I could support them better – perhaps by reading books on the subject – but the number was minimal. I looked for research to see what aspects of counselling had most helped parents in the past. Again, it was thin on the ground. This is the aspect of child to parent violence that is the subject of my research.

Selection of Participants: For reasons of your safety, I would ask that you complete and return the questionnaire at the end of this information sheet. In it, I enquire whether you have access to a support group and/or counselling. As your personal safety is paramount, inclusion criteria also stipulates that the sample group is drawn from those who are engaged in supporting others. I am seeking parents for whom at least two years have elapsed since the child-to-parent violence occurred and who no longer perceive themselves to be in danger. I have included the Adolescent Violent Behaviour Questionnaire to give you an idea of the kind of behaviours that the parents in my research may be encountering. I am aware that your child may be younger or older than adolescence and this is fine. If you agree to take part in this study, please return the attached questionnaire.

What does participating in this research mean? If you choose to participate and you meet the inclusion criteria, your involvement will be an audio-recorded interview lasting about an hour, which will offer the opportunity to explore your experiences. The interview will be held at a mutually convenient, safe and confidential location. After the interview, I will transcribe the audio-recording and this will become my data. Should you wish, I will send you a copy of the transcript for you to check for accuracy. Your data will be analysed using interpretive phenomenological analysis methods and will then be compared to the data from other participants to identify themes. Once the analysis is complete you may wish to see the results to ensure that they are a true account of your experience.

What are the potential risks? In order to minimise physical and emotional risks to participants, I am looking for participants among organised groups where there is access to support. There is a risk that unexpected painful feelings will be raised by exploring this sensitive topic and if you feel distressed during the course of the interview, you are free to stop at any time. If this occurs, it is hoped that you would seek the support of your chosen system of support to help you. I shall also offer you a list of local BACP registered counsellors and a list of resources for parents should you require further assistance.

Confidentiality: Although confidentiality can never be guaranteed, the utmost care will be taken to ensure your identity will not be revealed during or after the study. Although your name will appear on the consent form, it will not appear on any of the research literature or the dissertation. Throughout the research and writing up of my dissertation I shall ensure that your anonymity is protected by allocating a pseudonym to all information relating to your involvement in the project. Any information or parts of the interview which may identify you or your children will not be included in the research. With your consent, verbatim sections of the interview may be used in the final dissertation.

Because the research is being carried out as part of an M.A qualification, the transcript of the interviews may be seen by my research supervisor, my counselling tutors and possibly an external supervisor. However, all these people are bound by the BACP's Ethical Framework for Good Practice in Counselling and Psychotherapy.

Right to withdraw: You have the right to withdraw from the research at any time without explanation or fear of reprisal, up until the dissertation is submitted. In the case of withdrawal, your interview transcript will be securely destroyed and the recorded interview will be deleted.

Benefits of the research: There is very little in the way of research regarding counselling for parents affected by child-to-parent violence. Families in the future will potentially benefit from better service from counsellors with greater knowledge and understanding of the problem because of your input.

What will happen to the results: The results of the research will form part of my M.A dissertation which will be submitted to the University of Chester, who will keep a copy. The final dissertation may be made available electronically. The results may also form part of other works which are put forward for publication.

Data Protection: My data will consist of the audio recordings and transcriptions of interviews with my research participants. The interviews will be recorded onto a digital recorder which will be kept securely when not in use. Recordings will be transferred onto a PC and files will be password protected. Files will be saved under a pseudonym so that individuals may not be recognised from the file name. These pseudonyms will be used throughout the research to protect the participants' anonymity. A back up copy of the files will be held on a pen drive which will be stored securely. Transcripts need to be kept for a period of five years before deletion and audio recordings will be destroyed after the M.A has been awarded.

Ethics: The intention is to conduct my research in line with the BACP Code of Practice and Ethical Guidelines and the University's Research Governance Handbook, in order to protect

participants from harm and loss and to enhance the trustworthiness of the study. I have also submitted my research proposal to the University's Ethics Committee and have gained their approval to undertake this project. I am aware that ethical issues may not be resolved in the planning stages but need to be kept in focus throughout; therefore I intend to work with my research supervisor, Dr Swinton, to look at ethical issues for the duration of the project. Dr Valda Swinton is both a lecturer and Programme Leader for the MA in Clinical Counselling course and is the designated contact, should respondents wish to register a complaint.

Contact details of researcher:

Phone: (email: k

Contact details of research supervisor: Dr Valda Swinton
Senior Lecturer
Programme Leader MA in Clinical Counselling
Social Studies and Counselling
University of Chester
Parkgate Road
Chester. CH1 4BJ
01244 512036
v.swinton@chester.ac.uk

Questionnaire

1. Below is the Adolescent Violent Behaviour Questionnaire*, whose answers when administered officially are graded ‘never’, ‘sometimes’, ‘often’ or ‘almost always’. Do these behaviours look familiar to you?

   ____

2. At the time of the violence, did you have, or are you having, counselling or psychotherapy?

   ____

3. Do you have access to a support group and/or counselling or do you have contact with someone who enables you to feel safe?

   ____

4. Are you now more engaged in a capacity of supporting others?

   ____

5. Have at least two years elapsed since the violence occurred?

   ____

Please return completed questionnaires to *********@chester.ac.uk

Thank you for your interest.

Jennifer

Adolescent Violent Behaviour Questionnaire*

Caused you minor physical pain (e.g. pinched, pulled, grabbed, shoved, blocked doorway)*

Caused you a physical injury that left minor marks on your body and/or soreness (e.g. hit, slapped, kicked, bit, threw object)*

Sworn, argued or challenged you (“I don’t have to do anything you say”)*

Shouted, screamed or yelled at you*

Threatened to harm him- or herself, you or your family/friends/pets*

Threatened to kill him- or herself, you or your family/friends/pets*

Directed minor insults at you (e.g. picked on you, put you down, called you names, laughed in your face)

Disrespected you in significant ways (e.g. put you down in front of your friends, lied to you, withheld important information)

Created fear or scared you (e.g. ran away from home, stayed away from home all night)

Demanded your money, car or belongings*

Stolen your money or misused your resources or possessions (e.g. overused your phone, computer)*

Damaged or destroyed your possessions or property (e.g. punched holes in walls, broke things, smashed your car

Appendix IV

Advertisement

RESEARCH

'Exploring the place of counselling for parents who have lived with child-to-parent violence.'

I am a student at the University of Chester and I'm carrying out research into this area. If you have faced violence from your child(ren), and had counselling, and you would be interested in participating, please contact me for further information as below.

Participation will include an audio-recorded, hour long interview.

Thank you.

xxxxxx xxxxxxx

Email: xxxxxxxxx@chester.ac.uk

Phone: xxxxxxxxxxx

Appendix V - Publicity featured by Helen Bonnick in the internationally recognised blog, 'Holes in the wall'.

-to-parent-violence-the-learning-issue/#more-1872

HOME ABOUT CONTACT EVENTS AND TRAINING READING LIST RESOURCES STUDENTS

← Adolescent to Parent Violence: An open seminar from Edge Hill University and the British Society of Criminology

Child to Parent Violence: The Adoption Issue →

APRIL 11, 2014 · 8:54 AM

↓ Jump to Comments

Child to Parent Violence: the Learning Issue

I offer you a round up of various items that have cropped up in the last weeks, all with something of a learning theme, hence the title of the post.

A third year postgraduate Clinical Counselling student at the University of Chester, , is looking for participants for her dissertation research, title: Exploring the place of counselling for parents who have lived with child-to-parent violence. This is specifically with reference to individual counselling for parents, rather than programmes working with the family. If you would like to know more, or know any one else who can help, I will be happy to pass on your details to .

DOCUMENTING PARENT ABUSE

A blog by Helen Bonnick

"I look at the holes in the wall and think, 'God I remember that day'."

(interview with parent, 2006)

BLOGROLL

- Alternative Restoratives
- Step-Up
- Family Lives
- Eddie Gallagher
- Respect
- Ministry of Parenting
- Adfam
- 4 Children
- Paars
- Rachel Condry Research

<u>Appendix VI - Proposed question schedule</u>

Interview Questions

This is intended as an aide-memoire and not as a script. It is my intention to allow the interview to develop in the direction that the research participant leads whilst being mindful of the subject matter and the fact that there are questions that I would like answered.

Introduction: Thank you for coming. I would like us to spend the next hour exploring your experience of the place of counselling round about the time when you were living with child-to-parent violence. I have some questions – there are no right or wrong answers and I am happy to allow the interview to develop to get the best understanding of your experiences.
(**Ensure consent form is signed**)

Do you have any questions about the process before we start?

The title of my dissertation is 'Exploring the place of counselling for parents who have lived with child-to-parent violence'. What does this mean to you?

Before we speak at greater length into your experience of counselling while you were living with violence, would you put this in context by telling me about how you were initially experiencing the child-to-parent violence?
Were there particular people with whom you felt able to divulge what was happening?

What drew you into counselling on this occasion? Prompt: Was child-to-parent violence your main reason for requesting counselling?

Can you describe how counselling impacted upon you as a person and on your situation at home?

Were there or were there not any particular turning points in the counselling sessions? Would you say that the counselling had been successful? Think back to the change between your child and yourself...

Were you conscious that there had been a change? If so...

How did the time (or times) after it had happened compare with the time before?
Tell me about the point at which the change happened.

How did the counselling affect your everyday life?

Which was the therapy approach that was taken? Was it part of a package with help for your child; were you given options such as family therapy? Any named Interventions? If so, could you tell me how you experienced them?

Was there any additional support that you felt was crucial to keeping yourself afloat e.g. church, or conversely, anything from which you felt you had to withdraw as being unhelpful?

Was anything helpful/unhelpful said by a counselling figure during the process that a counsellor might wish to incorporate or avoid?

Did your child/children attend or co-operate with what was on offer for him/her?

Were there any helpful/unhelpful features of the counselling?

Did you experience any surprises during the course of the counselling (period of change)? (Prompt: Were you surprised at what was happening to you/ to the family/ the effect the counselling was having upon the situation?)

Is there anything that you would like to add?

Closing: *Thank you for your participation. I will now be transcribing the recording of this session so long as you are still happy for me to do that? I will then send you a copy of the transcription for you to check for accuracy. Once you have checked it I will begin my analysis and then compare it to the analysis of other data. Your anonymity will be maintained throughout.*

Appendix VII - Consent form

M. A. in Clinical Counselling Research

University of Chester

Consent Form: Audio/Digital Recording of Interview

Title of Study: Exploring the place of counselling for parents who have lived with child-to-parent violence**.**

I ………………………………….hereby give consent for the details of a written transcript based on an audio/digital recorded interview with me and ______ to be used in preparation and as part of a research dissertation for the M.A. in Clinical Counselling at the University of Chester. I understand that my identity will remain anonymous and that all personally identifiable information will remain confidential and separate from the research data. I further understand that the transcript may be seen by Counselling Tutors and the External Examiner for the purpose of assessment and moderation. I also understand that all these individuals are bound by the British Association for Counselling and Psychotherapy Ethical Framework for Good Practice in Counselling and Psychotherapy.

I understand that I will have access to the transcribed material and would be able to delete or amend any part of it. I am aware that I can stop the interview at any time or ultimately withdraw the interview, without giving a reason or explanation, at any point before the submission of the dissertation. Upon satisfactory completion of the M.A. in Clinical Counselling the recording will be securely destroyed. The transcripts and related data will be securely stored for a period of five years, by me, the researcher, and then destroyed.

Excerpts from the transcript will be included in the dissertation. A copy of the dissertation will be held in the Department of Social Studies and Counselling and may be made available electronically through Chester Rep, the University's online research repository.

Without my further consent some of the material may be used for publication and/or presentations at conferences and seminars. Every effort will be made to ensure complete anonymity.

Finally I confirm I have read and understood the attached Information Sheet and was given the opportunity for further explanation by the researcher. I believe I have been given sufficient information about the nature of this research, including any possible risks, to give my informed consent to participate.

Signed [Participant]………………………………………………………………………………………

Name- Please Print……………………………………………………………………………………..

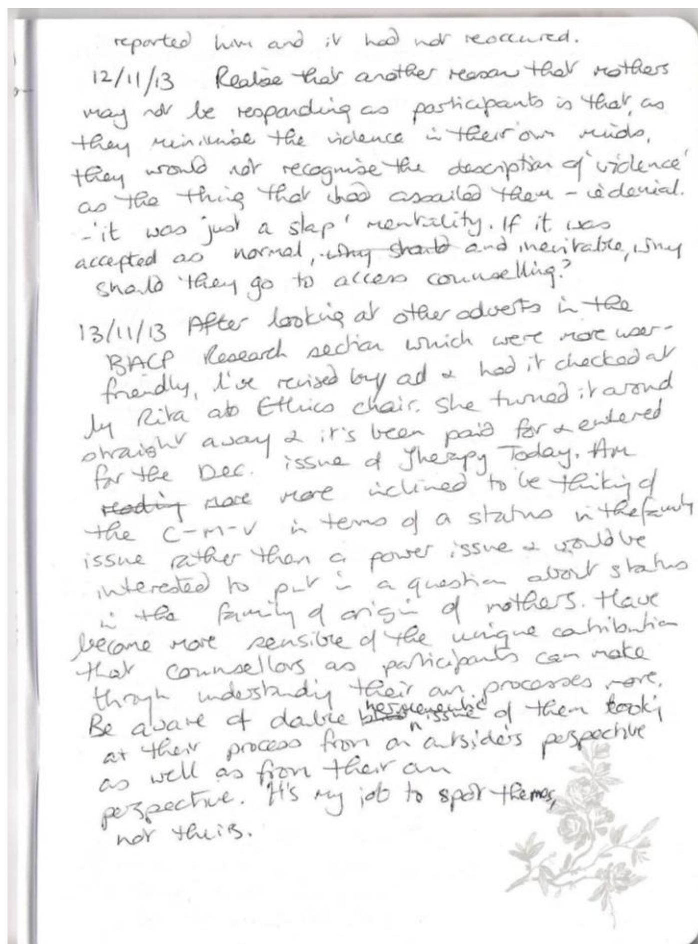
Date ……………………………………………………………………………………………………

Signed [Researcher] ……………………………………………………………………………………..

Name–Please Print………………………………………………………………………………………

Date……………………………………………………………………………………......................

Appendix VIII - Example page from research diary



reported him and it had not reoccurred.

12/11/13 Realise that another reason that mothers may not be responding as participants is that, as they minimise the violence in their own minds, they would not recognise the description of 'violence' as the thing that had assailed them – i.e. denial. – 'it was just a slap' mentality. If it was accepted as normal, ~~why should~~ and inevitable, why should they go to access counselling?

13/11/13 After looking at other adverts in the BACP Research section which were more user-friendly, I've revised my ad & had it checked at by Rita as Ethics chair. She turned it around straight away & it's been paid for & entered for the Dec. issue of Therapy Today. Am ~~reading~~ more more inclined to be thinking of the C-M-V in terms of a status in the family issue rather than a power issue & would be interested to put in a question about status in the family of origin of mothers. Have become more sensible of the unique contribution that counsellors as participants can make through understanding their own processes more. Be aware of double hermeneutic issue of them looking at their process from an outsider's perspective as well as from their own perspective. It's my job to spot themes, not theirs.

Appendix IX - Examples of interview analyses

Analysis of Interview

EMERGENT THEMES	ORIGINAL TRANSCRIPT Interview, 31.03.14, researcher (R) with Participant 1 (P1)	EXPLORATORY COMMENTS
	1.sleeve, looked up at me and he said, 'I still hate you,	
	2.you know,' and walked off again. And I was expecting	L. 2 Was expecting something else, something loving, comforting, empathic. 'Sobbing': crying with convulsive catching of the breath- may arouse maternal concern and tenderness for her but may incite aggressive feelings within D (see L.7 'I really don't get it'.)
	3.him to say, 'I didn't mean it, Mummy' or something,	
	4.something comforting, y'know? When I was there	
	5.sobbing about it. And no. He's just came back to kick	
	6.me even more. And it's just... that's just how he's	
	7.always been and I don't know. I really don't get it.	
	8.Y'know, we're a nation of mother lovers, aren't we?	L.5. 'kick' D's comments felt physical.
Societal assumptions	9.Y'know, we're... It's almost an unbreakable bond is	
	10.what we think of it: y'know, a bond between a mother	Societal assumptions. L. 17 'that's why it's so painful'
	11.and a child.	
	12.**R:** It seems to go quite against everything that we've	
	13.been programmed	
	14.**P1:** yes	
	15.**R:** to believe and everything that we've heard.	
	16.**P1:** That's right. And that's why – possibly, that's why	
	17.it's so painful. I mean again when I was saying that I	
	18.felt that I would be a complete failure if, if I gave him	
	19.to his dad and said, 'Right, carry on.' But again, it's	L.19 'it's how society looks at mothers', 'we are so ashamed', 'it's what you think': until now, have had sense of being isolated, standing alone against critics. Now is she joining them in blaming herself? Agreeing with judgement?
	20.how society looks at mothers, isn't it?	
	21.**R:** mm.	
	22.**P1:** If it's a mum who doesn't have her children, well,	
	23.why not? You'd be a terrible mum to have your	
	24.children taken away. And it's what you think, isn't it?	
Shame; fear of judgement	25.And this is one of the biggest problems with this type	
	26.of abuse and why I'm sure so many parents don't	
	27.speak about it	
	28.**R:** absolutely	
	29.**P1:** because we are so ashamed	*L.29 'we' are so ashamed: use of plural: first indication of sense of community with others in same predicament?*
	30.**R:** yes	
	31.**P1:** y'know, everyone looks, everyone thinks...	L. 31 Back to 'everyone'. L. 3. 'you': With whom does she

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Analysis of Interview

EMERGENT THEMES	ORIGINAL TRANSCRIPT Interview, 10.04.14, researcher (R) with Participant 2 (P2)	EXPLORATORY COMMENTS
	1.took... they wouldn't let him have a rifle.	*L.1 tails off. L. 3 'they were, they were' repetition:* underlying concern for his safety with firearms reflected in hesitancy of speech patterns?
	2.**R:** Right.	
	3.**P2:** They were, they were concerned about, you know,	
	4.what he might do with it.	
Assessment without solution	5.**R:** yes	
	6.**P2:** So they took his rifle off him and they gave him	
	7.different duties and they sent him to see the	
	8.psychiatrist and he had a number of weeks where he	
	9.was going backwards and forwards to see the	
	10.psychiatrist in London. And then eventually they sent	
	11.him home saying he was suffering from mental	L.11 How specific a diagnosis is 'mental instability' beyond suggesting unsteadiness?
	12.instability and they didn't want him back at ___bridge.	L.12 'didn't want him back': rejected by Army
	13.But he was still theoretically in the Army. He was still	*L.13 'he was still...he was still...in the Army' L.16 'still': repetition.* How much of his thoughts and feelings were still in the Army, his body 'now at home'?
	14.officially in the Army.	
	15.**R:** mm	
	16.**P2:** Still receiving his Army pay. But he was now at	
Suffering parents	17.home. And this was the worst period of our lives. It	Things were awful; worst time of lives. *Pronoun 'our':* suffering together?
	18.really was absolutely awful. They recommended that	
	19.he should get psychiatric counselling, so we took him	
	20.to the doctor. We went with him to our doctor who	Seeking psychiatric counselling through doctor for P. Sympathetic professional offering assistance.
	21.talked to him, and said, 'P___, I can arrange for you	
	22.to see a psychiatrist if you would like to.' And P___	
	23.said, no, he didn't want to. And, I mean, this is one	P makes decision. L.28 Has she absolved him of responsibility for his decision by generalizing that, 'they don't think they're ill'?
	24.problem with mental illness in adults and he was now	
Resisting treatment	25.an adult, he was 18, is that you can't force them to	
	26.have treatment if they don't want it	
	27.**R:** No.	L.23 Can't force an adult into treatment.
	28.**P2:** and they don't think they're ill.	
Refusing counselling	29.**R:** No, no.	
	30.**P2:** So he, he refused to have any sort of counselling	Counselling refused. P.28/1 Bizarre behaviour continues.
Bizarre behaviour	31.and he was at home: his behaviour became more	

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Analysis of Interview

EMERGENT THEMES	ORIGINAL TRANSCRIPT Interview, 11.04.14, researcher (R) with Participant 3 (P3)	EXPLORATORY COMMENTS
	1.**R:** mm	
	2.**P3:** We've also had... so when, when there was a	
	3.crisis and he went into hospital, I think he got good	L.3 'good treatment' after crisis provoked action, opened doors
	4.treatment there in a number of hospitals but it took the	
	5.crisis to actually trigger that off.	
	6.**R:** Yes, mm	
	7.**P3:** He's also had since, I mean, after he left home he	
Disastrous behaviour in the community.	8.lived in various bed-sits – private, rented – all of which	
	9.ended with disaster because of the way P___	<u>P___ provokes calamities through behaviour?</u>
	10.behaved. But then when he came out of hospital in	
	11.___port, ___port Housing Trust housed him, first in	
	12.___ and now in ___ Lane in North ___port, and it	
Community support	13.seems to me they've been, they've been very helpful.	*L.13 'they've been, they've been': hesitant as changes viewpoint as he recalls instances of helpful support?*
	14.**R:** mm	
	15.**P3:** And the Housing Manager in particular has been	
	16.very positive and helpful. And other people who have	Helpful individuals
	17.been helpful was our own MP, who could only do a	
	18.certain amount because he's not P___'s MP, but he	
Helpful individuals	19.put us in touch with P___'s MP and she has been	
	20.very helpful. She she was contacted ___port Housing	
	21.Trust Manager. So we have had help from some	L.21 Draws conclusion
	22.people	
	23.**R:** Yes?	
	24.**P3:** but over the years I think whenever we've written	L.24 Negative response to requests for help
Seeking help but no response	25.to anybody asking for help, the general response has	
	26.been no, no response at all.	
	27.**R:** yes	
	28.**P3:** Or sometimes a response, 'Yes we'll deal with	L.28 Obstructive response
	29.that then they obviously don't. It just gets handed on	
	30.to somebody who doesn't accept it and they don't tell	
	31.you.	

7

In 'exploratory comments', I wrote descriptive comments in normal text, linguistic comments were italicised and conceptual elements were underlined (Smith et al., 2009).

Appendix X - Example of a participant's emergent themes

Living with violence		
Living with violent/abusive behaviour		
Aggressive behaviour	8.18-19	he got up from under the chair, picked the chair up, and started trying to push me over with it and hit me with it
Frenzied attack on his sibling	13.6	had run amok with a carving knife.
Backlash when restrained.	19.16	if I put consequences in place at that time I was in for it,
Threatened suicide	31.8-10	He'd threaten suicide at least another two or three times and the worst time was when he was stood on an upstairs window ledge threatening to let go.
Verbal abuse	39.21-23	'I absolutely fucking hate you,' he said, 'and I just wish the ground would open up and swallow you up so I'll never have to look at your ugly face again'
Violent attack	44.3-6	he started hitting me with those and he punched me a couple of times as well and as I was walking away, still carrying his X-Box, he was throwing things at me. He threw things at me all the way down the stairs.
Child in dominant role		
Child assumes position of dominance	43.31	and he said, 'You dare'.
Power and control	47.2	Ok I'm giving him the power, I'm giving him the control but unless they were in that situation...
Usurping parental authority	47.15-16	I'm not backing down for you, why should I bother doing that?'
Bizarre, different world		
'Berserk', frenzied element to son's behaviour.	7.14-15	D____ had gone berserk, was the only way she could describe it

CPV is the opposite of everything.	58.5-6	it just flies in the face of everything. And I think this is one of the most important things to get over that it is the opposite of everything.
Outside normal experience, different	67.24-25	it really is something that D___ needs that's different. Something else.
Threat to safety		
Safety plan, care of rest of family to be considered.	7.18-20	if T_____ can go to the childminder then at least she is safe and out of the way and just don't antagonise him. Don't get hurt.'
Safety as priority.	46.30	my number one priority has to be our safety
Fear of being killed.	47.19-22	to wake up tomorrow morning because he had been that violent and that aggressive and that threatening I didn't know whether he was going to come through and kill me in the night.
Feeling judged by others		
Fragmenting under misappropriated condemnation and blame.	9.20-21	getting all the tuts and the stares and everything else and I was, I was just in bits
Feels condemned and blamed by others.	11.2-3	But everything just seemed to be... all fingers were just pointing at me
Defensive; feels judged and blamed.	53.18-21	constantly trying to defend myself, defend myself from other people's opinions. It just seems to be everyone is so good at judging and blaming.
Unhelpful professional response		
Inadequate professional response	10.7-8	she leant forward and held my hand and she says, 'It's alright, it'll... everything'll be ok'
Relentless criticism	11.5-8	can't you even control your own child...that was it over and over again
Judgement on 'all those professionals'	29.17-21	all those professionals working with us... I call all of them chocolate fireguards. ..none of them have been any help at all.

Anger at incorrect diagnoses.	32.12-15	the first one saying he was a normal boy with anger problems and the second one who said that she couldn't see it being Autism and was absolutely astounded when it turned out it was.
Anger at family therapy professionals	32.17	all they do is just undermine and undermine.
Text book suggestions of professionals brought hell.	46.19-27	all these professionals, they are making suggestions. 'It's not going to work for everybody,' she says. But she had no idea of the hell I had been living with by trying to put what they wanted me to, by trying to follow things in the way they think. This is their thoughts, their observations, I suppose. It's all from texts books. It's all from case studies. I was living it. This was my life they were messing with
Glib solutions	60.23-25	to have people saying glibly, 'You need to put in these boundaries' or you need to do this or you need to do that, and to have to be somehow fending these things away
Comparison to domestic abuse		
Comparison to domestic violence.	28.14	that is what this is and nobody seems to recognise that
Reference to domestic abuse	59.26-27	it does come under the domestic violence umbrella to a degree,
Comparison with domestic abuse	60.7-9	had to take my abuser with me. But that's the difference: there's no escape when it's your child.
Impact upon self		
Distraught, deeply agitated.	9.3-6	I was just distraught. ... you feel physically sick, you feel as if you're being stretched, as if... almost as though you are having an explosion inside and you can't do anything about it.
Physically, mentally down	21.25-26	I was seeing a counsellor at that point as well because I was really, really down
His behaviour threatens career.	26.27	And I nearly got the sack over that.

Suicidal feelings; felt useless, worthless, worn down by verbal onslaught.	40.27-29	I felt I'd got nothing left to live for. I felt worthless. I felt so useless. You know, I really thought that I wasn't any use to anybody anyway so they'd be better off without me
At low point	70.14-15	I was absolutely at rock bottom. I thought I was worthless, deserved it, and... I had very, very little self-esteem.
Negotiating a way through		
Seeking to understanding him		
Longing to touch and communicate.	15.7-8	one of the hardest things about his condition is that he can't stand to be touched
Anticipating his thoughts	15.17-19	And I just have to do whatever he seems to need and it seems like trying to be a mind-reader to work out what he needs, what he wants,
Recognises projection of his bad feelings and ascribing them to her.	38.25-27	he was feeling really bad inside and very angry and hurt and everything and so because of that...everything he said to me was evil, absolutely nasty.
Negotiating a safe passage		
Parrying the blows.	24.13-15	he was trying to hit me and I was going like this stop the blows, then at the same time trying to protect my wrist.
Safety in 'disordered' power structure.	45.28-30	I was squaring up to him, I was making... I was inflaming the situation, making it worse and worse rather than backing off like I knew was the best thing to do
Consequences of walking away	46.2-3	It feels like I'm giving him all the control by walking away but it helps the situation.
Long term survival needs	48.26-27	'Just walk away, your safety's more important than standing up to him', but I know it doesn't help him winning all the time either

Meeting with resistance		
Strong devices to bar free passage.	13.17-20	ended up being three locks on the back of the door and there were two big garden-type bolts at the top and either side of where that original one was
Called a halt.	28.30-31	he punched me six times in a row on my arm and after the sixth time I said, 'That is enough'. And he did stop
Capitulation in face of greater power	49.28	'I've done it. Alright? Are you happy now?'
Inability to enforce engagement with change		
Son remained unchanged.	9.7-10	I was referred to counselling, yes I was seeing a psychiatric nurse who was absolutely lovely but at the same time there was still the spectre of D____ that nothing's changing there
Power and control issues	64.3	I can only have as much influence as he will let me have.
Lack of control over son's will	68.18	with the best will in the world, I couldn't make my son do anything he doesn't want to
Inability to contravene his rights, force his will	68.23	I couldn't force him to go along to that programme
Overcoming		
Seeking effective support		
All for young people, nothing for parents.	2. 29-31 3.1-2	everything concentrates on the young person ...in my experience, ...and there just isn't anything out there except for, 'Do this parenting course, do that parenting course.'
Locating specialist support problematic	20.21	'Why has it taken you so long to get to me?'
Assertive communications to access help.	16.7-8	'You need to push for help, you need to shout as loud as you can for as long as you can'
Many without support	42.10	and there are so many people out there who aren't getting any support

Effect of overcoming upon self		
Finally taking control	55.22-24	I finally feel that I am taking control. I don't have to take this from him and it's taken a long time to get to that stage
Thinking of positives	56.20	think of the positives and for a long time I couldn't think of any at all.
Generating own self-esteem, self-worth	70.17-20	this time, I have been thinking, no I am still worth something. So I think by having the Person Centred therapy, it has helped me to find my own self-esteem, find my own self-worth and I really feel that that was the difference
Taking control, keeping above rock bottom,	70.22-23	this time, instead of me getting absolutely to rock bottom again, I've managed to keep slightly up from there and I'm finally able to take control
Helpful professional individuals		
External locus of judgement of worth, boost to 'self-esteem'. (Directive counselling)	11.30-31 12.2	What has tended to happen during the counselling is that the counsellor has helped improve my self-esteem... made me feel that I'm worthwhile
Understanding professionals	34.16-18	really are absolutely fantastic and there's a lady there who seems to be able to get inside his head
Understanding professionals	51.19-20	they understand him and they are so good with him and they are so good with us as well.
Counselling valuable.	70.26	Every time it had been of value
Needs of parent		
Strength in contact with others who understood	41.29-30	it gave me strength to know there was other people out there
Needs non-judgemental communication.	42.15-16	someone who can understand without looking at you like you've got three heads
Support from authority	50.4	someone's already on their way out.' [Police]

Need to protect others	50.12	at the same time, I needed to protect my daughter
Importance of support	62.27-28	the important thing is to get some support and help- to help these people get through it and come out the other side
Support needs	68.7-9	it's working with the parent, it's empowering the parent, it's lifting that blame from their shoulders, giving them back their self-worth and the self-esteem

Appendix XI – Sorting into themes and super-ordinate themes

Appendix XII

A participant’s table of super-ordinate themes and themes

Themes	Page/lines	Key words
Living with Violence		
Living with violent/abusive behaviour		
Aggressive behaviour	18.18-19	to push me over with it and hit me with it
Frenzied attack on his sibling	13.6	had run amok with a carving knife.
Backlash when restrained	19.16	I was in for it
Threatened suicide	31.9-10	window ledge threatening to let go.
Verbal abuse	39.20-21	I absolutely fucking hate you,’ he said,
Violent attack	44.3-6	hitting me with those and he punched
Child in dominant role		
Child assumes position of dominance	43.31	and he said, ‘You dare’.
Power and control	47.1-2	the power, I’m giving him the control but unless they were in that situation...
Usurping parental authority	47.14-15	‘I’m not backing down for you
Bizarre, different world		
‘Berserk’, frenzied element to son’s behaviour	7.14	D____ had gone berserk
Outside normal experience, different	67.24-25	something that D___ needs that’s different.
CPV is the opposite of everything	58.6	it is the opposite of everything.
Threat to safety		
Safety plan, care of rest of family to be considered.	7.19-20	don’t antagonise him. Don’t get hurt.’
Safety as priority.	46.30	number one priority has to be our safety
Fear of being killed.	47.22	to come through and kill me in the night.
Feeling judged by others		
Fragmenting under misappropriated condemnation and blame.	9.20-21	getting all the tuts and the stares
Feels condemned and blamed by others	11.2-3	all fingers were just pointing at me
Defensive; feels judged and blamed	53.18-21	constantly trying to defend myself,
Unhelpful professional response		
Inadequate professional response	10.8	‘It’s alright, it’ll... everything’ll be ok’
Relentless criticism	11.5-6	can’t you even control your own child
Judgement on ‘all those professionals’	29.19	I call all of them chocolate fireguards.
Anger at incorrect diagnoses.	32.13-14	she couldn’t see it being Autism
Anger at family therapy professionals	32.16-17	all they do is just undermine and undermine.
Text book suggestions of professionals brought hell.	46.21-22	no idea of the hell I had been living with
Glib solutions	60.24	need to do this or you need to do that,

Comparison to domestic abuse

Comparison to domestic violence	28.14	that is what this is
Reference to domestic abuse	59.26	under the domestic violence umbrella
Comparison with domestic abuse	60.6-7	I've had to take my abuser with me

Impact upon self

Distraught, deeply agitated.	9.3	I was just distraught
Physically, mentally down	21.25-26	I was seeing a counsellor at that point as well because I was really, really down
His behaviour threatens career	26.27	And I nearly got the sack over that.
Suicidal feelings; felt useless, worthless, worn down by verbal onslaught.	40.26-27	I felt I'd got nothing left to live for. I felt worthless. I felt so useless.
At low point	70.14-15	I was absolutely at rock bottom.

Negotiating a way through

Seeking to understanding him

Longing to touch and communicate.	15.7	he can't stand to be touched
Anticipating his thoughts	15.18-19	work out what he needs, what he wants,
Recognises projection of his bad feelings and ascribing them to her.	38.24-25	he was feeling really bad inside and very angry and hurt and everything

Negotiating a safe passage

Parrying the blows.	24.13-15	stop the blows, then at the same time trying to protect my wrist.
Safety in 'disordered' power structure.	45.30	backing off like I knew was the best thing to do
Consequences of walking away	46.2-3	walking away but it helps the situation.
Long term survival needs	48.26-27	'Just walk away

Meeting with resistance

Strong devices to bar free passage	13.17-18	ended up being three locks on the back
Called a halt.	28.31	I said, 'That is enough'. And he did stop
Capitulation in face of greater power	49.28	'I've done it. Alright? Are you happy now?'

Inability to enforce engagement with change

Son remained unchanged.	9.10	spectre of D__ that nothing's changing there
Power and control issues	64.2-3	only have as much influence as he will let me
Lack of control over son's will	68.18	I couldn't make my son do anything he doesn't want to
Inability to contravene his rights, force his will	68.22-23	I couldn't force him to go along to that programme

Overcoming

Seeking effective support

All for young people, nothing for parents	2.29-31	everything concentrates on the young person
Locating specialist support problematic	20.21	'Why has it taken you so long to get to me?'
Assertive communications to access help	16.7-8	'You need to push for help, you need to shout as loud as you can
Many without support	42.10	out there who aren't getting any support

Helpful professional individuals

Boost to self-esteem	12.1	the counsellor has helped improve my self-esteem
Understanding professional	34.17	there's a lady there who seems to be able to get inside his head
Counselling valuable	70.26	Every time it had been of value

Effect of overcoming upon self

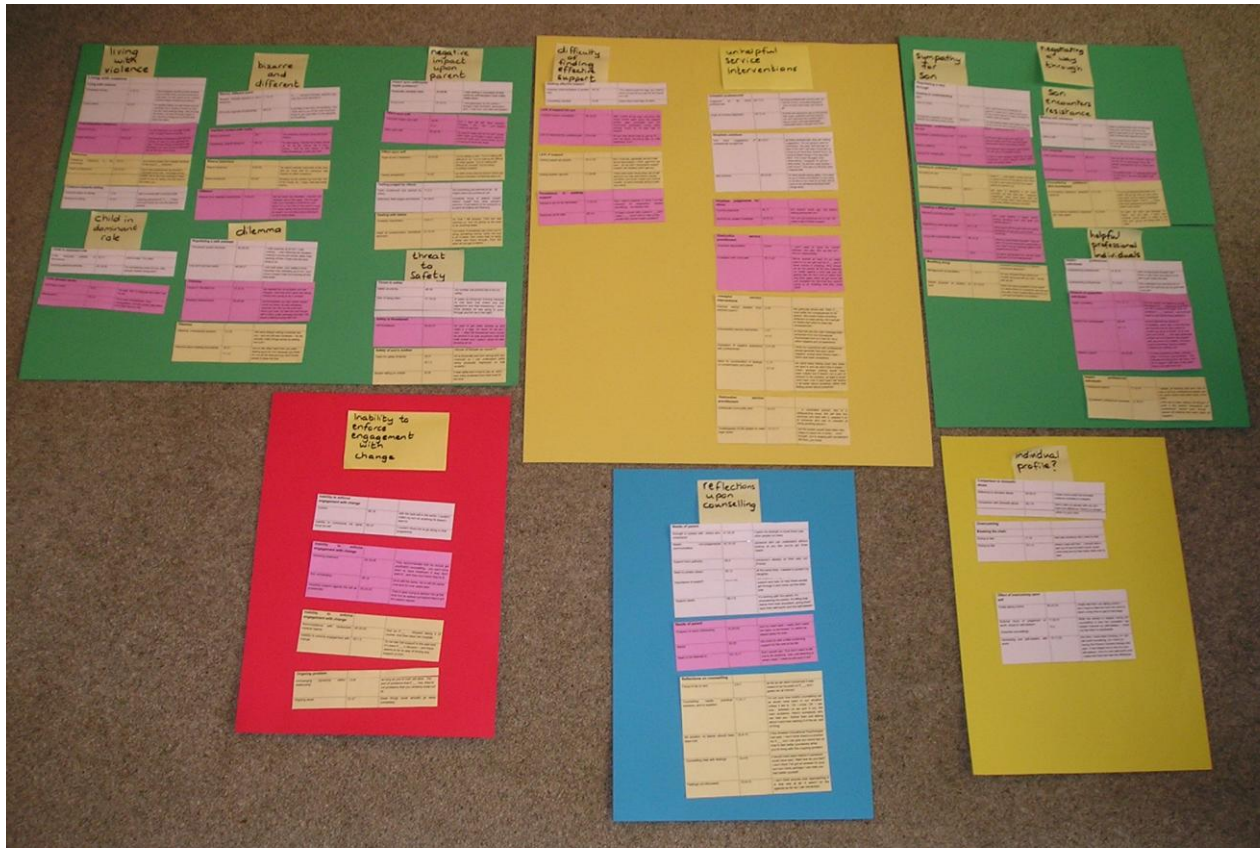
Thinking of positives	56.20	think of the positives and for a long time I couldn't think of any at all
Finally taking control	55.22	I finally feel that I am taking control.
Generating own self-esteem, self-worth	70.18-19	Person Centred therapy last year, it has helped me to find my own self-esteem

Needs of parent

Strength in contact with others who understood	41.29.30	it gave me strength to know there was other people out there
Needs non-judgemental communication.	42.15-16	who can understand without looking at you like you've got three heads
Support from authority	50.4	someone's already on their way out.' [Police]
Need to protect others	50.12	I needed to protect my daughter
Importance of support	62.27-28	the important thing is to get some support
Support needs	68.7-9	it's working with the parent, it's empowering the parent, it's lifting that blame from their shoulders, giving them back their self-worth and the self-esteem

Appendix XIII

Combining themes from each participant.



Appendix XIV

Master table of themes for the group

Focus on living with abuse

Living with violence/abuse	**page/line**
Pauline: he started hitting me with those and he punched me a couple of times as well	44.3
Brenda: 'I feel like killing myself and I feel like killing you' and he sort of shouted this	30.24
Gary: experiences we wouldn't otherwise have had, including having bailiffs call at the door	23.13
Bizarre and different	
Pauline: one of the most important things to get over that it is the opposite of everything.	58.6
Brenda: his behaviour became more and more bizarre	29.1
Gary: he wasn't actually psychotic at the time. But we knew that his behaviour was bizarre	6.25
Threat to safety	
Pauline: my number one priority has to be our safety	46.30
Brenda: I often felt threatened and I would be worried if he was anywhere near the knife drawer	29.30
Gary: he's strong and very muscular so I can understand [her] being physically frightened on that occasion.	18.31
Negative impact upon the parent	
Pauline: I was seeing a counsellor at that point as well because I was really, really down	21.25
Brenda: he used to really rant at me and I would often finish up virtually in tears	62.28
Gary: you get the feeling it must be our fault, you know, we're doing all the wrong things.	3.1

Focus on negotiating a way through

Inability to enforce engagement with change	
Pauline: with the best will in the world, I couldn't make my son do anything he doesn't want to	68.18
Brenda: you can't force them to have treatment if they don't want it... and they don't think they're ill	28.25-28
Gary: it's been P___'s decision – and there seems to be no way of forcing any support on him.	29.3
Seeking to understand son	
Pauline: he was feeling really bad inside and very angry and hurt and everything and so because of that...everything he said to me was evil, absolutely nasty.	38.25-27
Brenda: he'd had a very rough time with his natural mother and then several foster placements which had broken down	3.30-31
Gary: I think P__ was dealt a pretty bad hand of cards in terms of his genes and I think he had a very hard time the four years before he came to us	5.13-15
Dilemma	
Pauline: 'Just walk away, your safety's more important than standing up to him', but I know it doesn't help him winning all the time either	48.26-27
Brenda: we wanted him to succeed, and we thought, well if we don't send him some money he's going to be in trouble	21.9-10
Gary: but on the other hand then you start feeling sorry for him because you think it's not all his fault and you don't know where to draw the line	17.1-2

Son encounters resistance	**page/line**
Pauline: after the sixth time I said, ‘That is enough’. And he did stop	28.31
Brenda: And we told him that it wouldn’t work for him for him to come back home.	36.20
Gary: ‘Off you go. And you can come back when you’re ready to apologise and behave better.’	14.22
Focus on support	
Difficulty of finding effective support	
Pauline: and there are so many people out there who aren’t getting any support	42.10
Brenda: All the help we’ve tried to get for P___ over the years, but we’ve had very few responses. Ever.	73.27-28
Gary: it would be nice to think that people adopting difficult children got some sort of support... In certain areas our experience being, that it’s not there even when you fight for it.	11.1-3
Unhelpful service interventions	
Pauline: she had no idea of the hell I had been living with by trying to put what they wanted me to, by trying to follow things in the way they think.	46.21-24
Brenda: And doctors would say, ‘Oh there’s nothing wrong with him.’	40.17
Gary: we came away feeling lower than when we went in and we didn’t find it helpful.	11.31
Helpful individuals	
Pauline: they understand him and they are so good with him and they are so good with us	51.19-20
Brenda: And the support worker was absolutely great, absolutely super.	47.30
Gary: And that was something else who was very helpful... And she was wonderful	13.1-3
Reflections on counselling needs	
Pauline: it’s working with the parent, it’s empowering the parent, it’s lifting that blame from their shoulders, giving them back their self-worth and the self-esteem	68.7-9
Brenda: And I would say, ‘You don’t need to tell me to do anything. Just, just listening is what I need. I need to just pour it out.’	63.10-11
Gary: it would have been helpful if someone could have said, ‘Well how do *you* feel? I don’t think I’ve got an answer for your son but I think perhaps I can help you feel better yourself.’	33.4-6

Appendix XV Expanded data from master table of themes

Master table of themes for the group		
Living with violence/abuse		
Violent attack	44.3-6	he started hitting me with those and he punched me a couple of times as well and as I was walking away, still carrying his X-Box, he was throwing things at me. He threw things at me all the way down the stairs.
Violent behaviour	30.23-26	And because I refused to give him the money, he was in a real rage and he said, 'I feel like killing myself and I feel like killing you' and he sort of shouted this at the top of his voice.
Impact of behaviour	23.12-14	we've had experiences we wouldn't otherwise have had, including having bailiffs call at the door wanting to take goods to pay for debts, and this time in the police cell.
Bizarre and different		
CPV is the opposite of everything.	58.5-6	it just flies in the face of everything. And I think this is one of the most important things to get over that it is the opposite of everything.
Bizarre behaviour	29.1	his behaviour became more and more bizarre.
Bizarre behaviour	6.25-26	he wasn't actually psychotic at the time. But we knew that his behaviour was bizarre on other occasions.
Threat to safety		
Safety as priority.	46.30	my number one priority has to be our safety
Felt threatened	29.28-31	he used to get really worked up and really in a rage. He never hit me but I was... I often felt threatened and I would be worried if he was anywhere near the knife drawer and I wasn't, when he was shouting at me
Fears for safety of family	18.31	he is physical and he's strong and very

	19.1-2	muscular so I can understand [wife] being physically frightened on that occasion.
Negative impact upon parent/feeling blamed		
Physically, mentally down	21.25-26	I was seeing a counsellor at that point as well because I was really, really down
Effect upon self	62.28-30	he used to really rant at me and I would often finish up virtually in tears, about to burst into tears and I would think, no, I'm not going to burst into tears.
Anger at son's behaviour	16.20-22	You're telling us lies. You're making life difficult for us. You're making life difficult for other people. You're making life difficult for yourself. You're being incredibly wasteful
Feels condemned and blamed by others.	11.2-3	But everything just seemed to be... all fingers were just pointing at me
Felt blamed	3.1-2	you get the feeling it must be our fault, you know, we're doing all the wrong things.
Dilemma		
Long term survival needs	48.26-27	'Just walk away, your safety's more important than standing up to him', but I know it doesn't help him winning all the time either
Caught in the dilemma: sending money	21.9-10	we wanted him to succeed, and we thought, well if we don't send him some money he's going to be in trouble
Dilemma about drawing boundaries	16.31 17.1-2	but on the other hand then you start feeling sorry for him because you think it's not all his fault and you don't know where to draw the line
Seeking to understand son		
Recognises projection of his bad feelings and ascribing them to her.	38.25-27	he was feeling really bad inside and very angry and hurt and everything and so because of that...everything he said to me was evil, absolutely nasty.
Sympathetic understanding for son	3.30-31	he'd had a very rough time with his natural mother and then several foster

		placements which had broken down
Sympathy for son	5.13-15	I think P___ was dealt a pretty bad hand of cards in terms of his genes and I think he had a very hard time the four years before he came to us,
Son encounters resistance		
Called a halt.	28.30-31	he punched me six times in a row on my arm and after the sixth time I said, 'That is enough'. And he did stop
United resistance to demands	36.20.21	And we told him that it wouldn't work for him for him to come back home. We weren't prepared for him to come back home
Encountering resistance; respectful response	14.21-24	'You're not behaving like that in my team. Off you go. And you can come back when you're ready to apologise and behave better.' And P____ came back and apologised and behaved better in the future
Inability to enforce engagement with change		
Lack of control over son's will	68.18	with the best will in the world, I couldn't make my son do anything he doesn't want to
Resisting treatment	28.19-28	They recommended that he should get psychiatric counselling... you can't force them to have treatment if they don't want it... and they don't think they're ill.
Inability to enforce engagement with change	29.1-3	So he has had support in the past and it's been P___'s decision – and there seems to be no way of forcing any support on him.
Difficulty of finding effective support		
Many without support	42.10	and there are so many people out there who aren't getting any support
Lack of response from professionals	73.27-28	All the help we've tried to get for P___ over the years, but we've had very few responses. Ever.

Difficulties specific to adoption	10.31 11.1-3	it would be nice to think that people adopting difficult children got some sort of support... In certain areas our experience being, that it's not there even when you fight for it.
Unhelpful service interventions		
Text book suggestions of professionals brought hell.	46.19-27	all these professionals, they are making suggestions. 'It's not going to work for everybody,' she says. But she had no idea of the hell I had been living with by trying to put what they wanted me to, by trying to follow things in the way they think. This is their thoughts, their observations, I suppose. It's all from texts books. It's all from case studies. I was living it. This was my life they were messing with
Incorrect diagnoses	40.17	And doctors would say, 'Oh there's nothing wrong with him.'
Need for consideration of feelings, not condemnation and blame.	11.31 12.1-6	we came away feeling lower than when we went in and we didn't find it helpful. I mean, perhaps nothing would have been helpful but if there's not a sort of solution to the problem, at least it would have been nice if we'd been left feeling a bit better about ourselves rather than feeling worse about ourselves.
Helpful individuals		
Understanding professionals	51.19-20	they understand him and they are so good with him and they are so good with us as well.
Support in the community	47.28-30	at that point he was allocated a social worker and a support worker and a community psychiatric nurse. And the support worker was absolutely great, absolutely super
Support by individual professional.	13.1-3	And that was something else who was very helpful... And she was wonderful
Personal reflections on counselling needs		

Support needs	68.7-9	it's working with the parent, it's empowering the parent, it's lifting that blame from their shoulders, giving them back their self-worth and the self-esteem
Need to be listened to	63.10-11	And I would say, 'You don't need to tell me to do anything. Just, just listening is what I need. I need to just pour it out.'
Counselling help with feelings	33.4-6	it would have been helpful if someone could have said, 'Well how do *you* feel? I don't think I've got an answer for your son but I think perhaps I can help you feel better yourself.'