Son-to-mother violence in the aftermath of domestic violence: Experiences of sons attending group violence prevention programs

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ABSTRACT

There is growing acknowledgment that son-to-mother violence can occur as part of domestic and family violence (DFV) dynamics. DFV can significantly impact mother–child relationships. This situation is complex because mother–child relationships have different power dynamics and responsibilities than intimate adult partnerships. Recognition of and responses to adolescent-to-parent violence (APV) are inconsistent in service and justice systems, often leaving families under-serviced. There is a dearth of evidence on the effectiveness of programs specific to APV. This article analyses participants' experiences in two APV reduction group programs. Both of the programs focused on encouraging accountability, addressing trauma, rebuilding attachment between sons and mothers, challenging harmful gendered attitudes, and increasing mothers' parenting confidence. We report on a thematic analysis of interviews with 15 sons aged 12–17 whose mothers had experienced DFV from adult male partners. The participants were taken from the two different group programs. Our findings highlight sons': 1) complex needs and trauma; 2) feelings of injustice and shame; 3) uncertainty regarding program aims; 4) connection with other young people; and 5) increased empathy for their mothers. Our findings can inform more responsive policy and practice interventions that engage this vulnerable cohort, address trauma, and prevent future violence.

1. Introduction

This article concerns adolescent-to-parent (APV) violence in the context of previous and ongoing adult-perpetrated domestic and family violence (DFV). It focuses on the perspectives of sons engaged in group programs addressing APV. While we acknowledge that girls can use violence against their parents (e.g., Fitz-Gibbon et al., 2022), this article is focused on sons, as the two group programs in the study only addressed son-to-mother violence.

APV is increasingly acknowledged as a social problem (Baker & Bonnick, 2021). Despite this, there is no agreed definition of APV (also referred to as child-to-parent violence, adolescent violence in the home (AVITH), or filial violence), which has resulted in measurement problems and contradictory findings within the literature. It is agreed that APV is conceptually different from "normal" adolescent conflict with parents due to its harmfulness and repetition (Baker & Bonnick, 2021; Coogan, 2011). To explain conflicting research findings, Ibabe (2020)

proposed a typology categorizing children's use of violence as either: a) offensive; b) defensive; c) affective (impulsive, spontaneous violence in the absence of interparental abuse); or d) situational (minor aggression in situational conflict). In this paper, we focus on "offensive" APV, which is defined as a pattern of abusive actions intentionally used by adolescents to gain power and control over, or cause physical, psychological, or financial harm to parents (Calvete et al., 2012; Cottrell, 2001; Holt, 2011; Ibabe & Bentler, 2016; Williams et al., 2017).

Much of the APV literature is quantitative studies on clinical and criminal justice populations, focused primarily on individual/family characteristics, demographic factors, and overall abuse rates (Cottrell & Monk, 2004). The voices of those impacted by APV are predominantly absent from the literature. Our article seeks to address this gap by reporting on qualitative interviews with sons engaged in two different group programs that address APV.

1.1. Impact of DFV on children and their relationships with mothers

Children are frequently exposed to adult DFV (Holden, 2003; Holt et al., 2008; Øverlien & Holt, 2019) and can be involved: as direct victims; through exposure to violence against their mothers, siblings, and pets; by trying to intervene in the abuse; being caught in the middle of violence directed at mothers; and by being manipulated into participating in the abuse (Bancroft et al., 2012; Dragiewicz et al., 2022; Harne, 2011; Katz, 2016). DFV is a key risk factor for child abuse and neglect and has long-term physical, cognitive, psychological, social, emotional, and behavioral consequences for adolescents (Bryce, 2015).

Adult perpetrated DFV can also significantly impact the mother–child relationship via trauma and disruption of mothers' caregiving systems and children's attachment systems (Evans et al., 2008; Kitzmann et al., 2003; Levandosky et al., 2011; Margolin & Vickerman, 2011; Russell et al., 2010; Wolfe et al., 2003). Evidence suggests the psychological effects of DFV negatively shape mothers' internal representations of themselves, their experiences of motherhood, and their confidence in their parenting abilities (Hooker, Kaspiew et al., 2016; Hooker, Samaraweera, et al., 2016; Humphreys et al., 2006; Kaspiew et al., 2017; Katz, 2015; Levandosky et al., 2011). Some studies suggest that the disruption of mother–child attachment by DFV contributes to the intergenerational transmission of violence (Gabriel et al., 2018; Levandosky et al., 2011). Adult male perpetrators of DFV may try to undermine relationships between mothers and children (Humphreys et al., 2011). Mothers and children are often reluctant to talk about the abuse suffered (Humphreys et al., 2006; Katz, 2015). Negative communication between sons and mothers inhibits sons' abilities to take responsibility for their behavior, impeding non-violent conflict resolution (Lopez-Martinez et al., 2019).

1.2. APV in the context of adult DFV

Previous exposure to adult perpetrated DFV is a commonly proposed as a "potential pathway" to APV (Holt, 2016b, p4). Simmons et al.'s (2018) review of existing APV literature found that approximately 50–80 % of those using APV have previously been exposed to DFV by one parent against another in both community and offender samples. However, authors caution against "the simple explanation of a child's use of violence towards parents by referring to cycle of violence or intergenerational transmission of violence theories on domestic violence" (Coogan, 2018, p 89). We focus on APV occurring within the context of adult perpetrated DFV as the programs in the study only worked with sons and mothers from families that had a history of DFV. In any case, it is problematic to assume a causative link between APV and DFV, rather there is an association. Indeed, many children are exposed to DFV and do not go on to use violence, despite all being traumatised by the experience.

Police data from Victoria, Australia, suggests that in APV cases reported to police, fathers (46.7 %) were significantly more likely than mothers (29.3 %) to have been previously identified as the primary aggressor in family violence incidents (Crime Statistics Agency, 2021). APV that comes to the attention of services and police is gendered, with the majority of APV in clinical and justice samples committed by sons against their mothers (Baker & Bonnick, 2021). Research indicates that boys draw on the widespread normalization of male domination and female subordination to justify abuse against their mothers (Cottrell & Monk, 2004). Cottrell and Monk (2004) identified a pattern wherein sons begin to abuse mothers shortly after the violent father/partner leaves the family home, noting, "[t]his behavior appeared to be influenced by a combination of direct male role modeling, idealization of the abuser, and anger at the mother for 'failing to protect' the family" (p. 1082).

Unlike adult intimate partner relationships, parent–child relationships necessarily involve inequitable power and responsibility (Bettinson & Quinlan, 2020). Parents are legally and morally required to prioritize their children's needs, providing care even when children use violence against them (Holt, 2016a; Lauster et al., 2014; Miles & Condry, 2015. Many mothers do not wish to end relationships with their children due to their emotional bonds (Bettinson & Quinlan, 2020; Condry & Miles, 2014; Larsen, 2018). These issues impact how established DFV theoretical and service models can be applied to APV.

1.3. Responses to APV

Best practice recommendations for APV interventions are sparse due to limited research, the small number of programs to address it, and an even smaller number of program evaluations. Internationally, criminal justice responses are the primary sources of help for families affected by APV, with many services accessed via referrals from justice systems. However, the criminalization of APV is problematic due to the complexity of the adolescents' co-victimization, developmental stage, and legal and social dependency on adults (Bettinson & Quinlan, 2020). In O'Toole et al.'s (2020) UK study, practitioners reported reluctance to engage statutory child protection services in responses to APV, as parents often did not want to see their child removed. Instead, they proposed that solution-focused therapy would allow practitioners to engage with parents and children with less stigma than statutory interventions (O'Toole et al., 2020).

The programs that exist are underpinned by different theoretical and practice approaches, reflecting different beliefs about the factors that cause or contribute to APV (Holt, 2013, 2016b). For example, the American dual parent–child group program 'Step-Up' is based on cognitive-behavioral skill-learning and restorative practices (Routt & Anderson, 2011). Whilst Australian parent empowerment program, 'Who's in Charge?' utilizes solution-focused and strengths-based approaches (Gallagher, 2016). In contrast, the Non-Violent Resistance training developed in Israel is underpinned by a right-based framework and the socio-political model of non-violent resistance (Omer, 2004, 2021). Despite the different approaches of APV programs, there is general consensus that working with adolescents requires different approaches than adult DFV programs (Elliott et al., 2017; O'Hara et al., 2017).

Findings suggest that APV responses should be interdisciplinary (O'Hara et al., 2017), balance the welfare and safety of women and children (Moulds et al., 2016), be holistic, nuanced, and individual family-focused (Miles & Condry, 2015), avoid responsibilization of victim-parents and young people who may use and also be victims of violence (Miles & Condry, 2016), and be located in social service rather than legal systems (Douglas & Walsh, 2018). Regarding program content, Shanholtz et al. (2020) suggest that APV interventions should address the emotional, behavioral, and psychological factors affecting children who use violence, including rebuilding family relationships and addressing barriers to help-seeking.

2. Methods

This article draws on a sub-set of findings from two mixed-method, longitudinal studies that explored the delivery of two son-to-mother violence programs in Queensland. Both studies were underpinned by a constructivist epistemology, which recognises that people actively create and affix subjective meanings to experiences via social interaction (Padgett, 2012). Consequently, the research design was focused on capturing the sons' own perspectives on, and experiences of participating in, the son-to-mother violence programs.

The research design for both studies was similar, and we used the same data collection and analysis approach for the qualitative interviews with sons in both studies. We report on qualitative analysis of the semi-structured interviews with sons who participated in programs to address the research question: *How do sons experience their referral to and involvement in programs addressing son-to-mother violence that occurs within the context of previous adult-perpetrated domestic violence?*

Both programs aimed at reducing sons' violence by addressing joint trauma, rebuilding the mother-son attachment, challenging harmful gendered attitudes, and increasing women's confidence in their parenting abilities. The study focused on Program A was conducted between February 2017 – September 2019, while the study focused on Program B was undertaken between January 2020 – October 2021.

This research does not set out to compare the two programs. Rather the purpose is to examine the experiences of the sons engaged in APV group programs. Nevertheless, the data analysis provided some points of comparison between the two programs. The features of each program are outlined briefly below:

Program A was a 20-week program, delivered by a therapeutic service primarily via joint mother-son group therapy sessions and included a few individual mother-son dyad therapy sessions.

Program B comprises two components. Component One is a 10-week psychoeducation program delivered by a specialist DFV service via parallel mother-only and son-only groups. To be admitted to Component Two of the program, families are re-assessed for eligibility into the therapeutic program, delivered by a child-focused therapeutic service. The therapeutic work comprises a mix of individual and dyad sessions with mothers and their sons, delivered weekly for six months, followed by a six-month step-down phase.

2.1. Recruitment and participants

Recruitment occurred following ethical clearance from Griffith University. All sons eligible to participate in Program A and Program B were invited to participate in the study. Sons were eligible for the programs if they: 1) lived in the program's catchment area with their mother; 2) had an experience of adult perpetrated DFV; 3) were aged between 12–17 years; 4) were using APV; and 5) had no current youth justice involvement. The non-government organizations delivering Programs A and B acted as gatekeepers and distributed the recruitment information to sons and mothers. All of the sons who participated provided assent to participate, and mothers provided guardian consent.

2.2. Participants

A purposive sample of 15 sons aged 12–17 years was recruited. Six participants were from Program A, and nine were from Program B.

2.3. Data collection

Sons were invited to participate in a series of in-depth, semi-structured interviews at the start, mid-point, and exit from the program. Those in Program A could also participate in post-program follow-up interviews. As shown in Table 1, most sons only participated in one interview. Some attrition was expected, particularly given the complex context of the sons' lives.

Interviews were conducted face-to-face by members of the research team. Wherever possible, the same interviewer undertook each interview with the son. Authors A, B and C were involved in data collection. They have PhDs in social work as well as practice and research experience in the areas of domestic and family violence, child rights and socially excluded young people. This combination of research experience and practice skills enabled empathetic engagement with participants, facilitating openness in their communication on this sensitive topic (Gair, 2012).

The interviews focused on events leading to referral to the son-to-mother violence program; current situation and family relationships; views on violence; and experiences of engaging in the program. The team's understanding of domestic and family violence and trauma, in tandem with their commitment to child rights informed the framing of questions and probes used during the semi-structured interviews. The interviews ranged from 15 to 60 min. They were audio recorded and transcribed verbatim. As part of the deidentification process, each participant was allocated a pseudonym by the research team (see Table 1).

2.4. Data analysis

Inductive thematic analysis was used to analyze the interview transcripts. Author A led the data analysis in partnership with Authors B and C. While having similar professional qualifications and research interests, the analysis team brought different experiences and characteristics (e.g., parental status, gender, age, type of direct practice experience) to their interpretation of the data (see Louis & Bartunek, 1992). Initial themes, clustered during analysis by Author A, were discussed and then checked for consistency of interpretation among the research team. Subsequent waves of coding involved developing deeper levels of understanding by categorization of earlier codes into overarching themes and elucidation of relationships between themes. Researchers sought to identify nuances in the themes to ensure that the analysis reflected variations in participants' viewpoints even where there appeared to be strong agreement.

3. Results

3.1. The impact of DFV on the mother-son dyad: Complex needs and trauma

Histories of DFV perpetrated by adult males against their mothers, siblings, and themselves characterized the sons' pathways into the program. Their stories often involved multiple perpetrators, abuse that continued post-separation, and the perpetrator involving them or siblings in the perpetration of violence. Several sons recalled the adult male making them the primary target of violence to control their mother and undermine the mother-son relationship:

> So my beatings were twice as worse, twice as long, with something twice as fucking hard…And that's what my stepdad used to tell my mum, "I'm just helping him be a man. Helping him grow up to be a man – yeah. (Alex – Program A).

Alex's statement shows harmful gendered beliefs used as a justification for violence.

He went on to discuss how his mother's response to this violence ruptured their relationship:

> Do you know what mum used to say? "Take it outside." She didn't want the furniture wrecked. [Then] she cuddles me and this bullshit. Like, "Oh no, I didn't know what was going on with Alex. How the

Table 1
Participants' pseudonyms, number of interviews and demographics.

Program	Participant	Number of interviews	Age	Ethnicity
A	Alex	2	15	Australian
	Andy	3	14	Australian/Indian
	Allan	1	14	Australian
	Brett	1	14	Australian
	Ben	2	16	Australian
	Connor	1	16	Australian
B	Douglas	1	12	Australian
	Jon	1	13	Australian/Dutch
	Kevin	1	13	Australian/Greek Orthodox
	Mike	2	14	Australian
	Noel	1	12	Australian/Egyptian
	Robbie	2	12	Australian/Dutch
	Russell	1	14	Australian
	Rylan	2	12	Australian
	Tim	1	13	Australian/Greek Orthodox

fuck could you not? Dumb fuck. You just told us to take it outside. (Alex – Program A)

Like Alex, several other sons felt their mother either did not or could not protect them from the male perpetrator/s' violence. They felt a sense of injustice that their mother was 'choosing' to be with the perpetrator and allowing the family to experience DFV. For some of the sons, this had negative implications for how they viewed their mothers and female DFV survivors in general.

Sons routinely provided examples of where they felt the perpetrators' actions had jeopardized their relationship with their mother. Some reported that the perpetrator "turned her against me," while others feared the consequences of talking with or comforting their mother when she was in distress. For example, when Alan (Program A) was asked if he had ever seen his mother upset due to DFV, he reported:

Alan: Sometimes. Yeah.
Interviewer: And were you able to talk to her about that?
Alan: Not really. I was kind of scared of my dad.

The impact of the DFV on communication extended to the broader family, with most sons reporting that they could not talk about the DFV in front of siblings, particularly if it was their step-siblings' father perpetrating the violence. Post-separation, sons frequently described their mothers asking them to keep details secret from younger siblings to avoid scaring them with knowledge of the perpetrators' behaviors. For example, one son was asked not to share information with his younger siblings so they would not fear their father during their court-ordered visitations.

Even post-separation sons felt like they were not a priority, as they needed to compete for their mothers' time with other siblings, her employment, and lengthy legal matters related to the DFV and/or separation. Many sons reported their mothers faced multiple competing factors that often rendered them stressed and agitated, "She seems to be stressed and stuff all the time. That's why she's really easy to – like, she gets angry easily" (Ben, Program A).

Like Ben, many sons felt that their mother's stress and agitation negatively impacted their relationship. Sons often linked the DFV with significant and multiple disruptions to their families' lives, particularly concerning financial resources, housing, relationships, and education/training. In a small number of cases sons also reported becoming homeless for short periods due to DFV and APV in the household. Many sons also experienced disruption to education due to suspension and expulsion from school due to conflict with teachers and other students. Such occurrences placed further pressure on the family, such as mothers missing work because they had to supervise their sons.

Sons also spoke of the ongoing impact of the DFV trauma on their mental health and well-being. They identified using coping strategies such as exercise, gaming, art, and for a few of the older participants, alcohol and drugs.

Drunk, high, both… It helps me deal with the shit in my head because for a solid six hours straight, I don't remember shit about my past and it's fabulous … because I have no recollection of any bad shit when I'm drunk … when I'm drunk I'm on top of the fucking world… I have all these coping mechanisms. (Alex – Program A).

Participants who used alcohol and drugs reported that it could escalate tensions with their mothers.

Many of the sons reported enjoying being alone and most spoke of finding ways to isolate themselves from their families and avoid questions about their feelings. One of the sons suggested that actively avoiding discussions about feelings was associated with societal expectations for boys:

Society treats boys like they don't have emotions, so they probably have a lot of emotions but they don't want to say anything…Boys are good at hiding stuff, so if they don't want to share or tell something, they will hide it, and they're good at it. (Jon – Program B)

Jon's comment highlights the pernicious nature of gendered norms for the display of emotions and help-seeking. Some of the older boys talked about how the desire to be alone and not discuss matters exacerbated tensions in their relationships with their mothers.

A lot of the time, I don't know, I'll just get really pissed off or, like, sometimes I'll get upset over something that has triggered me because of something with [perpetrator] and mum… and then she'll ask me "What's wrong?" and I'm, like, "Just don't worry about it," like, and she'll keep going on at me… saying, "What's wrong? What's wrong? I need to know what's wrong so I can help", and I'm, like, "I don't want your help."Like, I do ask first, like, "Can you please just let me be, leave me alone" and she won't, and that's when I start to shout and get angry because I just want my time alone, and she won't leave…. It escalates though. (Andy – Program A).

Similar to Andy, several participants spoke of "escalating" and "getting angry" when they felt "pushed" to engage and that their wishes to be left alone were not respected. These situations were often associated with APV incidents.

3.2. Feelings of injustice and shame

Nearly all sons reported their mother was unaware of the extent of violence they experienced from the adult perpetrator/s. They felt the impact of the perpetrators' violence on their life was not adequately acknowledged, making them feel that nobody, including their mothers, understood them. For example, when asked how he would like his relationship with his mother to be, Ben commented, "Probably someone that understands me. Like a little bit more patient. I don't know, yes, patient. Understanding and patient, and that's probably it" (Ben – Program A). Sons feeling misunderstood, a cause of irritation, or not a priority for their mothers added to feelings of rejection.

For many participants, being told to attend a group program to address their use of violence felt unfair, particularly when the adult perpetrators had not been held accountable for their violence. Participants' feeling that they were being compared with adult perpetrators added to their stigma and self-esteem problems. This feeling was a flash point for anger, further violence, or withdrawal from relationships. Some participants also felt that it was unfair that other siblings who used violence did not have to attend the program:

Mum [sent me]…Probably because my brother kind of needs therapy and she always thought that I was going to be exactly like him and that. So, she probably just sent me here, so I'm not like him. – Jon (Program B)

Despite these feelings of injustice, some sons also shared feeling ashamed of their use of violence against their mothers and siblings:

"When we have to share examples about the abuse that we have dished out in the past, it just makes me feel a bit embarrassed. But I know it's a safe space and everything, but I still feel embarrassed myself because I'm ashamed that I've done the things in the past, and that's one negative thing for me, because I feel ashamed of things I've done." (Mike, Program B)

This excerpt highlights the importance of creating trusting and safe environments for sons to share their experiences, drawing attention to the complex emotions participants felt in response to their use of violence against their mothers.

3.3. Own use of violence and the purpose of the program

In the initial interviews, sons frequently described their use of violence as provoked, verbally or physically, by their mothers:

We were just yelling at each other and push[ing] each other. Because if she [mother] would just push me to the point that I didn't like it, so

I would push her back. Then she'd just say that I was abusing her. Because she pushed me, like, five times, and I pushed her once. (Jon, Program B)

The sons typically described using verbal abuse more frequently than they described using physical violence against their mothers. However, one of the sons believed they had previously used physical violence against their mother because they had seen the adult perpetrator do so:

I didn't really know why I was doing that [using violence against mother] back then, but now I have a fair idea… when my mum's partner got angry, that's how – when I was younger – that developed to teach me how to react when I'm angry. That's what I think happened. So, that's what I think – that's why I thought the physical violence was happening. But just as I've gotten older, and over time, that's what I've thought the cause would have been. (Mike, Program B).

Like Mike, many sons associated their use of violence with feelings of anger and frustration. Only one participant linked his feelings of anger to a deeper sadness:

Yeah, I got so angry, I was crying and I ended up just going upstairs, and I was like, mum, can you please let me in, and for some reason she said no, and I just blacked out in anger, which was really sadness. Before I knew it, my arm was just through a glass door. (Andy, Program A).

A few of the sons also spoke openly about having a diagnosis and associated their anger and violent behaviors with these:

It's basically my personality. ODD [oppositional defiance disorder] is pretty much anger issues…CD [conduct disorder] is pretty much the same thing but, like, a little more complicated. ADHD [attention deficit hyperactivity disorder] is just a lot of complicated stuff. That's pretty much it… The diagnosis has been helpful because it explains a lot, like why I don't like to listen to people and that and why I have a short temper with some people. (Jon, Program B).

Understanding participants' conceptualizations of their violence is necessary for addressing the behaviors and underlying belief systems. This has implications for their perceptions of the need for support to address their behaviors.

They [other group members] didn't really seem to want to be there, and they didn't really seem to want to change. But really, I've wanted to try and change for a long time, and I felt like the group was something that really helped me meet those needs of learning about more how to change. (Mike, Program B).

As shown in Mike's comment above, the sons' motivation for change can also impact upon their engagement in program material.

The sons' understandings of the purpose of the programs varied. However, they consistently reported a lack of understanding of the aims, particularly those associated with reducing their own use of violence. Instead, they predominantly saw the program as recovery from adult DFV. For example, when reflecting on the son-only group sessions in Program A, Connor reported:

The boys-only sessions… I don't know if they themselves have been a bit … or they've experienced domestic violence, so I can't – I don't know what the group's about…It's not clear what it's about and I don't know why the other boys are there. I know why the mums are there, because they've experienced it [DFV] in some way, but I don't know if the boys experienced [it]… (Connor, Program A).

This view was more common for sons in Program A than Program B. Many participants in Program A felt they did not know much about the program before the first session. These respondents advised that their mothers had originally explained the program to them. In contrast, those who attended Program B were told about the program by the youth

worker who engaged in home visits as part of the orientation prior to the commencement of Component One (the psychoeducation group). However, in Program B, sons struggled to identify the purpose of Component Two (therapeutic work with mother/son dyad and/or individual counseling), which was delivered by a different service. Of the sons who had progressed to Component Two, most thought it was about "family management" or enhancing communication with their mothers:

Because the first one was mainly about physical violence, and physical violence isn't really my main problem, it's more communication. And I feel like this one now is about communication, and the previous one was mostly about violence. (Mike, Program B)

As illustrated in the excerpt above, many participants in Program B did not believe that Component One and Component Two were both focused on violence prevention.

Across both programs, most sons indicated that they had come to the group to change and strengthen their relationships with their mothers:

What do I hope about getting out of it? Probably a better understanding of what goes on in my mum's head and what she's thinking and how she feels. To get to know that there are other people that have been in similar situations. That's mainly it…. Hopefully a better understanding of what I'm like. Hopefully she feels more comfortable around other – feels more comfortable around me…. Probably where I can go up to her, say anything, and I can get a truthful and comforting answer, and then so I can do the same for her. (Brett – Program A)

In addition to improving his understanding of and relationship with his mother, Brett's comments express a desire for connection with other young men with similar experiences. This theme is explored in more detail in the following section. A smaller group of participants reported they came to the group to address negative thoughts and behaviors such as "swearing" and "getting angry." Some reported being nervous about having to discuss their anger:

I was nervous to come here because I didn't want to talk about anger and stuff. But then I wanted to, because I know it could help me out in the future. (Robbie – Program B)

Despite his apprehension, Robbie's comment expresses hope that engaging in the program will be beneficial. While participants generally struggled to articulate specific hopes for attending the group, they all reported wanting a future characterized by positive relationships and a lack of violence.

3.4. Connection with other young people

Nearly all participants appreciated that the groups allowed them to meet other young people with shared experiences of DFV and APV. The group environment reduced their sense of "being the only one," allowing them to feel more "normal" and share their experiences with others:

Like, part of me just wants to hear what other people's experience has been like and compare it to mine. I can't even remember, so maybe doing this is like [I'll] remember and then clear it out. (Ben- Program A)

Some of the sons in Program A, which was primarily delivered via combined mother-son group sessions, specifically commented on the environment in the sons-only group sessions:

…the boys' programs are good and I reckon they should have been more of them because you got to talk to them [other sons], not anonymously, but without your parents there, so you could open up better and stuff like that. (Andy – Program A)

Andy's comment shows how sons felt safer talking about their experiences without their mothers present. Some participants built trusting relationships with others in the Program that extended beyond the

group environment.

Similarly, some participants in Program B who had progressed from the group component of the program to the individual/dyad therapeutic component said they preferred the group activities to individual or pair sessions. For example, when asked about the individual therapy sessions, Kevin commented that he preferred being with the other boys because "I just don't really like doing one-on-one work, because there's too much questions and stuff like that" Kevin (Program B). However, one participant preferred individual therapy over group sessions. This suggests that flexible approaches are needed to foster engagement.

While most sons enjoyed connecting with others in the group environment, age differences were a barrier to forming supportive relationships. Boys 14 and over said they found it difficult to discuss topics and form connections with the younger boys in the group:

> They were really young……. Yeah, I thought it would be people my age…Yeah, because I think some of the kids they looked like they would have been nine. (Russell – Program B)

In some cases, older boys were dismissive of the younger boys' ideas and hostile to their questions:

> …a little kid just bitched about the fact that I smoked and he was like, "Oh you shouldn't be doing that" and I was like, "Really? Thanks for your input" and then…I had a photo of some like a pinup kind of model as my background for my home screen on my phone. He saw that and he said, "What would your mother say if she saw that?" It's like, "She wouldn't give a fuck, I'm 16, kid." (Alex – Program A)

In contrast, one participant enjoyed being the oldest in his group:

> It's quite good being the oldest in the group because I kind of – in the young people-only sessions, where it's just me and six of the kids, I have – I'd normally come … try and help wherever I can. I feel I'm kind of treated as, like, a third leader of the entire group sometimes. (Connor – Program A)

However, this quote indicates that Connor still differentiated himself from the younger group members and did not form peer relationships with them due to age differences.

3.5. Increased empathy and understanding

Most participants reported that the programs helped them understand the impact of adult DFV and, to a lesser extent, their use of violence against their mothers and siblings. This helped them better understand some of their mothers' reactions and decision-making.

> I don't know. Probably it gives you a different perspective of what your mum might be [going] through, I guess. It sort of shifts you out of the mindset that she's against you. (Ben – Program A).

Like Ben, other participants reported that increased understanding made it easier for them to blame the DFV on perpetrators rather than their mothers. Several participants also reported increased awareness of how DFV affected their mothers' parenting and efforts to protect them.

Learning about different forms of abuse and their outcomes helped sons reflect on their behavior:

> Well, the physical violence side of things, I've been able to work on that myself, but… the few weeks that we did the verbal abuse, I think that helped me to understand what can really happen when I use the verbal abuse; it can be as damaging as physical abuse…I think the verbal abuse weeks were probably the most helpful for me. (Mike – Program B)

This suggests that the psychoeducational component of the Programs is important in aiding boys' insights into their behaviors and breaking down myths about what constitutes violence.

Participants in both programs reported that they had learned a shared language and strategies (such as the emotional speedometer) to use at home with their mothers. This theme was more prevalent in Program A, where mothers and sons engaged in group sessions together. It appears that having a shared vocabulary of strategies and language for discussing emotions, conflict, and violence supported families to de-escalate events and repair relationships, generally and after specific APV events.

The sons in Program A also reported that the joint mother-son group sessions provided opportunities for shared time with their mothers without distractions. This was important as positive time together was a rare experience for families before the program:

> She does know that I need more attention, and I'm happy that I've got this one day of the week where I can just go out and have my mother to myself, and I wouldn't mind having some more time like that, maybe once a fortnight, where we go out and see a movie, something like that. I've been trying to … but she keeps on saying that she's busy, all that. (Connor – Program A)

No Program B participants commented on shared time with their mothers during the program. This may be because most Program B participants had not progressed to Component Two, the dyad therapy sessions, at the time of the interview.

4. Discussion

This article focuses on participants' experiences in programs that address son-to-mother violence in the context of adult DFV. Our findings highlight the dual positioning of sons as victims of adult violence and users of violence toward their mothers. Sons' experiences of significant trauma and disrupted relationships with their mothers due to adult DFV are central to understanding this duality. Our findings also capture participants' significant guilt, shame, and trauma arising from their use of violence against mothers and siblings. Adding to this complexity were mothers' minimization of the level of violence perpetrated against their sons. Many participants felt unprotected by their mothers, and some saw their mothers as complicit in the abuse.

The high level of trauma experienced by participants in this study was evident in their interviews and the authors' observations of their presentations. Given this, the construct of "moral injury" may serve as a useful frame for understanding the experiences of this cohort in future work (Haight et al., 2017a, 2017b, 2017c).

Moral injury occurs when individuals experience pain arising from events that violate their core beliefs (Shay, 2014), such as children's belief that they should be cared for and protected by parental figures (Ainsworth, 1973). The literature suggests that when moral injury occurs, people may experience intense feelings of "guilt, shame, rage, betrayal, grief, loss of trust and existential crisis" (Haight et al., 2022). For many participants in this study, their relationship with their mothers was the only consistent and secure attachment they had ever experienced. However, sons were unsure how to reconnect safely with their mothers following DFV. Future research exploring the utility of moral injury as a framework for understanding the experiences of sons using APV following DFV could enhance the development of trauma-informed services that are more responsive to adult DFV on sons' and their mothers' relationships.

In order to best support sons who use APV in the context of adult DFV, programs need to acknowledge the genuine injustices they have experienced. For example, our findings caution against approaches that label sons as "perpetrators" or view them as just like adult DFV perpetrators. Many participants felt stigmatized when characterized in this manner. Participants' sense of injustice was exacerbated when they were held accountable for their violence and adult perpetrators were not. Nonetheless, recognition of boys' perceptions of injustice needs to be balanced with strategies that enable them to take responsibility and be held accountable for their use of violence (see Boxall et al., 2020). Our findings indicate that group programs show promise for enabling sons who use violence against mothers to share their experiences with others

while fostering accountability and responsibility. Group programs provide a forum where the challenges of being a young man can be normalized and discussed. Our findings also show that grouping boys with others of similar ages can foster program engagement.

Participants reported a lack of clarity around the purpose of both programs. Many sons thought that the programs were to address their past experiences of adult DFV rather than their own use of violence. This highlights the importance of clear and consistent messaging by practitioners about the purpose of interventions. This becomes particularly important when programs have multiple components delivered by different providers. This reiterates the importance of strong, shared interagency practice frameworks (Children Act Advisory Board, 2009; O'Leary et al., 2018; Ross et al., 2011). Our interviews with mothers and practitioners as part of the larger study (authors, under review) suggest that home visits prior to the commencement of group sessions can be useful for engaging sons and helping them to understand the purpose of APV programs.

Discussions about programs' purpose of addressing APV should be ongoing, with topics and activities explicitly linked to this aim. For example, our findings suggest that young people can misconstrue discussions about communication in the family as absolving them of responsibility for their violence. While communication between mothers and sons who have experienced DFV and APV is important (Lopez-Martinez et al., 2019), caution is needed when delivering such messages to young people to ensure that they do not attribute their violence to the way their mothers communicate with them. This is particularly important given that many of the sons in this study viewed their own use of violence as justifiable or reciprocal. This reiterates the need for practitioners to address sons' understanding of the factors contributing to their use of violence. At the same time, there needs to be a delicate therapeutic balance between acknowledging sons' experiences of injustice from past trauma and problematic parenting and challenging justifications for using violence.

Despite the challenges associated with engaging in APV interventions, many participants in this study shared hopes for more positive and sustained relationships with their mothers and future lives free from violence. APV programs need to harness and mobilize these goals. Our findings indicate that providing supportive opportunities for mothers and sons to engage in activities together can strengthen their relationships. APV programs can provide a space for these opportunities away from the competing demands of daily life.

4.1. Strengths and limitations

Like all research, this study has limitations. This study relies on self-report data, which may not accurately reflect events as they occurred. However, participants' perceptions are essential to understand violence in order to prevent it. Young people from First Nations and culturally and linguistically diverse backgrounds are underrepresented in our sample. While the sample reflects the program demographics, research with specific populations is required to expand knowledge of APV prevention programs and their respective experiences and needs. For example, future research that captures experiences of girls using APV is also required. Despite the limitations, our sample allowed those best positioned to comment on the program to be recruited and address the research questions. This aligns with the social constructionist epistemology of the study. Our findings provide insights into factors that support and hinder sons' engagement in APV programs.

5. Conclusions

More research is needed on sons who have used violence against their mothers in the context of adult DFV. This study addresses this knowledge gap. Our findings provide a compelling account of participants' experiences, revealing their challenges from past trauma while navigating masculine identity, life after DFV, and safe connections with their mothers. The findings highlight the need for trauma-informed services that recognize the cumulative and ongoing effects of adult DFV on sons and the complexity this creates in their relationships with their mothers. Sons must be held accountable for their use of violence without simply labelling them as perpetrators. The use of psychoeducational and therapeutic group programs that allow sons to connect with other young people with shared experiences, as well as opportunities to rebuild their relationship with their mothers, show promise for engaging this cohort.

6. Involvement of humans in research – ethics

This study received ethical clearance from the Human Research Ethics Committee at Griffith University (Program A approval: 2016/298; Program B approval: 2020/428). The ethical clearance for evaluation of Program B was also ratified by The University of Queensland's Human Research Ethics Committee. As per the ethical clearance, the study was carried out in accordance with the Australian National Statement on Ethical Conduct in Human Research. All participants provided informed consent.

CRediT authorship contribution statement

Jemma Venables: Conceptualization, Methodology, Investigation, Formal analysis, Writing – original draft, Funding acquisition. **Amy Young:** Conceptualization, Methodology, Investigation, Formal analysis, Writing – original draft, Project administration, Funding acquisition. **Patrick O'Leary:** Conceptualization, Methodology, Investigation, Writing – review & editing, Supervision, Project administration, Funding acquisition. **Molly Dragiewicz:** Writing – original draft, Writing – review & editing.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The data that has been used is confidential.

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