"Am I Really a Bad Parent?": Adolescent-to-Parent Abuse (AtPA) Identity and the Stigma Management Communication (SMC) Model

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"Am I Really a Bad Parent?": Adolescent-to-Parent Abuse (AtPA) Identity and the Stigma Management Communication (SMC) Model

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ABSTRACT

Applying qualitative data from grounded theory research on adolescent-to-parent abuse (AtPA), we demonstrate the utility of Meisenbach's (2010) Stigma Management Communication model. Originally developed for nonfamily contexts, this model provides an applied framework for studying stigma identity as an interactionist construct in families. Our theoretical explication and analysis of AtPA incorporates stigma, identity, and communication strategies to showcase the utility of this model for future family-focused research.

Adolescent-parent conflict in families is normal and expected (Canary, Cupach, & Messman, 1995), but when it routinely escalates to abusive behavior it is decidedly noteworthy. Adolescent-to-parent abuse (AtPA) is *repetitive* verbal, physical, and emotional harm inflicted by 11–17-year-old adolescents toward parent/s legally and socially responsible for their abuser (Brule, 2007). AtPA may be the most underreported type of domestic violence. In random U.S.-representative adolescent-perpetration surveys, 14–20% of parents reported physical assaults in the past year (Ullman & Straus, 2003), with many more families reporting AtPA verbal aggression (Pagani et al., 2009). As with all family violence, actual victimization is likely much higher than documented (Gallagher, 2004a, 2004b).

Having violated societal expectations for typical parent-child power relationships, AtPA parents, legally and morally responsible for the very children who abuse them, routinely internalize identities denoting poor parenting (Cottrell, 2001). We argue that this combination of interpersonal and social vulnerability leads to a unique type of stigma for these parents. Using the case of AtPA stigma, we illustrate the utility of Meisenbach's (2010) Stigma Management Communication (SMC) model for families managing this—and other—types of stigma.

Constructing AtPA stigma

Goffman's (1959) ideas on communicative performance emphasize *identity* as a situationally enacted, socially informed, symbolic representation of self. By focusing on specific communication messages that create/shape and convey identity, a family understanding of stigma can be seen through people's identification both socially by group-affiliation and personally by their distinction from other groups (Deaux & Burke, 2010). A social understanding of stigma emphasizes *naming*, whereby systemic structures create and help sustain group-affiliations (Reicher, Spears, & Postmes, 1995). Emphasizing both/and rather than either/or identity roles and interactions (see Deaux & Burke, 2010) allows family researchers to use models that incorporate both structural and

interactional components. A primary contribution of our application analysis, then, is demonstrating the utility of such a model for dynamic, systems-based contexts such as found in families.

In social interactions, people are expected to manage self- and group-identities in ways that demonstrate understanding of larger social norms. Families share these understandings explicitly through *identity talk* or implicitly via behaviors to communicate awareness of the social rules influencing their self-construction (Goffman, 1959). This ability to compare and exchange identity-reinforcing information allows people to understand if others view their identities as appropriate or not, with others' response projections internalized into individuals' self-concepts. Ultimately, failure to achieve a situationally understood *working consensus* at a microlevel reveals normative standards at a macrolevel, the primary way by which society determines its in/out members (Goffman, 1959). For AtPA, stigma occurs in the *misalignment* between acceptable and nonacceptable communication in parent-child *and* parent-outsider interactions. In other words, the "abused parent" characteristic is based on family members' communication, whereas the stigma of that characteristic is co-created by recipients and society.

Although most people recognize that all families experience some difficulties (Price, 1996), normative family ideals nonetheless inform family members' definitions of their own roles. A "better than thou" mentality results from societal recognition of differences between families who struggle with abusive adolescents and families who do not. In Eckstein, Brule, and Cherry's (2013) research on public perceptions of AtPA parents, one of the most common themes found was a different-from-me denigration of parents as decidedly "other." Further, abused parents themselves have noted that they not only heard frequent comparison-messages from other parents (e.g., "My child would never do that" or "I'd never let that happen"), but even admitted to personally having these thoughts prior to their own AtPA victimization (Eckstein, 2004).

This perceived-other view of abused parents devalues them via negative attribution processes. We argue that *stigma*—a characteristic threatening identities, communication, and overall well-being of people subject to power-displays through evaluative social interactions—is a narrative lived by AtPA families. The inability for these family members to completely avoid social interactions results in AtPA parents being either *discredited individuals* already known as abused due to gossip, self-disclosure, or legal involvement, or *discreditable individuals* not yet known as abused and seeking to hide the experience so as to maintain an un-stigmatized identity (Goffman, 1963). Due to its specific associations and differential culpabilities, AtPA stigma varies from other interpersonal stigmas by both family experience and management.

Nature of AtPA stigma

Abused parents recognize and often internalize larger societal messages—communicated by professionals and popular culture—surrounding "good" versus "bad" parents (Holt, 2013). "Good parents" discipline and provide structure for their children—proper parental behaviors expected to cause well-behaved, respectful, and morally strong offspring. Stigma of "bad AtPA parents" involves societal attributional labels that they: use improper parenting techniques, are uneducated and uninformed as to healthy parenting skills, and prefer to let children disrespect and abuse, rather than dealing with their problems (Eckstein et al., 2013). These parents are constituted as having "transgresse[d] the 'reciprocality'" of parenting relationships as well as the "normative developmental transitions" framing "expectations of when and how" child-adult roles should be enacted (Holt, 2013, p. 51).

Deviations from expected parental norms produce varying stigma types. AtPA can result in *physical stigma*, ensuing from visible-to-others bodily marks: facial/bodily/task evidence of bruises, depression, inability to concentrate, crying, and lack of sleep (Haw, 2010). *Social stigma* (*tribal* or *cultural*, according to Goffman, 1963), usually associated with group characteristics, may also be a visible form of stigma for abused parents. For example, when queried as to the cause of their altered appearance or mood, parents hide or disclose their "violent family" group affiliation (Holt, 2013).

The *moral stigma* of character deficits, although privately maintained, is ever-present for parents who are seen by self and any knowing others as having failed in their child-rearing and -relationship

responsibilities. Because they must perpetually manage identity-privacy boundaries, moral or character stigmas are particularly stressful for those who try to conceal the problem (Frable, Platt, & Hoey, 1998). Certainly, these types of stigma may also exist for other kinds of abuse victims. However, the societal designation of resources for some victims (e.g., abused women) and not others (e.g., AtPA victims) demonstrates in a very real way the differential nature of stigma for different groups. Society—as shown through the goals of published studies, current laws, and lack of professional recognition/support—has little empathy for parents expected to maintain family control as authority figures (Holt, 2010a, 2013).

The majority of research on AtPA involves quantitative identification of possible causes (i.e., parents' role in their own abuse): parents' marital status (Pearson, Ialongo, Hunter, & Kellam, 1994) or parenting skills (Calvete, Orue, & Gámez-Guadix, 2013; Gallagher, 2004a), family members' psychology (Nock & Kazdin, 2002), adolescents' physiology (DeLange & Olivier, 2004), socio-economic distinctions (e.g., suburban phenomena related to family dysfunction or deviant peer-groups) (Cottrell & Monk, 2004), aspects of social systems (Downey, 1997), and family structure (Contreras & Cano, 2014). Similar to initial wife-abuse research, most AtPA research today frames victims as flawed (Holt, 2013). In this regard, we argue that AtPA victim experiences may resemble the identity stigmas inherent in many, if not all, abuse victims' experiences. However, it is the additional "double stigma" of bad/culpable parent that makes AtPA experiences distinct from other abusive relationships.[1]

Exceptionally, some studies focus on communication patterns that result in abuse (Brule, 2007; Price, 1996). However, few address AtPA victims' "double-victimization"; they are abused by their adolescents *and* subject to ridicule for poor/incapable parenting. Adding poor-parent-accusations received from their own abusive adolescents (e.g., teen's taunts to become a decent parent by "stopping me"), parents may even experience "triple-victimization." However, our analysis focuses on parents' victimization and consequent stigmatization—a double-bind of culpability-management best explored via distinguishing problem- versus outcome-management. In other words, managing AtPA is distinct from managing its stigma.

Failure to stop abuse is particularly problematic in cases where victims are perceived as responsible for their stigma's source, because those with culpable stigmas are expected to change or cope with the blame they receive for their conditions. Weiner, Perry, and Magnusson (1988) found that in addition to felt-responsibility, targets of stigmas societally viewed as controllable/ avoidable are least likely to receive support and often incur others' anger, punishment, and neglect compared to those with "involuntary" stigmas. Thus, it is no surprise that parents who turn to professional support sources—like police, counselors, courts, churches—are offered little helpful advice and/or are judged and ostracized (Holt, 2011). Facing support obstacles, AtPA victims must manage two stigmas: "abuse victim" and "poor parent". Many recipients of domestic violence experience the stigma of victimization; in many ways, AtPA "victim" stigma mirrors the experiences of intimate partner violence. Thus, a key way in which the AtPA situation differs from other abuse types is the simultaneous (along with "victim" stigma), particular stigma of being a culpable, bad parent. Because of AtPA's unique stigma, management strategies typically useful in other contexts may vary in effectiveness when used by parents.

Management of AtPA stigma

Desires to maintain an acceptable public image necessitate that parents deal with the labels assigned to them. Appeasing their abuser is often the final, viable option for parents who feel legally or socially trapped and stigmatized by and for their victimization (Eckstein, 2004). Thus, using avoidant and/or accommodating approaches to manage their abuse (and distinctly, their stigma) may actually contribute to further *achieved stigma* earned via self-reinforcing conduct/beliefs. As such, double-stigmatization as abuse victims *and* as parents of a troubled child (Holt, 2013) may result in a secondary victimization for already abused parents. Managing abuse is distinct from managing the stigma.

Ending AtPA involves different dynamics than other types of domestic violence because of the legal and moral obligations parent-victims have for their abuser-children (Holt, 2010a). Brule's

(see Eckstein, 2004) AtPA research found that during their adolescent's abusive years, parents sought out an average of nine different forms of help with some parents reporting 16 or more distinct, formal help-seeking occurrences including counseling, calling police, conflict strategies, and removing the child from home—all resulting in little to no victimization relief. Exhausted and depressed from the abuse and many failed attempts at ending it, parents no longer able to seek out new strategies have reported resorting, in their latter abuse years, to conflict and communication strategies to "simply manage" (not end) verbal and emotional abuse to prevent escalation to physical abuse (Haw, 2010). Mirroring other types of family victimization, these parents fall into "survival mode," waiting for teens to enter adulthood so they can be legally forced from the home (Eckstein, 2004). After years of abuse and ineffective support from supposed help-sources, some parents acquire a form of learned helplessness and have reported feeling an inability to parent, loss of control, and overwhelming futility (Price, 1996).

A societal lack of understanding about AtPA often results in unfeasible advice frequently offered in unapplicable situations—for example, where children are legal minors. Management advice to victimized parents (see Hollihan & Riley, 1987) typically includes exhortations to "kick the kid out [of the family]," "physically defend yourself," "do tough love," or "just ground them." In fact, research consistently shows abused parents do strive to eliminate this stigmatizing identity at its source; they seek diligently for answers, help, and to implement control over their teenagers (Cottrell, 2005; Price, 1996). Yet, as the abuser reaches later adolescence, parents often give up as a result of previously ineffective attempts resulting in exhaustion and depression.

In cases where AtP verbal, physical, or emotional abuse becomes public, perceptual tendencies exist whereby outsiders reinforce the perceived validity of their stigmatizing by: judging selves in positive comparison: "My children would never act like that"; focusing on the most obvious: the "anomaly" of parents abused by their children; clinging to negative impressions: "Those parents can't control their kids"; and/or misfortune-blaming: "If only they were better parents" (Eckstein et al., 2013). These misperceptions, explicitly and implicitly stated by societal members, contribute to how parents feel about themselves and their ability to parent (Holt, 2011). It is clear that parents, aware of the stigma placed on them, attempt strategies to address the stigmatization and/or its perceived source. However, because of the disconnect between parental- versus societal-views of stigmas' sources, the straightforward management strategies suggested in other contexts (e.g., Frable et al., 1998; Smith, 2007) may not apply in AtPA situations. Further, most research on general stigma management strategies is psychodynamic, an approach that often does not focus on stigma recipients' communication. Certainly, some scholars have expanded on Goffman's (1963) *secrecy-withdrawal-education* personal-management approach to discuss other response options including self-isolation, behavioral compensation to contradict beliefs, avoidance of stigmatizing situations, and favorable comparison-making (e.g., Link, Struening, Neese-Todd, Asmussen, & Phelan, 2002; Smith, 2007). However, models that tend to focus on strategies for people observing/reinforcing the stigma, or the potential stigma-*tizers* may fail to address the individuals actually stigmatized (e.g., protest-education-contact model; Corrigan & Penn, 1999). As a result, although they describe some experiences, most models do not consider dual identities/co-constructed stigmas.

To include all factors at play, a complete theoretical model of stigma management within a family context must include not only relational, interpersonal, individual components of the situation, but also larger structural, social, cultural dynamics involved in negative attributions to families. Due to its consideration of macro- and microlevels of communication dynamics, Meisenbach's (2010) Stigma Management Communication (SMC) strategy model presents interesting possibilities for family studies of domestic violence.

AtPA victims and the SMC model

Whereas stigma as a *social* construction necessitates that its management be largely interpersonal in nature, structural forces cannot be disregarded. To illustrate these dual factors, we assess the utility

of the SMC model using exemplars from existing grounded-theory qualitative research with AtPA parents. After presenting Meisenbach's (2010) model, we analyze and in some cases, re-present the original SMC categories for relevance in this family context.

Supporting data

Sampling and participants

The completed original sample consisted of 20 ($n = 7$ males; $n = 13$ females) European-American parents located in the Midwest who met the criteria of having been verbally, physically, *and* emotionally abused by an adolescent child who was living in the home at the time of abuse. Qualifying parents were initially recruited via personal relationships with the interviewer, then through purposive snowball sampling, and finally, via indirect solicitations in court-ordered parenting classes through a local social worker.

Participants ranged in age from 35 to 55 ($M = 42.00$) years old. These families averaged 3.4 children; 19 of the families only had one child who was abusive. Nine of the participants were in first marriages averaging 25 years in length; nine were in second-marriages averaging 9 years in length; and two participants were divorced at the time of the interview. Thirteen participants had experienced abuse by biological children, five by stepchildren, and two by adopted children. Each of the participants had participated in multiple family counseling programs.

Since the time of the original data set, social network sampling (i.e., participant-referrals, counseling professionals, and college-aged children referring their parents) has continued to be used to recruit parents experiencing AtPA. Consideration of ongoing approval and facilitation from gatekeepers is maintained before contacting potential participants so that no "cold calling" has occurred. Interviews continue to be ongoing ($N = 47$) at this present time, with the same strict criteria as in the original data collection process so that data can be generalizable to a specific population. As a result, basic demographic relationship information remains consistent. Of the additional 27 participants: all only had one child who was abusive; all were in their first ($n = 20$) or second ($n = 7$) marriages; all were abused by their biological children; and all had participated in multiple family counseling programs.

Procedures and protocol

Semistructured, open-ended interviews with AtPA parents were conducted in private locations using retrospective questioning. Before beginning, and again during the interview, the three different definitions of the types of abuse were clearly defined for the participants. Each participant was first asked to explain one incident of each type of abuse episode, as well as other questions that enabled the researcher to understand both the short- and long-term effects of AtPA. This was followed by secondary questions to cover other issues under consideration for the larger study (e.g., "What impact did physical abuse have on you in the short term? Long term? How do you think this affected your relationship with your spouse? With your other children?"). The use of secondary and probing questions helped the participants provide full and in-depth responses resulting in their micro- and macroperceptions of the impact of AtPA both personally, within the family system, and in relation to societal others. A hired professional transcribed the audio-recorded interviews (*Range* = 60–90 minutes), a process yielding 753 pages of 1.5"-spaced data pages.

Analysis strategies

For rigor in the analysis process, a constant comparative method was used, whereby emergent categories were evaluated against other data collected for the project as well as from other studies on AtPA. Data were analyzed in three distinct phases.

First, the transcripts were listened to and read in their entirety to verify the accuracy of transcription, develop an overall picture of the participants' perceptions, and start the analysis process (Huberman & Miles, 1998). According to Owen (1984), themes are identified by recurrence (repeating an idea), repetition (same or related expression of a term), and forcefulness (paralanguage).

Next, using Glaser and Strauss's (1967) comparative method, analyses alternated between analytic induction and deduction (Baxter & Babbie, 2004). The experiences of the participants were compared for recurring themes. For data coding purposes, analytic memos (notes on identified and emerging categories) were written to identify and define themes; subcategories were developed until all the data were classified. The themes that evolved were consistent with issues that emerged in previous studies by AtPA researchers (Cottrell, 2005; Gallagher, 2004a, 2004b; Price, 1996). Analyses moved back and forth between emerging themes and relevant scholarship, allowing the data to guide the reading, and the reading to shape the understanding of the data (Creswell, 1998). Discrepant cases were analyzed inductively, and themes emerged naturally from the interviewees' comments. Current literature on AtPA and written member-checks helped confirm or disconfirm analyses at this stage.

Finally, data were re-examined for the presence or absence of impact themes resulting from AtPA. In this step, the transcripts were read again, looking for any disconfirmation of the analysis and to locate exemplars for a report (Miles & Huberman, 1994). A final member check (Creswell, 1998) was then performed by presenting the conclusions to eight of the participants in written form. These participants confirmed the interpretation and credibility of the analysis and stressed the consistency of these findings, reporting how similar the findings were to their own experiences and stories. Additional interviews conducted subsequently have generated further saturation and thus, support the accuracy of the findings as originally assessed. Subsequent interviews also allowed for deeper and more expansive understanding of the effects of AtPA on all of its victims.

The original SMC model and suggested adjustments

As an "agenda for applied research on how individuals manage moments of stigmatized identity," Meisenbach's (2010) model integrated multiple arenas of stigma research. Ultimately, the model illustrates stigma as co-constructed by both doers and receivers; both participants have a role in how the stigma not only gets internalized, but also how it is dealt with communicatively. Basically, people who are targets of stigma can accept or deny if the stigma itself is valid and exists and/or if the stigma applies to them personally. The total combinations of these perceptions form four quadrants into which fall a variety of specific communication tactics: Challenge versus Acceptance of the "public understanding of stigma", and Challenge versus Acceptance "that stigma applies to self" (p. 278) (see Figure 1).

Although not explicitly identified as such by Meisenbach (2010), the foundations of the SMC typology provide a solid basis for examining both structuralist and interactionist aspects of stigma. However, due to the complexity of family dynamics, we propose minor adjustments when using the model in intimate, family contexts. We found Meisenbach's two functional dimensions nominally unwieldy when applied similarly to both inter- and intrapersonal aspects of stigma. To clarify possible SMC quadrants in a family context and to avoid confusion with the overlap in terms "accepting" and "avoiding" we relabeled the self-relevance dimension as Apply-Reject. Thus, using the original (term-modified) framework, two polarized dimensions result in four management quadrants based on stigmatized individuals': (a) correspondence with society's views of the stigma either (1) *Accepted* as legitimate belief (e.g., "Abused parents are bad parents") or (2) *Challenged* as incorrect social construction (e.g., "Abused parents are not bad parents"), and (b) personal beliefs regarding the stigma's application to their own lives either (3) *Applied* personally to his/her life (e.g., "Yes, I'm an 'abused parent'") or (4) *Rejected* as a self-experienced situation (e.g., "My kid doesn't abuse me").

The resulting quadrants—Accept-Apply, Accept-Reject, Challenge-Apply, Challenge-Reject—each entail different categories of specific communication strategies. Although most of Meisenbach's (2010) management categories are clearly applicable to abused parents, our analysis shows that strategies differ in use-likelihood and effectiveness. We integrate our application and modification recommendations for using the SMC model in family contexts.

	Accept that stigma applies to self	*Challenge* that stigma applies to self
Accept public understanding of stigma (status quo)	ACCEPT-*ACCEPT* Accepting ⬥ Passively (silently) Accept ⬥ Display/Disclose Stigma ⬥ Apologize ⬥ Comfort via Humor ⬥ Blame Stigma ⬥ Isolate ⬥ Bond with Stigmatized	ACCEPT-*CHALLENGE* Avoiding ⬥ *Hide/Deny Stigma Attribute* ⬥ Avoid Stigma Situations ⬥ *Stop Stigma Behavior* ⬥ *Distance Self from Stigma* ⬥ Favorably Compare

Challenge public understanding of stigma (change)	CHALLENGE-*ACCEPT*
	
	Evading Responsibility for
	⬥ Provocation
	⬥ Defeasibility
	⬥ Unintentionality
	
	Reducing Offensiveness of
	⬥ Bolster/Refocus
	⬥ Minimize Source
	⬥ Transcend/*Reframe*
		CHALLENGE-*CHALLENGE*
		
		Denying
		⬥ Simply Deny
		⬥ Logically
		  - *Discredit Discreditors*
		  - *Provide evidence/info*
		  - Highlight logical fallacies
		
		Ignoring/Displaying

Figure 1. Meisenbach's (2010) original SMC model.

Note. We used text-emphases to identify areas we designate for modification (see Figure 2).

"I'm a bad parent": Accept-Apply

Abused parents who accept the poor/bad parent stigma may frame a dominant part of their identities using these labels (Holt, 2010b). The sole SMC category of Accepting, whereby the public understanding of the stigma is both acknowledged as-is and personally internalized (Meisenbach, 2010), frames all the strategies in the Accept-Apply quadrant.

Accepting

For AtPA parents, accepting their stigma can correspond with decreased energy to contradict negative labels (Eckstein, 2004). As such, rather than fighting others' assumptions, many parents *passively, silently accept* by not arguing with others, which is unhelpful for parents' lowered self-esteem, depression, and isolation (Holt, 2013).

Parents who have accepted the public's stigmatizing label may use a second Accepting strategy, that of choosing to *display or disclose the stigmatized attribute* (i.e., their stigma-source, or AtPA characteristic) by attempting to show the severity of their circumstances to those assigning the stigma. These parents still face tensions, uncertainty, and judgments from other parents who have no experience with an abusive teenager (Eckstein, 2004). In most cases, a lack of positive public response to their testimonies often results in further stigmatization of parents, rather than in opportunities to educate the public regarding the nature of the abuse. It is possible that parents disclosing AtPA seek to educate others about the abuse experience, but those wishing to educate society about how AtPA should not be stigmatized embody strategies more appropriately characterized in the Challenge-Apply quadrant, discussed subsequently.

In many cases, a third Accepting strategy—*apologize*—may follow parents' initial disbelief (Jackson, 2003) that the abuse is occurring. This is practiced by many parents who, subsequent to asserting every possible solution-attempt, report being "sorry" they have not been effective. Parents report "if only" messages such as: "If only I was a better parent," "If only I'd held him more as a baby," and "If only I hadn't been a working mom." This communication from abused

Belief about Self-Identity (APPLY/REJECT)

<table>
<tr><td colspan="2">ACCEPT-APPLY</td><td colspan="2">ACCEPT-REJECT</td></tr>
<tr>
<td colspan="2">

⌘ **Accepting**
◇ Passively Accept
◇ Display/Disclose Attribute
◇ Apologize
◇ Comfort via Humor
◇ Blame Stigma
◇ Isolate
◇ Bond with Stigmatized

</td>
<td colspan="2">

⌘ **Avoiding**
◇ Conceal/Rename
◇ Avoid Stigma Situations
◇ Distance Self/De-Personalize

⌘ **Modifying**
◇ Stop/Eliminate Source
◇ Favorably Compare

</td>
</tr>
<tr><td colspan="2">CHALLENGE-APPLY</td><td colspan="2">CHALLENGE-REJECT</td></tr>
<tr>
<td colspan="2">

⌘ **Challenging Efficacy**
◇ Disavow Provocation
◇ Invoke Defeasibility
◇ Reference Unintentionality

⌘ **Reducing Offensiveness**
◇ Bolster/Refocus
◇ Minimize Source
◇ Transcend/Recalibrate
              ← ←

</td>
<td colspan="2">

⌘ **Denying**
◇ Simply Deny
◇ Highlight Logical Fallacies

⌘ **Questioning**
◇ Discredit Discreditors
◇ Evidence Reality

⌘ **Representing**

</td>
</tr>
</table>

Perception of Societal View (ACCEPT/CHALLENGE) (left vertical axis label)

Figure 2. Stigma strategies for family contexts: Modifications to SMC model based on AtPA experiences.

Note. Dimensions of Accept-Challenge Societal Views and Apply-Reject Personal Applicability form four quadrants (e.g., Accept-Apply, Challenge-Apply), each with varying categories (e.g., Accepting, Denying) containing diverse strategies (e.g., Isolate, Disavow Provocation).

parents, seeking forgiveness for perceived parenting failures, reveals expressed desires to yet find fixable underlying causes for their victimization and stigmatization (Holt, 2013). Parents issue apologies not only to themselves, but also to spouses, siblings, grandparents, and others with whom they feel safe disclosing. Although its coping effectiveness is yet undetermined, it is possible that implementing an apology strategy confirms for parents the validity of socially assigned labels (e.g., bad/poor parent) (Haw, 2010). As a result, this strategy also may serve as a behavioral indicator of parents' internalization of their stigmatization.

Although seemingly antithetical to the issue's seriousness, AtPA victims often use another Accepting strategy, *comfort via humor*, to deal with their perceived stigma. Concurrent with expressions of fear and despair regarding possible effects on their families, mothers have reported joking to cope with dire situations (Brule, 2007). Facing thousands of dollars of intentionally teen-destroyed property, parents have uttered jests such as "It could be worse; it could have been my head!" and "I'd planned to redecorate this room anyway!" Humor may allow parents to ease personal tensions while showing others that AtPA entails complexities for which they are poorly equipped to deal and which others are not prepared to understand.

Another Accepting strategy, *blame the stigma* for the negative outcome to their lives, helps parents cope with the difficulties resulting from AtPA. Because others have labeled them bad/poor parents, AtPA victims often argue that "no one cares" or "really understands" what they are going through; as a result, they report feeling "no real options exist" for getting help (Holt, 2011). Statements such as "we've gone to counselors and it made it worse" are used to support abused parents' claims that there is little social or instrumental support available to them; as a result, they blame the bad/poor parent stigma, instead of the abuse/r for their experienced despair. Blaming the

stigma for negative outcomes may allow personal coping via stigma-culpability externalization and thus, protection of self-esteem and social identity.

An *isolate* Accepting strategy may result from parents' inability to leave/end the abuse or to deny the stigma exists. Indeed, as Holt (2013) noted, the societal "impoverishment of language" for abused parents "can exacerbate feelings of isolation that parent abuse already produces" (p. 4)—occurrences that may contribute to long lasting and high levels of depression and low levels of self-esteem for abused parents even after the child has left home (Eckstein, 2004). Examples of isolation identified in AtPA contexts have included eliminating interactive family activities such as family dinners or extended family holidays or even extremes such as physically absenting one parent and the abusive adolescent from other family members (i.e., one parent lives with the abuser while siblings reside in another location with the other parent). Isolation, which includes physical barriers to prevent communication, is a tactic arguably both helpful and detrimental in managing stigma. On the one hand, it provides short-term relief for one parent, helping re-establish his/her identity as a "good" parent with the other children. However, it also serves as a reminder that they are a bad/poor parent if the family cannot be together. Isolation can prevent parents from addressing resulting relational, physical, and mental health issues (Eckstein, 2004). As with all intimate violence, isolation may perpetuate abuse by enabling the emotional-dependency between abuser and victim (Cottrell, 2001).

The final Accepting strategy in the Accept-Apply quadrant is to *bond with stigmatized* others. In cases of other stigmatized identities, public exclusion has led to bonding with similar others (Frable et al., 1998). Unfortunately, this is not the case for abused parents, who are typically reluctant to share their experiences. Few AtPA victims find support groups because they are rare; even with mediated support resources for every other stigma imaginable, little identification exists of and with other abused parents. The few who do find others report unexpected, close confidant-relationships arising among those they never otherwise associated.

The majority of abused parents employ strategies that acknowledge or recognize the stigmatized identity within the Accept-Apply quadrant of Meisenbach's (2010) model. Parents abused by their teens are quick to accept "bad/poor parent" public stigma, unless (or even as a result of) being held legally culpable for the adolescent's behavior (Holt, 2010a).

"Yes, but my situation is different": Accept–Reject

Although some parents apply AtPA stigma both personally and publicly, others illustrate a second SMC quadrant by accepting that society denigrates parents like them, but rejecting that this identity applies to them specifically. Meisenbach originally categorized all Accept-Reject communication strategies as Avoiding, a label we argue does not fully capture shared family life. Thus, we reclassified some of those strategies as Modifying, a category addition discussed later.

Avoiding

When individuals understand their situation is stigmatized by society, but reject personal identification with that stigma construct, they may take steps to avoid the label itself. One strategy to accomplish this is to *conceal*, which is our label for Meisenbach's *hide the stigma attribute*. Concealment involves the use of secrecy, lies, and renaming (Link et al., 2002). A benefit of the concealment strategy is that parents can publicly acknowledge that AtPA exists but avoid placing themselves into the "bad parent" category. In previous research, parents described their abuse episodes as something "to be expected in those teenage years". To conceal visible signs of apparent stigma (discussed by Goffman, 1963), parents may lie when confronted about depression, physical signs such as crying or bruises, and poor concentration behaviors. Alternatively, they may conceal the problem by *renaming*, or saying that physical AtPA signs are due to "having a bad day" or being tired.

To facilitate concealment, parents may *avoid stigmatizing situations* by evading abuse topics conversationally and/or physically leave interpersonal situations to avoid having to blatantly lie or

rename their experience. For example, in families court-ordered to participate in family counseling for AtPA, parents often refused to accurately, fully describe the abuse episodes. Instead, when relaying it to public figures, parents down-played the experience by describing it as conflict merely "gotten out of control"; they talked about less volatile and more "typical" teenage behaviors (Eckstein, 2004; Holt, 2010a, 2010b). In other instances, after police arrived at escalated-to-physical-violence homes, parents reported minimizing their victimization and officially supporting their teen's less-physical account of the episode. Abused parents who avoid stigmatizing situations may opt for privately chosen counseling rather than court-appointed parenting groups—a choice not available to and so more alienating for those without resources. Traditional support sources, if even available, would not be used by these parents.

Another Avoiding strategy is to *distance oneself* or *de-personalize* from the stigma's cause—in this case, the abusive adolescent. In AtPA situations, parents—particularly fathers—have reported working long hours or leaving for work very early in the morning to avoid contact with their teenager (Haw, 2010). Over time, the only contact these parents have with abusers is via spouse's reports. Distancing oneself from the situation and its associated emotions results in remoteness from the entire family. Although it helps parents personally cope with abuse, family costs include alienation, irrecoverable family norms, and emotional detachment (Eckstein, 2004).

Modifying

Whereas the prior Accept-Reject strategies certainly appear avoidant, the latter two strategies categorized by Meisenbach (2010) as Avoiding are not appropriate in the context of AtPA. Instead, we add a second Modifying category to explain the final two strategies in the Accept-Reject quadrant. The *stop stigma behavior* or *eliminate stigma attribute* strategy is rarely possible in AtPA contexts; we argue it is unreasonable to expect this strategy in most family-related stigma contexts. Unless one believes that parents are actually responsible for AtPA victimization, the only way it ends is if the adolescent-perpetrator decides to stop. If this does occur, the public identity of the parent leaps from "bad/poor parent" to that of "superior parent" who is then credited with stopping the abuse.

Although rare, arguably unreasonable to expect of any abuse victim, and not without negative implications for the family, parents' "ending" AtPA is not without precedent. In Brule's (2007) research on communication patterns leading to varied abuse types, parents used some strategies to curtail the abuse (as opposed to the stigma). Namely, refusing to engage the adolescent in any family rules or expectations has ended the abuse in some cases; however, this stop-gap Modifying strategy appears more management- or delay-strategy than actual resolution of the problem. Further, halting the abuse in this manner clearly does not address the stigma itself, which continues as the bad-parent identity then includes lack of discipline and/or caring. Although Modifying strategies are certainly ones most abused parents try to use—probably more to end their victimization than to address the stigma, which is their secondary consideration—it is also the tactic least likely to be successful in overall family contexts.

Whereas certain strategies, such as stopping stigmatizing behaviors, should not be expected in violent contexts unless we resort to victim-blaming, some abused parents *favorably compare* themselves to others in worse situations, in essence modifying the way they perceive their own experience. Those who use an Accept-Reject Modifying comparison strategy may accept society's views as accurate by readily admitting to labeling other abused parents as "actually" poor parents while simultaneously rejecting the notion that the situation applies to them through genuine belief that their own situation is not the same. Many parents reframe abusive incidents by modifying their perceptions; essentially, they emphasize their teen's lack of true intention to hurt, and thus victimize them—a feature they maintain distinguishes them from other abused parents. Even in the midst of the abuse, these parents may say, "We have a very good relationship."

This Modifying strategy often takes the form of "justifying the problem" as adolescent drug or alcohol issues, adverse personality traits, or other psychodynamics rather than abuse problems

(Cottrell, 2001; Haw, 2010; Jackson, 2003). These are often the same characteristics that well-meaning outsiders (e.g., professionals who nominally avoid victim-blaming), identify as AtPA causes (Eckstein et al., 2013). Further study on the efficacy of this strategy is needed to see if parents' "excuses" as to *uncontrollability* (see Goffman, 1963) help them cope by externalizing guilt or manage stigma by disassociating from "abused parent" identity. However, professional diagnoses of teen-perpetrators as flawed due to substance use or psychological symptomology frequently result in parents held responsible for not getting their child effective treatment earlier; in essence, parents are still blamed for their own victimization.

"Until you walk in my shoes...": Challenge-Apply

Another SMC quadrant involves challenging public understanding of the stigma, or that the characteristic should even be stigmatized, while recognizing it includes personal experience. Evading Responsibility for (which we re-label as Challenging Efficacy) and Reducing Offensiveness of the stigma are two Challenge-Apply categories with a number of strategies.

Challenging efficacy

Deferring perceived control of the stigma away from the individual is a category Meisenbach (2010) labeled Evading Responsibility. However, we suggest that the term "evading" is problematic in this context because it implies victims are inherently responsible for the abuse and therefore, the stigmatization. In other words, evasions may only be appropriate SMC strategies in cases where individuals possess the ability to stop the stigma source but do not choose this option. To effectively capture interpersonal stigmas in onset- or continuance-uncontrollable situations, a more appropriate label and the term used henceforth for this category of strategies is Challenging Efficacy of problem-solving attempts.

To clarify, Challenging Efficacy is different from the Accept-Reject category of Modifying, which justifies "the problem by blaming symptomology." Whereas Modifying is typically used by parents who genuinely believe abused parents are "bad" but see their own situation uniquely as not really abusive, parents Challenging Efficacy acknowledge personal victimization *and* refuse to accept violence as a "private" issue with which they alone must deal. Most parents disagree with the perception that they have the ability to simply "stop" the abuse from occurring (Holt, 2010b) and as a result, they argue against bad/poor parent labels.

Most abused parents eventually do acknowledge that the verbal, physical, and emotional behaviors they are experiencing are abusive and abnormal (Brule, 2012; Holt, 2010a, 2010b). However, parents Challenging Efficacy differ from others in that they publicly communicate their help-seeking and abuse management attempts; these parents note that professional resources are unavailable and/or not competent to help in a nonblaming manner. Because their numerous attempts of resolution with different counselors and programs demonstrate active dealings, these attempts permit parents to use Challenging Efficacy strategies in order to challenge their own role in, or *disavow provocation of*, the stigma source: "I use every counseled parenting technique the experts do"; *reference unintentionality*: "No one we tried could help us"; or *invoke defeasibility*: "We couldn't afford more treatment," "Insurance won't cover our 'nonmedical' issue". Parents challenging efficacy believe others will never truly understand, emphasizing that despite counteracting behaviors and their intense investment in problem-solving, they remain alone in facing the issue.

Reducing offensiveness

Closely related to notions of responsibility for the stigma is a second Challenge-Apply category; AtPA parents may use Reducing Offensiveness strategies to manage the stigma itself, if not the abuse. Perhaps in an effort to put culpability for continued abuse on the society that either allows it or does not end it, parents may prioritize publicly addressing the stigma, as opposed to the situation,

in the hope of creating resources and public acceptance and thus, treatment of parents as legitimate domestic violence victims.

Emphasizing AtPA as a valid and persistent problem not tied to parenting skills, one way parents attempt Reducing Offensiveness is via the *bolster/refocus* strategy, whereby they draw attention away from the bad-parent stigma by holding up as examples the other children in their family who are not abusive. Usually, only one child in the home instigates abuse; as a result, when interviewed, parents emphasized: setting rules for all children in the home, styles of rule enforcement, and the achievements of their other children (Brule, 2007). Further, many abusive teens are described—by parents and others—as smart, personable, and highly interpersonally competent with those they choose to engage. Therefore, to these parents, having an abusive adolescent with highly regarded as well as problematic qualities, in addition to their other "normal" children, means they must be doing something right. The positive aspects reaffirm their "good parent" identity and reinforce the view that AtPA can occur in any family.

Another Reducing Offensiveness strategy is to *minimize the problem source* (i.e., the abusive adolescent), particularly in the feature's burden to others. Often, this strategy occurs when parents are either blind to or ignoring the impact of abuse on others—both in and outside the family. Abused parents who practice this strategy when communicating their abuse to others (Cottrell & Monk, 2004; Jackson, 2003) are often so effective at it as an identity management tool that outsiders report surprise at later hearing the seriousness of the abusive situation (Brule, 2012). AtPA hijacks parents' total energy and focus. Thus, parents may be unaware of the family damage—directly abusive (e.g., accompanying sibling abuse) and collaterally in the family system—until years later, if at all. Parents may feel they are protecting their other children by having them leave the room when conflicts escalate, rationalizing that absence of physical harm means damage is not serious. However, siblings of AtPA teens report parents having distorted views of the full family impact—especially during the stressful years AtPA occurred as they grew up together in the same home (Brule, 2012).

A final Reducing Offensiveness strategy is to *transcend* by viewing the stigmatizing experience as valuable in and of itself. Whereas bolstering/refocusing serves to publicly manage the stigma, transcendence can be a more personal, internal management. Abused parents who report being told by counselors that their teen "is better off with you than anywhere else" embrace the child and his/her abuse to ensure his/her future success. Viewing stigma as a "cross to bear," these parents see their stigma as something to endure in order to be an "actually good" parent. For example, parents have reported beliefs that "God gave [them] an abusive child because anyone else would not have stuck with it" or would have "thrown [him] away." Perceived as sacrifice-validation years later, parents report "touching stories" of their teens asking for forgiveness, verbally affirming their parenting, and openly questioning their abuse behaviors. Having survived both abuse and stigma by successfully raising the teen to adulthood, parents *recalibrate*, or change their perspective of the stigma. They finally feel possessed of "ultimate parenting skills," having made, through their longsuffering, the "ultimate expression of love" for their child. For these parents, the stigma is a badge of honor.

"You have no idea what you're talking about": Challenge-Reject

The final SMC quadrant, Challenge-Reject, challenges both the public's understanding of the bad-parent stigma while also rejecting the notion that the characteristic personally applies. We argue that strategies in this quadrant fall under two categories we re-assign as Denying and Questioning (newly distinguished). Parents using Challenge-Reject approaches rely on "rational" (see Meisenbach, 2010) strategies. Meisenbach's original breakdown entailed three logical substrategies: discredit discreditors, provide evidence, and highlight logical fallacies (see Figure 1). However, particularly in cases where a stigma becomes externally known, not all of these strategies can be personal-denial if they truly fall within the Challenge-Reject realm. For example, providing evidence to contradict someone about ones own victim-status would first necessitate a possible disclosure of self-status, which implies the individual has to some extent internalized (which means it is not truly "denied") what

is happening to them—a feature we detail more to follow. As such, we distinguish between logical strategies that reject personal applicability by actually Denying and those that reject by Questioning.

Denying

When asked how they deal with the stigma, abused parents often *simply deny* the understanding others have about AtPA and its accompanying identity. It is important to remember that the SMC model addresses ways to manage stigma; it was not intended to conceptualize all communication processes. Because communication violence researchers assert that abuse or violence is a type of communication message (Cahn, 1996), and because a tenet of communication is that meaning is largely in the receiver, if a parent does not see behaviors as abusive, then they do not accept those incidents as "abuse" (Brule, 2012). It is common for abused parents to not acknowledge their victimization as such, even when deliberately offered the term by others; these parents simply deny that their experience is like others' because of an inability to identify explanatory causes or solutions to their problem (Cottrell, 2001, 2005). These parents challenge not only public definitions of what abuse is (and thus, also challenge any AtPA stigma constructions), but they also simply deny that it applies to them. Importantly, Meisenbach (2010) classified denial strategies as proactive because users "are changing the public understanding of the stigma" (p. 285), albeit slowly. Proactive-ness is particularly exhibited in "logical" strategies.

A logical Denying strategy includes Meisenbach's *highlight logical fallacies* strategy. Because of the low likelihood of encountering similar others or even actually understanding professionals, support systems are lacking. Noted earlier, parent-sought counseling typically occurs with professionals who do not label the problem as abuse, but instead diagnose causes such as ADHD, bipolar disorder, depression, ODD, and drug dependency—of which abuse is symptomized (Eckstein, 2004). Parents may cling to professional diagnoses as credible indicators that they are not truly abused, and thus bad, parents. However, Challenging (versus Accepting) parents have reported offering alternative arguments to contradict others' understandings of the stigma—strategies we label Questioning due to the inevitability of possible forced-display of stigma-status raised when using one's own personal experience—even if not self-labeled as such.

Questioning

We argue that Meisenbach's (2010) remaining Challenge-Reject strategies are not truly "denying" when enacted by AtPA parents. Even if not revealing it is your own experience, revealing knowledge based on "personal experience" necessitates one acknowledge the situation, if not the accompanying stigma, as self-applicable—something not truly Denying in nature. Therefore, we group these strategies in a new Questioning category, as their use necessitates self-acknowledgment—as opposed to denial—of prior experience/knowledge of the stigma source. One SMC strategy we re-classify as Questioning, *discredit discreditors*, occurs when parents interpret stigmatizing statements as made by uneducated/ignorant outsiders. One way parents do this is by undermining the stigmatizer by stating "It's so easy to judge." or "You have no idea what you're talking about." along with examples of rule-setting, consequence-enforcing, help-seeking parents—providing evidence disputing "bad parent" stigma.

Another Questioning strategy is to offer tentative alternative explanations of the situation, or to *provide evidence/info*. This may be done in the form of showing support for these "unidentified other" parents: "I'm sure they're doing their best." or "It's not as easy to solve as it might seem." However, because of societal ramifications for poor parenting, few parents take the initiative to use this strategy to educate others about AtPA. They instead rely on "someone else" to trail blaze this issue. Refusing to reveal or to see their experiences as abuse means these parents do not qualify for studies; researchers and investigative news reporters attempting to publicize AtPA encounter challenges finding willing, cooperative participants (Brule, 2012). Although risky, those who do use an educational strategy to "share" experiences challenging the AtPA stigma may do so without

revealing their own victimization—as in a pseudo-third party approach: "I have a friend..." or "I know someone..."

Representing

A final strategy/category originally grouped by Meisenbach in this quadrant was Ignore/Display, which involves "ignoring statements" about bad/poor parents (presumably "displayed" in cases of observable stigma). However, this strategy "continu[es] to display the stigma" (Meisenbach, 2010, p. 284) and so may not apply to AtPA, particularly in cases where the abuse remains concealable. We question the feasibility of displaying (i.e., continuing to enact stigma attribute) a "poor parent" identity if—as the quadrant's Reject function suggests—the parent does not ascribe to his/her own abuse and consequently, his/her stigma. Parents may be able to ignore what they consider ignorant statements about abuse (but even "ignoring" implies awareness of something to ignore), but we argue that "display" does not accurately capture those situations. The original SMC model accounts for this strategy's "similar[ity] to passive acceptance and accepting display strategies" (Meisenbach, 2010, p. 284), and adds a user's deliberate intention to challenge and educate others about the stigma. Data from parents contradicts a conclusion that they would easily or openly display being abused (Holt, 2013). In fact, if parents were to ignore stigmatizing statements and display, or enact the stigma/provide information about their abuse (perhaps to deliberately educate others?), then they no longer fit the Challenge-Reject quadrant; they have then moved to a Challenge-Accept realm. They can challenge public assumptions that AtPA equates to poor parenting, but they cannot totally deny/reject an experience—even if they do not frame it as abuse—on which they deliberately share personal arguments opposing stigma. For parents who use their own situations to dispute stigma, Representing (e.g., support, champion) may be a better label for this category, which would then fit more appropriately in the Challenge-Apply quadrant.

The SMC model going forward

Future theoretical considerations

Conceptually, Meisenbach's (2010) inclusion of "societal discourses" and "material realities" is a key contribution of the SMC model (p. 277). The resulting quadrants and inherent categories of strategies—largely applicable to AtPA contexts—clearly advance understandings of how abused parents deal with their stigmas. To strengthen the SMC model for family contexts and to enhance AtPA comprehension, we suggest further theoretical considerations.

As we previously discussed, the Challenge-Reject quadrant retains some problems if not refined for context. In family situations, where systems beyond mere dyads exist, a Denial category that includes "display" choices is contradictory; how can one deny (i.e., personal application—that they are not abused and thus, a "bad" parent) something he/she does not personally accept (i.e., challenge societal perception—that all abused parents should be viewed as bad parents)? Further, the Ignore/Display option appears misplaced in its current quadrant, because challenging society's construal of "bad parent" stigma in this manner requires a parent's personal admission that the violent treatment that led to the stigma label *is* actually their abuse. Ignoring implies initial awareness of something we "choose" to not pay attention to, whereas Displaying seems to apply only to apparent/physical, not concealable character stigmas. We recommend further refinement of the Challenge-Reject quadrant (see Figure 2).

Another theoretical concern/opportunity is that although nominally included, outcomes or consequences are given very little explanation or discussion in the SMC model. Are stigma outcomes theorized to differ based on which management strategies are used? Because a primary strength of the model is its real-life applicability, knowing more about strategy-choice implications (e.g., via

proposed usage-consequences for each strategy, as done in this analysis) would provide practitioners with a prescriptive tool to provide relief from stigma outcomes.

Our application and necessary revision of the model to AtPA shows that some SMC strategies are contextually based. Continual development of this model must distinguish stigma types (e.g., moral, physical) and identify which strategies are applicable to different stigmas. Perhaps other, currently unidentified communication strategies are peculiar to specific stigmas. Difficulties in distinguishing management of stigma versus management of a stigma's source (e.g., AtPA abuse) suggest that attempts to deal independently with threatened identities also intersect with source-control/prevention efforts. In other words, although cause-effect may be conceptually separate, in practice, the two are largely intertwined. Finally, SMC strategies may apply similarly to all AtPA parents, but if the parent does not recognize victimization, is he/she really a stigmatized group member? Personal perceptions (whether actually stigmatized or not) may predict which strategies are deliberately or unintentionally used to manage that identity.

Future family research considerations

Family members consistently deal with variability in others' prior experiences, unpredictability in their own and others' personalities, and situational instability. The SMC model provides a large step toward spanning the gap between currently isolated empirical and constructionist approaches to family violence. As such, there are many potential avenues for family researchers to explore—both outside and within the realm of domestic violence.

Due to social, cultural, situational, and personal factors, families experience similar stigmas in diverse ways. Future research must consider the role of perceived onset-controllable versus -uncontrollable traits/experiences. How do family narratives and local/national policies influence behaviors and belief systems of stigmatized families and/or members of society? For example, based on the construction of this stigma both within and outside the family unit, what are the ways discourse surrounding this topic could be addressed? Would approaches to deal with abused parents' own constructions of stigma differ from public campaigns addressing societal understandings?

Although our primary purpose was the application of a specific model to AtPA parent stigma experiences, other areas of focus need to be brought forth. For example, a common question—with good cause—is how does AtPA happen? Although Brule's (2007) contribution detailing the communicative patterns leading up to AtPA interactions provides a starting point for identifying AtPA patterns, further communication research on paths leading to abuse is necessary to avoid typically blame-focused personal variable studies. Knowing if differing forms of AtPA (e.g., physical, emotional, verbal, financial) have different outcomes and effects and identifying different outcomes would also help determine if unique AtPA characteristics exist that make it different from other forms of family violence. How do different physiological/psychological ramifications of abuse influence likelihood of seeking support and/or managing stigma distinct from victimization? Grounding the SMC model in descriptive research provides insight for leaders to understand the *why* and *what* of parents' communicative responses and resulting struggles. However, such insight will not be possible until existing domestic violence theories are specifically applied and measured in the context of AtPA.

In violent families, it is not only the victim who is stigmatized. Parents, children, and relational partners of stigmatized individuals, especially those with conspicuous stigmas, may have to deal with *courtesy* or *associative stigma* (Goffman, 1963). If stigma designates bearer/s as "less valued" and "less competent" than *normals* (Goffman, 1963), then individuals living within an entire stigmatized unit like a family can be expected to experience unique versions of that stigma, with abused parents stigmatized for an other's behaviors they are expected to control, the abusive adolescent stigmatized as an unruly and poorly parented child, and siblings stigmatized by default for being children of poor parents and parts of a dysfunctional family unit.

Because support is a burden frequently expected of family members, AtPA families are stigmatized not only for being members of an abusive family, but also for supporting the victims and/or

perpetrator (Brule, 2012). Siblings often find themselves viewed as culpable and/or emotionally damaged and become hypersensitive to victims' experiences, often overcompensating for an abusive sibling by being the "perfect child" (e.g., extra loving toward parents, overachieving in school/ activities). The results of living with stigmatized "bad" parents in a stigmatized "troubled" home become evident as siblings reach adulthood. Do SMC strategies function differently for those with *courtesy stigma*, such as siblings? Brule (2012) showed siblings' reports of "secret lives" (e.g., acting out in other settings, hidden bitterness/resentment toward the abuser and the parents): as said by one sibling to her mother, "he [abusive adolescent] ruined my life and you didn't stop him." In adulthood, siblings who continued to internalize the stigma of being from a "troubled home" no longer withheld their feelings from parents, which added to parents' guilt—an outcome with insight for siblings managing courtesy stigma. Practitioners could provide specific options to different family members based on individual experiences, because studying family systems highlights member roles in coping—at the time of abuse and late after.

By identifying different forms of AtPA, further evaluation and theoretical application of existing theories could help in the development of AtPA typologies and models. This would also clarify the different roles of micro- versus macrocontributions in terms of not only stigma, but in managing it as well. For example, would parents benefit from a dual approach wherein they manage their personal stigmatization differently from societal denigration? Is coping distinct from impression management or inextricably linked? Although these suggestions go beyond the focus of this article, they are legitimate next steps that would serve to play a large role in filling the gaps in the AtPA research.

Conclusion

We explored a particularly well-suited model with which to explain identity negotiation in/by families. Although originally conceptualized primarily using organizational and health contexts, Meisenbach's (2010) Stigma Management Communication model can—and should—be applied to any scenario in which the identities of family members are challenged societally. Whereas the SMC offers an excellent tool for understanding how AtPA parents communicatively manage their stigma, several strategies in the model perhaps apply better to those who have some control over their stigmatizing status. Ultimately, however, the SMC model provides a practical first step in educating outsiders in their responses to families who have nowhere else to turn.

Note

1. Obvious differences between AtPA and other forms of domestic violence include the perpetrator's legal and social reliance on the victim and the support resources available to victims. A detailed accounting of AtPA/ other domestic violence comparisons is beyond the scope of this analysis; however, both similarities with and differences from other family abuse types reinforce the importance of the SMC model for use in examining stigma divergence/convergence.

References

Baxter, L. A., & Babbie, E. (2004). *The basics of communication research*. Belmont, CA: Wadsworth.

Brule, N. J. (2007). Adolescent-to-parent abuse: Exploring the communicative patterns leading to verbal, physical, and emotional abuse. In B. Spitzberg, & W. Cupach (Eds.), *The dark side of interpersonal communication* (2nd ed., pp. 363–388). Mahwah, NJ: Lawrence Erlbaum.

Brule, N. J. (2012). Adolescent-to-parent abuse: Who are the abusers? Who are the victims? In A. Browne-Miller (Ed.), *Violence and abuse in society: Understanding a global crisis* (pp. 183–203). Santa-Barbara, CA: ABC-CLIO.

Cahn, D. D. (1996). Introduction. In D. Cahn, & S. Lloyd (Eds.), *Family violence from a communication perspective* (pp. 1–19). Thousand Oaks, CA: Sage.

Calvete, E., Orue, I., & Gámez-Guadix, M. (2013). Child-to-parent violence: Emotional and behavioral predictors. *Journal of Interpersonal Violence, 28*, 755–772. doi:10.1177/0886260512455869

Canary, D. J., Cupach, W. R., & Messman, S. J. (1995). *Relationship conflict: Conflict in parent-child, friendship, and romantic relationships*. Thousand Oaks, CA: Sage.

Contreras, L., & Cano, C. (2014). Family profile of young offenders who abuse their parents: A comparison with general offenders and non-offenders. *Journal of Family Violence*, 29, 901–910. doi:10.1007/s10896-014-9637-y

Corrigan, P. W., & Penn, D. (1999). Lessons from social psychology on discrediting psychiatric stigma. *American Psychologist*, 54, 765–776. doi:10.1037/0003-066X.54.9.765

Cottrell, B. (2001). *Parent abuse: The abuse of parents by their teenage children*. Ottawa, Canada: Family Violence Prevention Unit, Health Canada.

Cottrell, B. (2005). *When teens abuse their parents*. Halifax, Nova Scotia: Fernwood.

Cottrell, B., & Monk, P. (2004). Adolescent to parent abuse: A qualitative overview of common themes. *Journal of Family Issues*, 25, 1072–1095. doi:10.1177/0192513X03261330

Creswell, J. Q. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.

Deaux, K., & Burke, P. (2010). Bridging identities. *Social Psychology Quarterly*, 73(4), 315–320. doi:10.1177/0190272510388996

DeLange, N., & Olivier, M. A. J. (2004). Mothers' experiences of aggression in their Tourette's syndrome children. *International Journal for the Advancement of Counselling*, 26, 65–77. doi:10.1023/B:ADCO.0000021550.87868.bd

Downey, L. (1997). Adolescent violence: A systemic and feminist perspective. *Australian and New Zealand Journal of Family Therapy*, 18, 70–79. doi:10.1002/j.1467-8438.1997.tb00272.x

Eckstein, J. J., Brule, N. J., & Cherry, J. (2013, July). *Multi-level stigmatization of parents: Exploring population attributions (biological, familial, psychological) of adolescent-to-parent abuse*. Paper presented at meeting of International Association for Relationship Research, Louisville, KY.

Eckstein, N. J. (2004). Emergent issues in families experiencing adolescent-to-parent abuse. *Western Journal of Communication*, 68, 365–388. doi:10.1080/10570310409374809

Frable, D., Platt, L., & Hoey, S. (1998). Concealable stigmas & positive self-perceptions: Feeling better around similar others. *Journal of Personality & Social Psychology*, 74, 909–922. doi:10.1037/0022-3514.74.4.909

Gallagher, E. (2004a). Parents victimised by their children. *Australian & New Zealand Journal of Family Therapy*, 25, 1–12. doi:10.1002/j.1467-8438.2004.tb00573.x

Gallagher, E. (2004b). Youth who victimise their parents. *Australian & New Zealand Journal of Family Therapy*, 25, 94–105. doi:10.1002/j.1467-8438.2004.tb00591.x

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.

Goffman, E. (1959). *Presentation of self in everyday life*. Englewood Cliffs, NJ: Prentice Hall.

Goffman, E. (1963). *Stigma: Notes on management of spoiled identity*. Englewood Cliffs, NJ: Prentice Hall.

Haw, A. (2010). *Parenting over violence: Understanding and empowering mothers affected by adolescent violence in the home*. Perth, Australia: Patricia Giles Centre. Retrieved from http://patgilescentre.org.au/about-pgc/reports/parenting-over-violence-final-report.pdf

Hollihan, T. A., & Riley, P. (1987). The rhetorical power of a compelling story: A critique of a "Toughlove" parental support group. *Communication Quarterly*, 35, 13–25. doi:10.1080/01463378709369667

Holt, A. (2010a). Disciplining "problem parents" in the youth court: Between regulation and resistance. *Social Policy and Society*, 9, 89–99. doi:10.1017/S1474746409990224

Holt, A. (2010b). Managing "spoiled identities": Parents' experiences of compulsory parenting support programmes. *Children and Society*, 24, 413–423. doi:10.111/j.1099-0860.2009.00255.x

Holt, A. (2011). 'The terrorist in my home': Teenagers' violence towards parents - constructions of parent experiences in public online message boards. *Child & Family Social Work*, 16, 454–463. doi:10.1111/j.1365-2206.2011.00760.x

Holt, A. (2013). *Adolescent-to-parent abuse: Current understandings in research, policy and practice*. Chicago, IL: The Policy Press.

Huberman, A. M., & Miles, M. B. (1998). Data management and analysis methods. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (pp. 179–210). Thousand Oaks, CA: Sage.

Jackson, D. (2003). Broadening constructions of family violence: Mothers' perspectives of aggression from their children. *Child Family Social Work*, 8, 321–329. doi:10.1046/j.1365-2206.2003.00298.x

Link, B., Struening, E., Neese-Todd, S., Asmussen, S., & Phelan, J. (2002). On describing and seeking to change the experience of Stigma. *Psychiatric Rehabilitation Skills*, 6, 201–231. doi:10.1080/10973430208408433

Meisenbach, R. J. (2010). Stigma management communication: A theory and agenda for applied research on how individuals manage moments of stigmatized identity. *Journal of Applied Communication Research*, 38, 268–292. doi:10.1080/00909882.2010.490841

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: A sourcebook of new methods* (2nd ed.). Thousand Oaks, CA: Sage.

Nock, M. K., & Kazdin, A. E. (2002). Parent-directed physical aggression by clinic-referred youths. *Journal of Clinical Child Psychology*, 31, 193–205. doi:10.1207/S15374424JCCP3102_05

Owen, W. F. (1984). Interpretive themes in relational communication. *Quarterly Journal of Speech*, *70*, 274–287. doi:10.1080/00335638409383697

Pagani, L., Tremblay, R. E., Nagin, D., Zoccolillo, M., Vitaro, F., & McDuff, P. (2009). Risk factor models for adolescent verbal and physical aggression toward fathers. *Journal of Family Violence*, *24*, 173–182. doi:10.1007/s10896-008-9216-1

Pearson, J., Ialongo, N., Hunter, A., & Kellam, S. (1994). Family structure and aggressive behavior in a population of urban elementary school children. *Journal of the American Academy of Child & Adolescent Psychiatry*, *33*, 540–548. doi:10.1097/00004583-199405000-00012

Price, J. (1996). *Power & compassion: Working with difficult adolescents & abused parents*. New York, NY: Guilford.

Reicher, S. D., Spears, R., & Postmes, T. (1995). A social identity model of deindividuation phenomena. *European Review of Social Psychology*, *6*, 161–198. doi:10.1080/14792779443000049

Smith, R. (2007). Language of the lost: An explication of stigma communication. *Communication Theory*, *17*, 462–485. doi:10.1111/j.1468-2885.2007.00307.x

Ullman, A., & Straus, M. (2003). Violence by children against mothers in relation to violence between parents and corporal punishment by parents. *Journal of Comparative Family Studies*, *34*, 41–60.

Weiner, B., Perry, R. P., & Magnusson, J. (1988). An attributional analysis of reactions to stigmas. *Journal of Personality & Social Psychology*, *55*, 738–748. doi:10.1037/0022-3514.55.5.738