ORIGINAL ARTICLE

Exploring the subjective experiences of Japanese mothers who abuse their infants and young children: A qualitative study

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ABSTRACT

Objective: This study examined the subjective experiences of mothers who abused their infants and young children. This qualitative inductive study comprised semi-structured interviews with six mothers who received public support to prevent the abuse of their infants and young children.
Methods: We analyzed the results qualitatively and inductively. We summarized mothers' experiences into four core categories: justifying husbands with no intention of protecting their families, internalizing both the crying self and the self who strives to raise the child perfectly, falling into a vicious loop of abuse and having suicidal thoughts, and controlling the vicious abuse loop with the emergence of faint hope.
Results: Our findings indicate that the causes of maternal abuse included the crying self-seeking love, an imbalance from wanting perfection in child-rearing, negative factors regarding the husband, a lack of opportunities to nurture maternal instincts, and the child's behavior serving as the trigger. Mothers in situations of abuse experienced uncontrollable anger, vicious loops of abuse, and suicidal thoughts. Abuse was prevented by the emergence of a glimmer of hope through budding feelings of attachment and various forms of support aiming to control the vicious loop.
Conclusions: Experts' support encouraged mothers to regain control and experience hope.

Key Words: Infants, Young child, Abuse, Mother, Psychology, Qualitative research

1. INTRODUCTION

Japan's total fertility rate has been declining significantly, reaching 1.15 in 2024.[1] In contrast, child abuse continues to increase, with 214,843 cases of child abuse consultations handled nationwide in fiscal year 2022—approximately three times more than a decade ago.[2] In other words, the incidence of abuse is rising sharply. Furthermore, in the 2023 fiscal year, 56 children died due to abuse; of these cases, 44.6% involved infants under one year old, and more than 80% of the victims were under the school age of six years. The main perpetrators—in 23 cases (41.1%)—were biological mothers.[3] In response, the Japanese government has initiated efforts to realize a "child-centered society" through measures such as enacting the Basic Act on Children,[4] and launching the Children and Families Agency to consolidate and enhance children's health, medical care, welfare, and

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education.[5]

Children who experience abuse show a significantly higher rate (54.4%) of abnormalities in neurophysiological tests compared to non-abused children (26.9%), and early abuse has been shown to alter brain development, particularly in the limbic system.[6] Abuse has long-term effects that extend into adulthood, including higher rates of cancer, liver disease, substance abuse, depression, and attention deficit hyperactivity disorder (ADHD).[7] Furthermore, mothers who were abused in childhood are more likely to display behavioral and psychological disorders that negatively affect their relationships with their own children, such as certain personality characteristics and insecure attachment styles.[8] Therefore, breaking the intergenerational cycle of abuse is important to prevent long-term harm to future generations.

Factors leading to abuse include family-related problems, such as a lack of support from the partner[9,10] and domestic violence by the partner.[11] Particularly, domestic violence by the partner can have direct effects on the mother and secondary effects on the children.[12–14] Contributing factors related to the abusing mother herself include unplanned pregnancies, delivery complications such as cesarean section,[3,9,15] low income, and alcohol consumption.[16,17] Use of marijuana or hard drugs[18] can lead to personality disorders, and there are associations with mental illnesses such as borderline personality disorder and major depressive disorder.[19–21] Additionally, studies have reported that mothers who abuse their children have difficulty recognizing emotions in their children, especially negative ones.[22] Mothers in remission from depression show lower sensitivity in mother–child interactions, compared to healthy mothers, which indicates issues with mother–child interaction.[23]

Thus, although numerous studies have investigated factors related to abuse onset and the impact of abuse on children, few studies have investigated the situation from the perspectives of those concerned, such as why mothers consumed in the vortex of abuse engage in abuse and what they think and feel during the abuse. The only studies available were a case study of one mother whose child went into temporary protective custody[24] and a qualitative study that investigated mothers who participated in a post-abuse mother-and-child group.[25] The experiences of the mothers themselves need to be understood to design effective interventions for mothers that can minimize harm to the child.

Objectives

The purpose of this study was to describe the subjective experiences of mothers who abuse their infants and young children and to examine effective forms of support for mothers who are suffering due to abusive behavior.

2. METHODS

2.1 Study design

This is a qualitative, inductive study. The qualitative inductive research technique appears to be a valid means of understanding mothers' subjective experiences as it can conceptualize the true essence of the phenomenon[26] by comprehending the world experienced from the subjects' perspectives and moving from specific to abstract terms through inductive reasoning.

2.2 Definition of terms

Infant and young child abuse: Infant and young child abuse is defined as physical, sexual, or psychological abuse, neglect, or a combination of these, inflicted by caregivers or individuals in a position of power on those who are in a vulnerable physical or social position.[27] We define infants and young children who are not yet of school age. In households with multiple children, at least one abused child must be under school age. In Japan, children officially enroll in elementary school on April 1st of the year following their sixth birthday.

Mother: The biological mother of the abused child. Stepmothers and adoptive mothers were not included to limit the subjects to mothers who had experienced pregnancy, childbirth, and the postpartum period because, in the future, we hope to investigate maternal support by midwives.

Subjective experience: The subjective world experienced by humans through their own feelings and sensations.

2.3 Study participants

2.3.1 *Inclusion criteria*

Our sample included biological mothers who abused their own children who are younger than school age, received support from professionals—such as child welfare workers at Japanese child guidance centers—and gave consent to participate in the study.

2.3.2 *Exclusion criteria*

(1) Subjects meeting the following conditions were excluded: (a) All abused children was of elementary school age or older; (b) The abused child was not the biological child of the mother, such as cases involving stepmothers or adoptive mothers; (c) The mother was unable to communicate in or understand Japanese; and (d) The researcher's involvement was expected to negatively impact the mother's mental state.

(2) Non-exclusion criteria: Subjects were not excluded based on the following conditions, regardless of their presence: (a) The mother has a diagnosed mental illness or substance addiction; (b) The child has a diagnosed mental or physical

illness; (c) The presence of an abuser other than the mother (biological father, stepfather, common-law partner, etc.).

2.4 Data collection and ethical considerations

Since the participants in this study were mothers currently attending child consultation centers in connection with infant and young child abuse, any unintended contact with researchers could cause psychological distress. Accordingly, ethical considerations were given particular emphasis. The following ethical considerations were taken into account during the interview process.

2.4.1 *General ethical considerations in research*

Participation in this study was entirely voluntary, and participants retained the right to withdraw at any time without penalty. They were informed, both in writing and verbally, that non-participation or mid-study withdrawal would not result in any disadvantage, and their personal identities would remain confidential. Written informed consent was obtained from all participants. This study protocol was reviewed and approved by the Research Ethics Committee at Kagawa Prefectural University of Health Sciences (Approval No.31).

2.4.2 *Participant recruitment*

The first and third authors explained the study's purpose, methods, and ethical considerations (hereafter, the "study outline") to the directors of two child guidance centers and obtained their permission to recruit participants. Staff at the child guidance centers selected mothers who met the inclusion criteria. At Center A, staff obtained preliminary consent from the mothers. During the visit, the first author introduced herself, explained the study outline—both verbally and in writing—and obtained formal consent. At Center B, after a group session for mothers (approximately five participants) hosted by the center, the first author introduced herself and explained the study. Only those who agreed to participate remained afterward. At both centers, we obtained consent to participate verbally and in writing, in the presence of staff.

2.4.3 *Building trust with the mothers*

As it is unfeasible to discuss abuse without building trust, we participated as observers in interviews between the mothers and the child guidance center staff, after obtaining permission from the mothers. This approach helped us understand each mother's background and begin establishing a relationship. During the first two observations, we remained silent and observed interviews conducted by child welfare and child psychology staff. In the third session, when the mother had become familiar with us, consent to participate was obtained, and the first author of the study conducted a semi-structured interview in the presence of staff. The interviews lasted from 50 to 90 minutes per person, and the average length was 60 minutes. The first and second participatory observations and interview content were not included in the data. As a result of participating in the first and second sessions, all research participants were relaxed during the final interview that was used for data collection and were able to express themselves in their own words.

2.4.4 *Psychological considerations during interviews*

We conducted interviews in the presence of child guidance center staff to monitor the mother's physical and emotional state and to ensure that the interview was not overly burdensome. Before the interview, we confirmed two key points. The mother was informed that she was not required to discuss any topics she did not wish to address, and this was reiterated if she showed hesitation during the interview. If staff judged that the interview was burdensome or if the mother reported feeling unwell, the session would be halted immediately.

To avoid making the mother feel cornered, we modeled the interview pace and manner after those of the facility's child welfare workers. We consulted with child guidance center staff in advance and requested that they provide the following care. After the interviews were completed, staff would check for any abnormal changes (feeling ill or sick etc.). The next time the mothers came to the center, they would confirm whether they felt a psychological burden and, if necessary, offer any needed support (such as offering a listening ear to mothers and, if necessary, obtaining support from a psychiatrist, mental welfare workers, or clinical psychologists, and watching over mothers for a long time until they calmed down mentally). During the study, no actual instances of adverse events caused by the interviews were reported, such as mothers becoming psychologically unstable, flustered, depressed, engaging in abuse, or complaining about the interview. Throughout the data collection process, the third author, an experienced nursing educator, collaborated with the child consultation center and assisted the first author during interviews, thereby helping to ensure ethical care and sensitivity toward the mothers.

2.4.5 *Interview methods*

A semi-structured interview was conducted using an interview guide. The interviewer listened empathetically, created a comfortable atmosphere, and used backchanneling and brief questions to encourage the mother to elaborate. We audio recorded the interviews with consent. Until we obtained consent, we took notes during the interview, and immediately afterward, we made detailed records based on recollection. The interview guide is shown in Table 1.

2.5 Data analysis

2.5.1 *Case analysis*

The following analysis method was used.

(1) We carefully read the verbatim transcript for Participant A. (2) Participant A's verbatim transcripts were fragmented and all the parts describing the experiential content of Participant A (experiential world including awareness of the outside world, emotions, and thoughts) were extracted. (3) We carefully read (2), gathered and grouped similar semantic content, and expressed the semantic content that it contained in simple sentences. (4) The level of abstraction was increased by repeating this process, and the experiential details of Participant A were expressed as codes. (5) Analysis steps (1) through (4) were also implemented for Participants B through F.

Table 1. Summary of the characteristics and findings of included studies

Interview issues
1. Demographic data
・Age, occupation, family composition.
2. Feelings over the period from learning of the pregnancy until childbirth
・How they felt when they learnt that they were pregnant with their child.
・Whether, while engaging in child-rearing, they recall when their child was born.
・How they felt when they first held or breastfed their child, etc.
3. Mothers' feelings about their child-rearing from birth until present and until they started engaging in abuse
・Their thoughts on breastfeeding.
・What has been the most challenging thing in child-rearing for them since hospital discharge until present?
・Around when did the discipline (abuse) of the child start and what thought processes led to it, etc.

Note. Based on the interview guide, we listened to mothers without negating anything that they said; To preserve the relationship with the researchers, the fact that abuse was becoming more prevalent in general was explained to them. The term "abuse" was not used in conversation. We attempted to grasp the state of their abusive behavior by delving deeper into what they were saying

2.5.2 *Overall analysis (Category generation)*

(6) We reviewed the codes extracted from all cases and grouped together similar meanings from the mothers' perspectives. We expressed these meanings as subcategories. (7) Using the same process, we achieved higher levels of abstraction by generating subcategories and main categories from the lower categories.

2.5.3 *Overall analysis (Conceptual diagram generation)*

(8) We arranged subcategories and categories and examined their interrelationships from the perspective of mothers who engaged in abuse, to create a diagram that explains the subjective experience of mothers who abuse their children. We then named the core categories. (9) We cross-checked the analysis with the original transcripts and codes from each case to ensure that the diagram accurately reflected the mothers' subjective experience.

2.5.4 *Ensuring credibility and validity*

The first author, who was a postgraduate student in a doctoral program, performed the analysis. The entire analysis process from reading over the verbatim transcripts of all of the cases to conceptual diagram creation was performed together with the second author, who was a supervisor of the doctoral program, to ensure validity of the analysis results. The second author has 35 years of experience in qualitative research and has overseen multiple doctoral theses using a qualitative research design.

3. RESULTS

3.1 Overview of the study participants

The six mothers who were interviewed were in their 20s to 30s. All were part of nuclear families, with husbands in full-time employment, and each had two or three children. None of the participating mothers had a diagnosed mental illness, substance addiction (e.g., drugs or alcohol dependence), or physical illness. However, three mothers had children with disabilities: one diagnosed with epilepsy, one with autism, and one suspected of having a developmental disorder. Detailed characteristics are presented in Table 2. The direct reason leading to the mothers coming to the child guidance center was unknown. However, at the time of data collection, all the mothers regularly received counseling from either a child welfare officer or child psychologist. The child guidance center conducted not only individual counseling that encouraged mothers to reflect on and learn how to control their abusive behavior, but also counseling on how families with a child with developmental problems could interact with that child. It also provided opportunities for peer support

where parents could engage in group discussions and learn how to control their emotions. Only the four mothers who went to child guidance center B participated in peer support as this support was not offered at child guidance center A. Although child guidance centers have the right to separate a mother from her child if it is determined that the child's life is in danger, such rights were not exercised during any of the interviews and the mothers continued to live with their children.

3.2 Subjective experiences of mothers abusing infants and young children

The subjective experiences of mothers who abused their infants and young children were organized into three analytical components: 1) four core categories, 2) a conceptual diagram illustrating the relationships among these categories (see Figure 1), and 3) narrative storylines that elaborate on the conceptual framework through participants voices. Four core categories were identified: (1) Justifying Husbands with No Intention of Protecting Their Families; (2)Internalizing the Crying Self and the Self Who Strives to Raise the Child Perfectly; (3) Falling Into a Vicious Loop of Abuse and Having Suicidal Thoughts, and (4) Controlling the Vicious Abuse Loop and the Emergence of Faint Hope. These core categories were distilled from a comprehensive coding process involving 18 categories, 51 subcategories, 110 lower-level categories, and 321 codes. Table 3 presents the full taxonomy of categories, subcategories, and lower-level categories, along with representative participant narratives. The storyline, with "me" as the subject, is presented below. In the text and Figure 1, square brackets [] indicate the corresponding category numbers.

3.3 I. Justifying husbands with no intention of protecting their families

Marriage began like a fairytale, but the husband had no intention of protecting the family, me, or the children [1]. He hit the children when in a bad mood and treated them differently depending on the child [2]. Although I wanted to protect the children from his abuse, I had to side with him to protect myself [5]. In addition, the husband who had no intention of protecting the family [1] also prioritized his own enjoyment over my well-being during pregnancy and made me work hard [3], and despite our financial struggles, forced sacrifices on me [4]. This led to significant stress, and because no one understood my suffering under his tyranny, I ended up abusing the children myself while still depending on him [6].

Table 2. Summary of the participants

Case	Age	Occupation	Family structure
A	30s	Part-time worker	Husband, 8-year-old boy, 10-month-old girl
B	30s	Full-time homemaker	Husband, 6-year-old boy, 4-year-old girls, 2-year-old boy
C	20s	Full-time homemaker	Husband, 6-year-old girls, 3-year-old girls
D	30s	Full-time homemaker	Husband, 7-year-old boy, 1-year-old girls
E	20s	Full-time homemaker	Husband, 4-year-old girls, 1-year-old girls
F	30s	Part-time worker	Husband, 5-year-old boy, 3-year-old boy

3.4 II. Internalizing the crying self and the self who strives to raise the child perfectly

Due to the harsh discipline and lack of love I experienced as a child, I had ambivalent feelings toward my own mother [7] and continue to carry within me a crying self, a self who wants to be loved, and a self who is unable to love my own child [8]. This internal struggle [8] made me cling more tightly to my husband, who didn't care for me [6]. Owing to the appearance of a fairytale-like married life and past childbirth experiences that hindered the nurturing of maternal affection [9] and absence of my husband's support [6], I felt crushed by the burden of child-rearing placed upon me [10]. Since I harbor a crying self, a self who wants to be loved, and a self who is unable to love my own child [8], I felt crushed by the pressure [10] and became trapped in a cycle of perfectionist child-rearing [11]. Then, due to low self-esteem, I maintained my pride by comparing myself with others and sought praise through my child's achievements [12].

3.5 III. Falling into a vicious loop of abuse and having suicidal thoughts

Since I was trapped by perfectionist child-rearing [11], I found that my children's behavior triggered intense irritation [13]. This activated my abuse "switch." Once the abuse

switch was activated, I lost control [14], and although I regretted my actions once I regained composure, I couldn't stop the switch the next time, creating a continuing vicious loop [15]. This led to self-blame, self-loathing, and suicidal ideation [16].

3.6 IV. Controlling the vicious abuse loop and the emergence of faint hope

Even within the ongoing cycle of abuse [15], I was able to regain a degree of control over the vicious loop through professional or community support and personal effort [17]. Although I continued to experience self-blame and suicidal ideation [16], a small glimmer of hope or emerging affection between me and my children helped me resist the impulse to engage in abusive behavior [18]. Nevertheless, I have no choice but to rely on my tyrannical husband, and I too end up continuing to be abusive [6]. The cycle persisted.

4. DISCUSSION

Through qualitative inductive analysis, this study presents the narratives of mothers who have abused their infants and young children, organized into four core categories and a conceptual diagram. These categories reflect the mothers' experiential world from their own perspective, offering subjective facts grounded in lived experience. As supporters and practitioners, we must treat these subjective accounts as valuable evidence to inform nursing practices aimed at preventing maternal abuse. Drawing on both the mothers' narratives and the author's interpretive commentary, this discussion examines the psychological mechanisms that lead mothers to abuse, the emotional landscape of those caught in abusive behavior, and the factors that may interrupt the cycle. This approach seeks to uncover the essence of maternal abuse from the perspective of those who perpetrate it. Based on these insights, we then consider what forms of support may be most effective in preventing maternal abuse and promoting the healthy development of children. In the following text, bracketed numbers [] and angle brackets ⟨⟩ indicate the corresponding category and subcategory numbers, respectively. This is done to clearly articulate the research results (mothers' subjective facts) despite space limitations. For category details, see Figure 1 and Table 3.

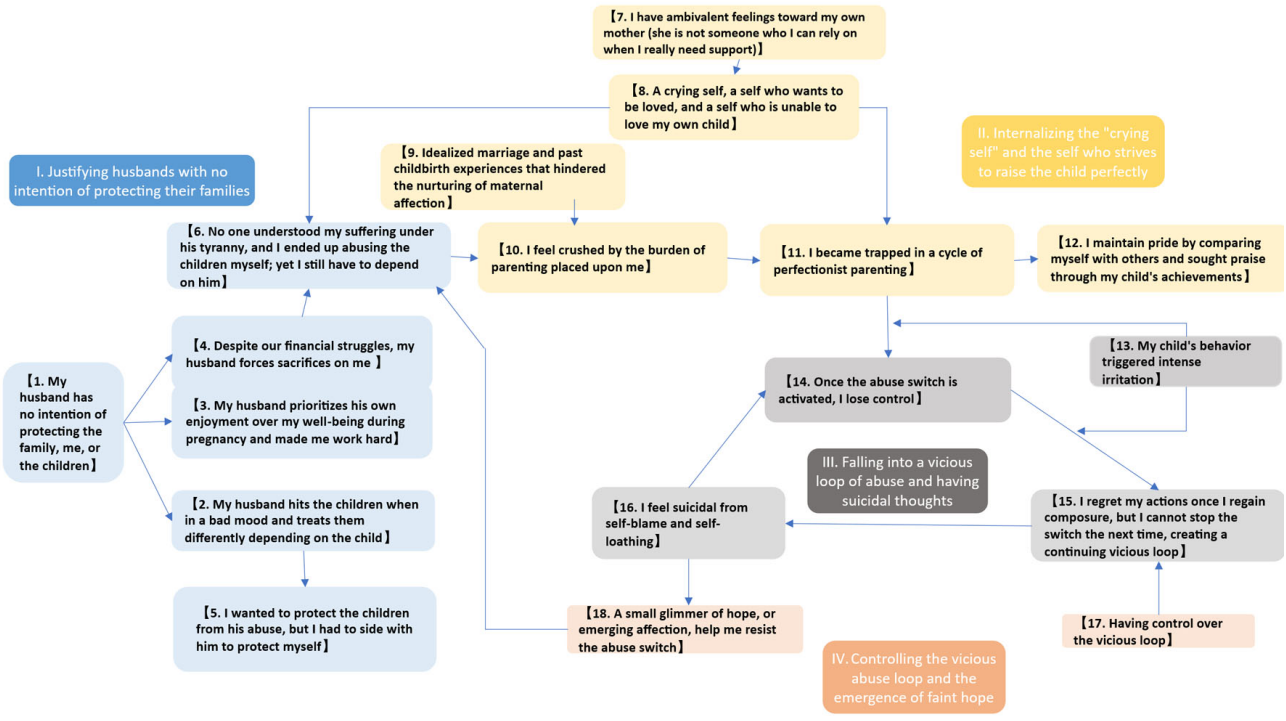

Figure 1. Conceptual diagram illustrating the subjective experiences of Japanese mothers who have engaged in infant and young child abuse

Table 3. List of core categories, subcategories and low categories

[Category] <Subcategory>	Lower category	*Representative Participant Narratives by Category*
[1. My husband has no intention of protecting the family, me, or the children]		
<1. My husband is a victim of abuse>	. My husband is also a victim of abuse and was strictly raised by his biological mother, which is why he quickly resorts to violence.	
<2. My husband prioritizes himself and has no intention of protecting the family, the children, or me>	. He prioritizes plans with his mistress over our child's events. . He finds married life tied to childcare stifling and seeks a freer lifestyle. . Even when I was suffering from a threatened miscarriage or struggling with childcare, he prioritized gambling. . He threw our child because he said the spit-up was dirty, so I had to step in to prevent the child from choking.	*"As my husband works, he meets other women (other than me) and he goes out to spend time with his single male friends from work, feeling that he is a single guy himself. Apparently, he felt that 'Why can they go out to have fun when I can't go out to have fun?' and 'I can't spend my money freely' and he just said all of this directly to me."*
<3. My husband is more focused on the child than on me, and I feel that our marriage is already over>	. He doesn't listen to me at all and forces his own opinions on me. . He loves our daughter more than me, has no affection for me, and rarely visited me even after my C-section. . He only finds our daughter adorable and treats me as dispensable, but since he can't handle caring for her on his own, he needs me.	
[2. My husband hits the children when in a bad mood and treats them differently depending on the child]		*"As it (the fever of their older child from a previous marriage) was due to tonsilitis and therefore couldn't be passed on (to the younger child from her current marriage), my husband got in a really bad mood and was like 'You must have passed it on!' (to the older child)… Even though my older child was still feeling unwell… and despite that he was treating them (the younger child) like a precious princess and that was so hard."*
<4. When in a bad mood, my husband would verbally and physically abuse the child>	. When he is in a bad mood, my husband verbally and physically abuses the child.	
<5. He shows different degrees of affection toward the children and quickly hits the ones who don't behave as he wishes>	. He treats our children unequally—one like a princess, and the other harshly, even when the latter did nothing wrong. The disparity in his treatment of them is extreme.	
[3. My husband prioritizes his own enjoyment over my well-being during pregnancy and made me work hard]		*"It seemed like my labor pains had started and I told my husband, 'It hurts.' However, he was watching a special edition comedy program right at that point and he was laughing out loud. I tried to tell him 'It really hurts,' but he wouldn't believe me. I heard later that my mother-in-law also thought, 'She's just exaggerating as usual.' There was nothing that could be done, so I called the hospital myself. Once I got to the hospital, I really couldn't walk. When I crouched down in the hospital corridor and said that I couldn't walk, my husband kicked the wall and said things like, 'I brought you all the way here – walk!'."*
<6. My husband completely dismisses my parenting views>	. He doesn't understand the difficulties or my particular approach to parenting and denies my views entirely.	
<7.Even while I was in labor or at risk of miscarriage, he forced me to push myself and made me work hard>	. When I was in labor, he mocked me, calling me a monster, and told me to walk to the hospital, showing no understanding of the pain I was in . Even though I quit my job following the doctor's orders due to threatened preterm labor, he still overworked me at home, and I couldn't rest physically.	
<8. Even when I was suffering from labor or threatened miscarriage, he hated having his routine disrupted and prioritized his own enjoyment>	. Even when I asked him to take me to the hospital during labor, he prioritized his bath, and when told it might take time before the baby was born, he kicked the wall. He hated having his pace disrupted, even during labor. . Even though I was grieving a threatened miscarriage, he still prioritized gambling.	
[4. Despite our financial struggles, my husband forces sacrifices on me and my children]		*"They weighed my child at the pediatrician's office and I was shocked when they told me, 'Your baby is only putting on 5 grams of weight per day.' We had financial problems, and I didn't even have enough money to buy infant formula, so I was just breastfeeding all the time. However, my husband would eat so much. I would make 1.5 kg hamburgers for him. There would be nothing left over from dinner (i.e. anything left over had to be put in the next day's lunchbox) and then there was breakfast, and I had to make his lunchbox. Even thinking about it makes me exhausted."*
<9. Due to financial hardship, I couldn't take proper care of my body and had an abnormal pregnancy experience>	. We were so poor that I couldn't go to prenatal checkups during pregnancy, had to endure hunger during morning sickness, and couldn't afford a taxi during labor, forcing me to wait until morning. I couldn't have a normal pregnancy.	
<10. We were financially struggling, and I had no choice but to work despite the hardship>	. His income wasn't enough for us to live on, so I had to work even though I was pregnant.	
[5. I wanted to protect the children from his abuse, but I had to side with him to protect myself]		*"When my husband gets mad, he literally explodes with violence. At one point, our marriage wasn't going very well, and my husband lifted his hand against our eldest son in a way that made me feel like 'this is abuse.' Although sometimes I would say, 'What are you doing?' and try to stop him, I have also been a target of my husband's violence so I was scared that, if I tried to protect my child, he might turn on me. My husband is scary when he is angry. So, I started to feel like maybe it was a good thing for my child to have an image of a 'father who is scary' when my child is scolded."*
<11. I became accustomed to and began agreeing with my husband's abusive way of thinking>	. His family believed that scolding and even corporal punishment were normal parenting practices. . At first, I tried to intervene, but eventually I began to think that hitting might be okay to present a strict father figure to the children.	
<12. I grew frustrated with myself for not stopping his abuse out of self-preservation. I thought about sending the children to a safe facility but was too afraid of his violence.>	. Seeing my children not resent me, even though I couldn't protect them from his violence, filled me with guilt and broke my heart. . I began to think it might be safer to place the child in a facility than keep them at home. . Although I was angry that he treated our children unequally, I couldn't speak out because I was trying to avoid being the next target of his violence.	
[6. No one understood my suffering under his tyranny, and I end up abusing the children myself; yet I still have to depend on him]		*"Only about two or three fathers would come to the sports festival rehearsal. Despite that, my husband would come during work, while still wearing his work clothes. All the mothers there would be like, 'XX's father has even come to the sports festival rehearsal. What a doting father, I'm so jealous.' I was like, 'What? He does absolutely nothing at home'." "If I lift my hand against my child, he will sometimes worry about me and listen to what I have to say. If I have a hallucination, he sometimes stops me, saying, 'Hey, that's a hallucination,' so he sometimes shows kindness to me."*
<13. The difference between my husband's behavior at home and in public is so great that others cannot understand my suffering>	. He acts like a devoted father outside the home, so even if I try to explain that he's the cause of my suffering, others don't believe me.	
<14. My resentment toward my husband was redirected toward the children, and I ended up abusing them>	. My child's teacher advised me, asking, "Are you taking your anger at your husband out on your children?"	
<15. Despite everything, I have no one to rely on but my husband>	. I don't have close neighbors or parents I can leave the child with, so I have no one else to rely on but him. . Even though he hits me and the child, he sometimes shows care, like silently listening to me or telling me I'm hallucinating when I'm not in a clear state of mind. . I have to care for the children quietly and carefully, like making sure they don't cry early in the morning, so as not to disturb his sleep.	
[7. I have ambivalent feelings toward my own mother (she is not someone who I can rely on when I really need support)]		*"My mother wanted to have lots of children, but she kept miscarrying so she only had me. So, I felt like, 'I will go ahead and have children for you.' However, I actually don't like children. So, at first, I didn't know how to cuddle my child…" "Grandmother (biological mother) is busy looking after great-grandmother (biological mother's mother) so I can't ask her to look after my child. Conversely, I even invite her, saying, 'Come over to eat dinner at our place'."*
<18. I became a mother to fulfill my biological mother's dream>	. I didn't really want children and wasn't good with them, but I gave birth to fulfill my mother's dream (she had multiple miscarriages and could only have me).	
<19. I can't leave my child with others when I consider the burden on them>	. My child doesn't take to my mother, so I can't rely on her. . Considering the age of my mother and the burden, I can't leave my child with my mother. . I don't have my mother and my in-laws are working, so I can't easily ask them for help either.	
<20. My mother doesn't understand my feelings, so I stubbornly try to raise my child alone>	. My mother forces her own opinions on me and interferes with my parenting, so I don't want to rely on her. . My parents didn't celebrate my pregnancy or childbirth. . Because neither my marriage nor my pregnancy was met with support or understanding, I became so fixated on doing it all myself that I experienced hallucinations from the mental strain.	

Table continued on page 13

Table 3 continued.

<Subcategory>	Lower category	*Representative Participant Narratives by Category*
[8. A crying self, a self who wants to be loved, and a self who is unable to love my own child]		
<21. It's painful and sad not to be cared for by anyone>	. I push myself to keep going, knowing no one will help me, but deep down I want my husband and parents to acknowledge my efforts. It hurts that it just is not the reality. . When I found out I was pregnant, I wanted to be congratulated by everyone.	*"The older sister (older child) is laid-back if you put it nicely, and slow-witted if you put it in more negative terms. For example, even if she and her younger sibling start eating at the same time, she will take longer to finish. So, I say, 'the meal is over!' and put everything away, turn off the TV and the lights. Then, she was crying and kicking for about an hour after that. I don't want to hear her crying, so I put her out of the room. (Omitted) I was the oldest child, and I was brought up being told things like, 'You're the big sister so you have to be an example.' Maybe that is why I am a bit sensitive to the word 'big sister'. She didn't choose to be born as the older sister, so I try to treat the older and younger children equally even when they fight and I have to scold them. But, in reality, everything my older daughter does is slow, so it makes me angry, and I tend to scold her more. I feel like I am looking at myself as a child, being told, 'You are the bigger sister, just put up with it' and that makes me feel even worse."*
<22. A younger version of myself is still crying and I want to be loved>	. After the abuse, I can't control my emotions and cry alone. . As a child, I was always scolded more harshly than my siblings and cried when no one responded to my SOS. That image overlaps with my crying child now.	
<23. I can't love my child or think they are cute because they resemble the parts of me I dislike>	. When I see traits in my child that resemble my own flaws, I feel irritated. . Even when shown my newborn, I couldn't see them as cute, I could only see them like a little monkey. . I can't feel affection for my child. I feel my own immaturity and damaged maternal instinct are to blame.	
<24. I want to go back to being a woman, not a mother>	. When parenting becomes difficult, I find myself wanting to return to being just a woman, not a mother.	
[9. Idealized marriage and past childbirth experiences that hindered the nurturing of maternal affection]		
<16. Marriage, pregnancy, and childbirth were just naive dreams>	. I had idealized dreams of marriage and pregnancy (angelic babies and being a stay-at-home mom who could nap during the day), but reality was harsh. . It was a long-awaited pregnancy, and I finally met my baby. . Even though I had longed for this birth, I couldn't parent as I had hoped, and I ended up hitting my child.	*"Conceiving a child is simply a very happy event. However, I think it also means that your 'environment changes'. Before getting married, I idealized everything. I would idealize everything about marriage and childrearing. I thought that a cute, angel-like child would be born, like I could see myself skipping down a field of flowers holding my child's hand. I felt ecstatic that I wouldn't have to go to work, I could take naps, and all I would have to do would be to play with my child. I didn't think that it would be this hard."*
<17. Painful memories of past pregnancies and births>	. My first pregnancy was full of complications (morning sickness, threatened miscarriage, malposition, emergency C-section, postpartum depression), and it wasn't the normal pregnancy I had hoped for. . Because of an abortion and miscarriages, I still feel guilty for the children I couldn't bring into the world. I feel physically unwell on their death anniversaries. . I was hurt by insensitive behavior from healthcare staff during childbirth (being blamed, ignored, or seeing my husband disrespected), so I have no fond memories of the experience.	
[10. I feel crushed by the burden of parenting placed upon me]		
<25. I'm worried whether I can raise a child to adulthood on my own>	. As soon as the pain of labor ended, I was overwhelmed by the realization of what lay ahead in raising a child. . I felt I had to properly discipline them. . Rather than focusing on how cute the child was, I worried about the difficulties of raising them to adulthood.	*"When you are giving birth, it hurts so badly that you can't think of anything else. However, once the pain ended and I was holding my newborn child in my arms, I honestly felt like, 'This is such a heavy responsibility, this is going to be so hard' and I was trembling thinking, 'This feels so unreal that it is scary – how am I going to raise this child? How can I help them grow up to be a proper adult?'"*
<26. The responsibility to break the cycle of abuse feels too heavy for me>	. I know that, having been abused myself, I have a duty to stop the cycle; but that burden feels too overwhelming and is crushing me.	
[11. I became trapped in a cycle of perfectionist parenting]		
<27. I aimed for textbook-perfect parenting and couldn't let myself cut corners>	. I am constantly anxious that my child might die the moment I looked away, so I keep watching them non-stop. . I trusted only parenting books and expert advice, followed feeding and weaning schedules precisely, and raised my child like a machine. . Even when told not to aim for perfection, I don't know how to relax or cut corners and keep repeating the same routine. . Even when experts assured me my child is developing well, I still worry something might be wrong.	*"The other babies were able to suckle well, but my child couldn't. At first, I weighed my child while I was feeding them. When I weighed them after nursing them, their weight had only increased by 2 g. That meant that, although they needed to drink 40 cc, they were missing out on 38 g. So, I would express milk and force them to drink until their weight increased by 38 g. I raised them like a machine. When I think about it now, I feel sorry for them."*
<28. I believed breastfeeding was a mother's duty and pushed through, but ultimately had to give up>	. I believed breastfeeding was a mother's responsibility and rejected others' advice. . Even though I clung to breastfeeding, my milk dried up, or my child didn't gain weight. It just didn't work.	
<29. I am overwhelmed by unmet needs and a lack of time alone>	. When my child wouldn't sleep, I also become sleep-deprived and constantly foggy-headed. . When my child asks for things while I am doing chores, I get irritated because my schedule is disrupted. . I am too anxious to leave my child with anyone else, so I can't leave them with someone and have my alone time. . Being unable to be alone pushed me to the edge.	
[12. I maintain pride by comparing myself with others and sought praise through my child's achievements]		*"I taught them to recognize left and right since they were around two years of age. When they were putting on their shoes, I kept telling them, 'They are the wrong way round', so they eventually came to ask me, 'Is this correct?' and were able to put them on the correct feet. Then at the nursery school, they would even tell other children, 'Your shoes are the wrong way round'. I also started to teach them to write hiragana with a pencil from around one year of age. Now, at the age of four years, they can even write difficult sounds (contracted sounds) like 'ju' and 'nyo'. If we are going to go out, I just say, 'We're going out', and they immediately put on a jumper, put their earmuffs (cold weather gear) on, and even line up my shoes for me. Everyone says that it's amazing, even people at the nursery school say how amazing it is. Until the child can be aware and do things themselves to a certain degree, I think it is the parent's responsibility. Therefore, I am really happy when I am praised."*
<30. My pride gets hurt when others are better at handling my child than I am>	. When my baby stops crying in my mother-in-law's arms, it hurts my pride as a mother.	
<31. I expect my child to be better than others and feel like a failure as a human if they aren't>	. I want my child to excel in size, motor skills, academics compared to their peers; if they didn't, I felt like my child is a failure as a person.	
<32. I push my child to develop beyond their age just to gain praise from others>	. I pressured my child to do things beyond their developmental age (e.g., putting shoes on the right feet at age two, writing letters, preparing to go out) and felt proud of myself for having raised a smart child when others praised their early growth.	
[13. My child's behavior triggered intense irritation]		
<33. Feeling difficulty in raising a child due to their illness>	. Children with special conditions such as epilepsy or autism are difficult to raise.	
<34. My child's behavior provokes my emotions>	. Even though the child is old enough to understand adult language, their attitude of not listening to the mother's warnings instantly causes a surge of anger. . The child's disobedient behavior and cheeky words irritate my nerves, and even if I don't usually feel hatred toward my child, anger wells up. . The older sibling hits the younger sibling.	*"When my second son was just a newborn, my oldest son would pester him. He was just a newborn, and my child would say, 'Mom, look at me' with a smile and he would be hitting him like this. I thought, 'Oh no', and I hit him on the head saying, 'What are you doing?' I felt like I had to stop him immediately, so I just instantly hit him."*
<35. My child tries to appease me but fails>	. My child, who knows what triggers my anger, behaves quietly and cautiously to gauge my mood, but being a child, cannot maintain that for long and eventually starts acting out wildly. Seeing that, I lose control and become aggressive. . My older child, who tends to try to attract attention by troubling me, hits the baby sibling to get my attention. In trying to stop it, I ended up using my hand.	

Table continued on page 14

Table 3 continued.

<Subcategory>	Lower category	*Representative Participant Narratives by Category*
[14. Once the abuse switch is activated, I lose control]		*"The more I would say, 'Stop crying, stop crying', the more the baby would be like 'Waaaaa'. That would make me so mad that I would want to hit them really hard. I really feel so angry that I want to almost smother them with the blanket. Even then, my child isn't scared at all and just keeps crying, 'Waaaaa'. So, I just feel like, 'I want to die'. Once I start hitting, I can't stop, so it goes quite far. I realize, 'If I keep it up, this will go too far', so I go to have some time alone. However, the other one (my other child) follows me there."*
<36. Once the switch flips, I can't stop and my emotions explode>	. When the feeling of being unable to forgive surges, even if I try to control it mentally, my body moves on its own and I cross the line.	
	. Once I start venting my frustration, I can't stop. As it escalates, the abuse spreads to my other children.	
	. I know it's dangerous to go any further with a small child, but I can't stop.	
	. The more I want the child to stop crying, the more they scream. When they scream, I feel like throwing the child away, and I start wanting to die myself.	
<37. I direct my anger at objects, but my child is terrified watching me>	. I try to avoid directing violence toward my child and instead take out my frustration on objects, but seeing this, my child becomes frightened.	
[15. I regret my actions once I regain composure, but I cannot stop the switch the next time, creating a continuing vicious loop]		*"Although I feel guilty afterwards, I go and do the same thing the next day. Despite having true feelings of regret, I go and do it again. That makes me feel so ashamed. It is worse than if I was doing it without realizing it. The fact that I do realize what I am doing makes me hate myself, and I feel so irritated."*
<38. After seeing my child's condition and coming to my senses, I'm overwhelmed by guilt and self-loathing, but still can't stop the abuse>	. I regret having gone too far when I see my child looking lethargic.	
	. After physical punishment, I'm consumed with guilt and shame, and I become irritated with myself for continuing this every day.	
	. Even though I know it's wrong and know ways to cope, I still can't stop hitting.	
<39. Regaining composure temporarily cools my anger, but it quickly flares up again and I can't escape the cycle>	. After physical punishment, I regain composure and try to explain to my child why I was angry, but in doing so, the anger flares up again and the punishment resumes.	
[16. I feel suicidal from self-blame and self-loathing]		*"I often just feel like giving up. No matter how much I love them, I hate it when they cry. Even when I console them by cuddling them, their screaming gets even worse and puts me at my wit's end. I can't take it anymore, and I put the blanket over them, telling them, 'Stop crying, stop crying' and I just want to die." "About once every three months, I can smile while spending time with them. When that happens, I actually feel suicidal. Since I am angry at my child all the time, I think they know me more as an 'angry mother'. That is definitely the case. On days when I am able to not get angry in the morning before seeing her off, I feel a really strong sense of, 'Oh no, if I were to die right now, she would always have this image of me as a smiling mother'. Then, I just feel like, 'Oh no, I want to die, I want to die, I want to die'."*
<40. I came to understand that postpartum depression is not just me being lazy>	. I used to think it was just an excuse when I was single, but after experiencing childcare myself, I finally understood how hard it was for my friend with postpartum depression.	
<41. I feel suicidal from self-blame and self-loathing>	. I'm desperately trying to suppress my suicidal thoughts, but as my child's crying becomes louder, I feel increasingly cornered and suddenly want to die.	
	. I regret not having ended my life before my child was born, thinking that would have spared the child from unhappiness.	
<42. I want to end my life in a moment when I'm still smiling as a mother>	. On days when I can spend peaceful, calm time with my child, I feel like I want to end my life while still being a mother with a smile in the flow of that happy moment.	
[17. Having control over the vicious loop]		*"When I went to the pediatrician's clinic, I coincidentally bumped into them (the midwife who oversaw my birth) and she said to me, 'How are you doing? Is breastfeeding going well?' When I said, 'It hurts', she said, 'Come and see us' and 'What day do you want to book to come in?' It was sort of half coercive. However, that was the best thing in the end. I don't think I could have called the clinic and asked them, 'Do you have breastfeeding classes?' It was good that the midwife said that to me. Once I went there, I felt like, 'Oh, it actually feels alright, this is fun' and 'Yes, I will come again'. (Omitted) So, I think it is good and actually quite a relief when someone like that gives advice like that."*
<43. Suppressing factor: receiving attention to myself + practical advice on childcare>	. Support from midwives and childcare workers was not only a source of practical information beyond parenting books, but also gave me a sense of satisfaction knowing someone was genuinely concerned about me. It made me happy.	
	. I felt relieved and happy when the medical staff at the birthing facility remembered me and hadn't forgotten about me.	
	. Although I started breastfeeding for beauty reasons, I was able to overcome concerns thanks to practical advice from midwives and public health nurses, which also led to success in introducing solid food.	
<44. Suppressing factor: monitoring or deterrent presence>	. The children get along well, and when one is being abused, the others would look at me or speak up to try to stop it, helping prevent the worst-case scenario.	
	. I was able to avoid the worst outcome because the homeroom teacher contacted me.	
	. A neighbor saw me yelling, and I was startled and realized it was bad.	
	. I don't feel guilty about the abuse, but I'm always afraid of being reported to the police.	
	. By regularly attending counseling at the child guidance center, I make a conscious effort to control the urge to scold my child.	
<45. Coping strategy: emotional outlet>	. Immersing myself in embroidery, repeatedly piercing with a needle without thinking, helps me forget the hardships of parenting.	
	. To break out of a stifling routine, I've been able to leave the house for a change of pace by entrusting my child to someone else.	
<46. Coping strategy: temporarily stepping away from childcare duties>	. Breast massage by a midwife offers a soothing time where I can talk and feel freed from childcare duties.	
	. I don't have friends or my own mother to rely on for childcare, so my husband's support (listening to me) helps me feel emotionally lighter.	
	. As my child grows, I will look for a job to return to work, hoping to be freed from a life centered only on childcare.	
	. By coordinating work and housework, I managed to secure some time for myself.	
[18. A small glimmer of hope, or emerging affection, help me resist the abuse switch]		*"When my younger child cries, her older sister now shakes her toy to comfort her. If I am occupied doing something else, that helps fill the gap and my baby calms down because she can see someone's face. So, I feel that it is easier to have two children." "I felt like, 'I can't take it anymore!' and I packed all my things and said, 'Goodbye'. But then, my older child and younger child held hands and lined up the shoes of all three of us (mine and my two children's) and waited at the entrance as if they were going to go with me. When I saw that, I thought, these kids prefer to be with me than with their dad." "I think that I was also a hairbreadth away from abusing my child to death. I guess mothers like that feel that they have to kill their children. I realize that that could happen to me too. If that is so, then I think that it would be best for my child if I put them, especially my elder child (from my previous marriage), in a facility. Even though I feel this way, my child says that they want me to be with them."*
<47. Breastfeeding calms my mind>	. When I breastfeed, my desire to protect my child grows stronger. Even now, when I recall the breastfeeding period, my anger and resentment toward the child subside, and I feel calm.	
<48. Child's growth and second-time parenting lessened the burden>	. As the child grew, my frustration and sense of responsibility as a mother decreased, and I even began to think about having another child.	
	. With the second child and beyond, I could anticipate things better, became less anxious, and was able to watch my child grow with a more relaxed mindset.	
	. After raising multiple children, I stopped obsessing over numbers like weight gain and nursing intervals. Instead, I could observe my child and decide when to breastfeed accordingly.	
<49. A sense of trust has begun to grow between me and my child, as well as among the children themselves>	. When I tried to leave the house without my child and they tried to follow me, I realized that the child needed and cherished me more than their father.	
	. Seeing how much my child adored me, I found them lovable and wanted to spend time together and let them rely on me.	
	. The siblings have a strong bond and help each other (an older sibling cares for the younger one, they always stick together and support one another, and when one is being abused, the other tries to help).	
	. I now think that even if I have to be the "bad guy," it's okay if the sibling relationship improves. (I used to scold only the older child in front of the younger one, but in hindsight, I wish I had done the opposite by scolding the younger one and praising the older, so the younger sibling would look up to the older one.)	
<50. My love for my child helps me hold back from committing abuse>	. Knowing that going any further could be life-threatening, I make sure not to hit small children in a way that could endanger their lives.	
	. The trust my child places in me makes me hold back from abusing them.	
<51. If my child can be happy, I would be willing to let them go; I just want to protect them>	. When I hear about mothers who killed their children through abuse, I feel they're just a hair's breadth away from me. If my child could be happy, I would be okay with letting them go and having someone else raise them.	
	. During breastfeeding, I didn't feel hatred. Instead, a desire to protect my child welled up in me, and even after they grew older, recalling that time brings back warm feelings.	

4.1 Abuse from the perspective of abusive mothers

4.1.1 *Why do mothers resort to abuse?*

Based on mothers' subjective accounts, five key factors are believed to contribute to why mothers resort to abusive behavior.

The "crying self" seeking love

According to Erich Fromm,[28] loving is a practice that involves the active elements of care, responsibility, respect, and knowledge. The experience of being loved creates a cycle that changes someone into a person who can love others. The mothers in this study could not recall being loved by their biological mothers [7] and had internalized their crying self as a child who wanted to be loved [8]. They appeared to still be at the stage of wanting to be loved themselves, rather than being able to offer love to their child.

This condition suggests the following three important points. First, neglect can be defined as not providing care required for the healthy physical and mental development of the child. It can be divided into six categories: "lacking clothing, food and/or housing, emotional deprivation, leaving them in a dangerous environment, not allowing access to medical care or education, and abandonment.[29]" The mothers in this study did not describe being abused by their biological mothers to the extent of being defined as neglect. However, they were not aware of receiving enough love to create the "cycle of love" described by Fromm, and they still thirsted for love. Accordingly, it appears that the cycle of abuse is not only caused by neglect but could also be caused by a lack of love. Second, the root of the abuse lies in the mother's internalized, unmet need for love, the "crying child" within.[8] This suggests that condemning abusive behavior alone is insufficient. Healing that inner child who is longing for love and encouraging the "cycle of love" may offer a more effective, although indirect, solution. Third, a reason for mothers being unable to detach from a neglectful or abusive husband can be understood by this inner "crying self" [8]. In other words, the mother is trying to obtain the love that she did not receive from her biological mother during childhood from a man (her husband) [6].

The Imbalance of wanting perfection in child-rearing

The mothers in this study felt driven and cornered by the pursuit of perfect child-rearing [11]. This could have been caused by multiple factors. First, there was the sense of responsibility of raising a human being [11]. Mothers who had an idealized fairytale view of marriage and childbirth [9] awoke to the heavy burden of being responsible for a life the moment that their child was born [10] and felt heavy pressure owing to the idea of having to raise them alone [10] due to a lack of support from their husbands and biological mothers [3][4][7]. The role of fathers is to influence children by embodying values and norms, and to promote their adaptation to society.[30] However, the mothers in this study who had the responsibility of raising their children alone were shouldering the father's role to foster socialization, such as social morals and a sense of responsibility, which led them to engage in harsh discipline. Furthermore, Reva Rubin[31] wrote that, during child-rearing, mothers would imitate the methods and practices of women who had gone through the same situation (the familiar model of their biological mother), adopting good experiences and avoiding bad experiences, suggesting the need for a maternal role model. The mothers in this study had not received enough love from their biological mothers as children. Therefore, they appeared to have missed out not only on love, but also on the chance to learn skills as a mother. This lack of skills then led to even more difficulty in child-rearing.

The second factor is their upbringing. These mothers had ambivalent feelings toward their own mothers, feeling both the need to meet excessive expectations and an inability to rely on them [7]. A "secure base" with unconditional love that allows a child to be vulnerable and still accepted enables children to explore the world and have a place to return when they get hurt outside of their homes.[32] Lacking such a base, the mothers may have grown up believing they needed to be perfect to be loved. Over time, they may have equated perfection and emotional stoicism with societal approval and used comparisons with others to maintain their pride [12]. This could lead them to interpret praise of their child as praise of themselves, and to avoid the label of failure as a parent; therefore, they may have pressured their child to develop beyond their age [12]. This suggests the potential for educational maltreatment, characterized by the imposition of developmentally inappropriate expectations and coercive learning demands on children.

Negative factors regarding the husband

The mothers described their husbands as men who had no intention of protecting the family [1], who resorted to violence impulsively [2], and who satisfied their own desires at the expense of their wives [3][4]. Despite this, these men maintained a socially acceptable façade [6]. The ideal paternal role includes a commitment to protecting the family, supporting the mother to reduce her burden, actively participating in childcare, discussing child-rearing strategies, transitioning to life with children, and maintaining economic stability.[33] However, the husbands described by the mothers in this study clearly failed to fulfill these roles. Focusing on the husbands' issues, their role in reinforcing abuse by the mothers can

be attributed to the following. First, the husbands themselves may have been victims of abuse ⟨1⟩, having grown up in an environment lacking affection and where corporal punishment was normalized ⟨11⟩, which negatively affected the development of paternal qualities. Second, a familial atmosphere in which abuse is tolerated may have dulled the mothers' own resistance to abusive behavior ⟨11⟩. Third, the fear that the husbands' violence might be turned toward them led to their tacit approval or even alignment with the husbands' abusive behavior ⟨12⟩. Fourth, although hormonal changes during pregnancy and postpartum may contribute to maternal irritability, the added stress of child-rearing without protection or support from a paternal figure [3][4], significantly increased the mothers' emotional burden, to the extent that it threatened their survival. Fifth, the inability of others to recognize or understand the husbands' abusive behavior increased the mothers' sense of isolation [6]. Sixth, although the mothers knew their husbands lacked the capacity to love the family, they could not separate from them due to the unresolved emotional dependency stemming from the "crying self" [8]. This emotional dependency became a root cause of the vicious cycle [14][15]. Previous studies have indicated that the presence of the father can be a promoting factor in abuse by mothers. It has been reported that mothers abuse their children when their husbands' support differs from what they anticipate;[25] compared with mothers who do not feel stress regarding their husbands, mothers who do feel such stress are significantly more likely to make cutting remarks to their child, emotionally vent their anger, and hit or throw objects.[34] This indicates that marital discord affects mothers' abuse.

Lack of opportunities to nurture maternal instincts (Experience of first birth)

For mothers who grew up in environments where maternal love was not nurtured, as symbolized by the "crying self" [8], the experience of their first childbirth was a critical opportunity to cultivate maternal affection. However, this opportunity was lost [9] due to traumatic experiences, such as insensitive remarks from healthcare providers, complications during pregnancy, and unresolved grief from miscarriage or abortion ⟨17⟩. Shindo et al.[35] wrote that mothers' physical and psychological states during pregnancy, their babies' fetal development, and their family relationships with their husband, biological mother, and others impact mothers' execution of the maternal roles of pregnancy, childbirth, and child-rearing. They stated that when mothers felt positively about these roles, their maternal awareness increased, while if they felt negatively about these roles, it could hinder them from accepting the pregnancy. This period is a crucial stage as it is the only one at which healthcare providers are directly involved. Since it has been suggested that the support of healthcare providers is not reaching such mothers, these findings call for reflection.

Child's behavior serving as the trigger

Abuse occurred when the mother was already emotionally overwhelmed, and a child's behavior served as a trigger [13]. Triggers included children who were inherently more difficult to care for due to illness or disability ⟨33⟩, innocent or playful behavior that unintentionally provoked the mother ⟨34⟩, and children's clumsy attempts to please their mother that failed due to immaturity ⟨35⟩. Although mothers sometimes tried to release tension in other ways, such as hitting objects ⟨37⟩, their anger would reach a boiling point when, for example, an older sibling physically harmed a younger one ⟨34⟩, leading them to lose self-control.

However, when siblings abuse one another, it may be a way of displacing the pain caused by parental abuse onto a weaker target (the younger sibling); therefore, the child should not be blamed. According to Tanno,[36] when an individual experiences a provocative event, it activates emotions, recognition, and alertness toward aggression. Then, when a triggering event is experienced in this state, even trifling matters can be interpreted as deliberate and seen as aggression. As a feature of such aggressors, low social standing is considered a common trigger of displaced aggression. This means that the person may be aggressive toward someone weaker than themselves.

Pastor-Moreno et al.[37] reported that the situation during pregnancy and childbirth can increase the risk of premature birth, low birth weight, miscarriage, perinatal death, and premature rupture of membranes. A child's difficult temperament[33] may not only be influenced by genetics or chromosomal abnormalities. The extreme hardship and lack of protection from their husbands that mothers experience during pregnancy [3][4] could also impact fetal development. Kon et al.[38] wrote that the empathy and support that mothers receive from their husbands and family is the most important factor in raising children with a difficult temperament. Matsuura et al.[39] reported that one element comprising the parental preparedness of husbands of couples with a high-risk pregnancy requiring long-term hospitalization is "being attentive to and considering their psychological and physical side effects." This may reduce the feeling of burden associated with becoming a parent that is experienced by pregnant mothers. Given that this shows that husbands' support is indispensable in pregnancy, childbirth, and child-rearing, healthcare providers need to consciously engage with husbands and offer support.

4.1.2 *The psychological state of mothers during abusive behavior*

Uncontrollable anger

A defining characteristic of child abuse is its uncontrollable nature once triggered [14]. The driving force behind verbal and physical violence is anger. According to Mitsusaki,[40] anger is so intense that it is said to burn everything down, and the episode does not end until that energy is entirely spent. Alternatively, a rapid de-escalation may occur when the child shows signs of severe distress, such as lying limp, which prompts the mother to regret her actions and "come to her senses" ⟨38⟩. Those subjected to this anger endure direct verbal and physical abuse, and the younger the child, the greater the harm. In 2023, 56 children in Japan died because of abuse[3]. Therefore, finding a way to control this energy of anger is a vital and urgent issue.

Vicious loops of abuse and suicidal thoughts (Uncontrollability, maternal screams, hitting while crying)

Mothers are often aware that their repeated violent behavior is wrong. As a result, they experience self-reproach and self-hatred, which can lead to suicidal ideation [16]. The roots of their anger are varied: an intense yearning to be loved [8], the overwhelming burden of child-rearing in isolation and without support [6][7], the dual responsibility of fulfilling the father's role [4][10], and the pressure to perform perfect motherhood to preserve their self-worth [11][12]. However, at the core is the mother's own emotional deprivation and desperate longing for love [8]. The expression, "After hitting my child, I couldn't suppress my emotions and cried alone" ⟨22⟩, shows the sorrow underlying the anger. Therefore, it is essential, above all else, to acknowledge and accept the mother's sadness. Sato et al.[41] reported that when mothers have an attachment disorder associated with depression, they are unable to appropriately nurture their child and tendencies for abuse are elevated. As depression in the mother is closely related to abuse of their child, it may be possible to end the vicious cycle by offering support that is not only focused on the abuse itself, but that also encompasses factors that could lead to postpartum depression.

4.1.3 *What prevents child abuse*

Glimmer of hope through budding feelings of attachment

Even mothers who have suffered so greatly that they contemplate suicide [16] may find hope through their child's growth and the development of maternal feelings and attachment, which are seen in mutual trust between mother and child, among siblings, and through breastfeeding [18]. A child who continues to depend on the mother despite being abused ⟨49⟩ becomes the only person who truly needs her, which can awaken the mother's innate capacity for affection. While there is a risk of codependency,[42] the act of cherishing the child can initiate healing in the "crying self" from childhood [8] that resides within the mother.

Moreover, when a mother develops trust and affection and decides to give up her child for the child's happiness, this indicates the emergence of maternal instinct. This growth as a mother represents a subtle but meaningful sign that the abusive behavior may be coming to an end.

Various forms of support to control the vicious loop (Presence of individuals providing continuous support)

To suppress the vicious cycle [17], support from child protection services, midwives, and nursery teachers who show involvement and offer care and concrete advice on child-rearing ⟨43⟩ acts as a gentle deterrent. At the same time, oversight by police and others can be preventive of abusive acts ⟨44⟩ and may serve as cold deterrents that reinforce the mother's self-control. Mothers also make their own efforts to regulate their emotions ⟨45⟩⟨46⟩, and even young children attempt to soothe their mother's mood ⟨35⟩. The difficulty of controlling abusive behavior lies in the fact that, even when a mother regrets her actions to the point of suicidal thoughts [16], she can still fall back into the cycle [14][15]. While continuous support may not fully break the cycle, combining these various efforts can certainly suppress it.

The importance of professional support

The participants in this study were receiving regular professional support through child protection services. With sustained support, they developed self-restraint [45][46], and even when they were pushed to the brink of suicidal thoughts [16], they were able to find a faint glimmer of hope [18]. This shows the effectiveness of support from professionals. Although listening, empathy, and acceptance are not quick fixes, they undoubtedly produce real outcomes.

However, of the 797 child abuse deaths in Japan over the past 15 years, 602 cases (75.5%) involved mothers who were not connected to professional support services. This finding suggests that many mothers, similar to those in our study, remain trapped in suffering without access to protective deterrents [17] or glimmers of hope [18]. Therefore, the first and most important form of necessary support is to connect these mothers with professional assistance.

4.2 Support for mothers who abuse their children

4.2.1 *Strongly embrace the "crying self" and convey love to quench their thirst for love and encourage independence*

The underlying reason that mothers engage in abuse is the internalized "crying self's" craving for love,[8] which is essen-

tially a lack of experience of being loved. Humans develop from dependence to independence and onto interdependence and spiritual dependence.[43] The process from dependence to independence requires being sufficiently loved, being able to be dependent, and experiencing having one's errors forgiven. Through experiences of being loved and forgiven, humans learn to love and forgive themselves, leading to psychological independence.[28] Listening to mothers and physically and psychologically embracing them closely so that they can feel warmth and conveying to them that they are loved and valuable human beings who are important is a type of care that can be offered by midwives and nurses supporting mothers from pregnancy. This type of care does not need to be provided by a specialist such as a psychiatrist. Based on an awareness that conveying love to mothers can act as retraining to promote their independence, the most important type of care that midwives and nurses can provide is embracing mothers closely, both physically and psychologically.

4.2.2 *Strengthening support networks beyond the husband and maternal grandmother*

As husbands may lack paternal maturity [1][2][3][4], and mothers may have ambivalent emotions toward their own mothers [7], it is important to strengthen other networks to prevent maternal isolation and to detect abnormalities in the child early. Specifically, this includes enhancing connections between birthing institutions and community support, such as midwifery centers, local government, and support organizations. In addition, promoting cooperation and medical record-sharing between public health nurses and midwives is necessary. Furthermore, expanding accessible community resources, such as children's cafeterias and midwifery centers where mothers can drop in and consult freely, is important.

4.2.3 *Support for husbands*

Many husbands have experienced abuse themselves. Therefore, instead of blaming them, it is important to act as a mediator who conveys the wife's suffering and the adverse effects on the child's development, and to interact empathetically and supportively, considering the husband's upbringing and lack of paternal development.

4.2.4 *Preventing the abuse switch from turning on*

Fundamental therapy to prevent the buildup of anger

The causes of anger are complex, however, the core lies in the internalized "crying self" [8] and the effort to maintain self-esteem through perfect child-rearing [11][12]. After abuse, suicidal ideation [16] and the risk of suicide may arise. Therefore, healing the "crying self" [8] is a fundamental approach. Effective methods include providing an environment where mothers are not blamed for abusive behavior and are empathically listened to, involving midwives at childbirth (a time when mothers can more easily speak honestly), and incorporating physical comfort techniques, such as massage for headaches or shoulder stiffness and hand massage, to help mothers open up. In severe cases, therapy that examines unconscious experiences—including those from early childhood—by mental health professionals is necessary.

Learning methods to express anger in healthy ways

To prevent harm to the child, mothers must find acceptable ways to release anger gradually. One mother described embroidery, which involves repetitive needlework, as a helpful outlet for expressing anger. Examples of emotional expression to let go of heavy emotions gradually in a safe manner include the "Volcano Room" at the Ashinaga Rainbow House for orphans of the Hanshin-Awaji Earthquake, where children can express anger and sadness in a safe environment;[44] amusement parks where people can smash plates to vent anger[45] and journaling as a form of emotional catharsis.[46] Walking in nature, which involves exposure to nature and physical activity, is also effective.

Creating an environment where reason can function

To activate both the nurturing ("south wind") and deterrent ("north wind") forms of support [17], childcare workers, neighbors, public health nurses, midwives, and others should maintain ongoing interest in the mother and child.

Importance of support during first-time childbirth

First pregnancies provide a valuable opportunity for mothers who have internalized the "crying self" [8] to develop maternal instincts [9]. Even if the mother has not taken appropriate health measures to protect the fetus, she should receive supportive, rather than reproachful, care. It is also important to assess whether she has experienced pregnancy without protection or support from her husband [3][4], and to refer high-risk cases to specialists early. Healthcare professionals must receive education on these points from a child abuse prevention perspective.

How to protect children

The abusive behaviors identified from maternal narratives include: (1) verbal and physical violence triggered once the "switch" is flipped[14], and (2) educational abuse resulting from expecting developmentally inappropriate abilities in the child and perceiving praise for the child as praise for oneself [12]. For the first issue, it is important to prioritize the child's safety and happiness, even if this requires temporarily separating the mother and child. Efforts must also be made to maintain their emotional bond during separation. Even without physical separation, it is important to create time

apart, such as through employment or daycare enrollment, and to provide an environment where others can observe the mother and child. For the second issue, mothers need opportunities, when they are thinking rationally, to calmly reflect on whether their expectations align with the child's nature and talents, and whether those expectations are truly for the child or for themselves.

4.3 Significance, novelty, and limitations of the study

The significance and novelty of this study are in its examination of the experiential world of mothers during child abuse. In particular, the findings regarding the mechanisms of abuse, the emotional state of mothers while committing violent or abusive acts, and the possibilities for preventing abuse are important insights.

Previous studies have reported on the factors leading to abuse and its medium- to long-term effects on children. For example, earlier reports of insufficient partner support[9, 10] and violence[11] align with this study's findings, such as: [1. My husband has no intention of protecting the family, me, or our child], [2. He hits the child when in a bad mood] and [3. He overworks me without regard for my health]. Similarly, for factors that are directly related to the mothers, low income[16] matches [4. Even in financial hardship, my husband forces sacrifice upon me], and unplanned pregnancies or C-section[3, 9, 15] to [9]. An idealized marriage shattered by previous childbirth experiences nurturing maternal instincts]. However, these only represent fragments of the mother's emotional landscape. The value of our study lies in its comprehensive depiction of the abuse experience from the mother's perspective, which previous research has only captured in fragments (see Figure 1 and Table 3). Key novel insights that describe the core factors of the phenomenon include the internalization of the "crying self" [8] at the core of abusive mothers, the necessity of healing that part even if it seems indirect, the inability to stop abusive behavior by reason alone in the moment, the profound effect of the husband, the significance of support, and the emergence of hope within mother–child relationships despite the pain.

Although some subjects reported experiencing suicidal ideation [16] and hallucinations, we cannot rule out the possibility of underlying conditions such as depression, schizophrenia, or substance use. However, none of the subjects had been formally diagnosed with a mental illness at the time of the interview. Prior research has identified associations between child abuse and factors such as alcohol,[16, 17] marijuana, and other illicit drugs,[18] borderline personality disorder, and major depressive disorder[19–21]–characteristics that differ from those observed in this study's participants. Importantly, this study focused on mothers attending child consultation centers, indicating that they had access to professional support services. These participants were, in essence, ordinary mothers—without diagnosed mental illness or substance addiction—who were receiving specialized care. The significance of this study lies in its exploration of the psychological processes that led these otherwise typical mothers to engage in abusive behavior toward their children.

This insight underscores the potential role of midwives in providing continuous support–not only during pregnancy, childbirth, and the postpartum period, but throughout the child-rearing journey, We believe that such sustained support may help mothers navigate parenting without becoming overwhelmed. The strength of this study is its illumination of how ordinary women, who are within the reach of midwifery care, may still fall into patterns of abuse. However, a key limitation is that these finding cannot be generalized to all abusive mothers, particularly those with psychiatric disorders, substance addictions, or with no access to support services.

Another strength of this study was the fact that we were able to interview mothers who were engaged in abuse. However, as it is very difficult to access mothers who are engaged in abuse and to minimize any psychological instability caused by the interviews, the interviews were conducted with a child guidance center staff member present. As we were able to confirm that staff had good relationships with the mothers and that the mothers felt comfortable talking to them at the preparation stage (the first and second interviews in which researchers participated as observers), it is unlikely that the presence of child guidance center staff prevented mothers from voicing their true feelings during data collection. However, in addition to providing support for mothers including counseling, child guidance centers have the right to separate mothers and children if it is determined that the child is being harmed or their life is in danger. Therefore, the possibility that mothers were on their guard cannot be completely denied. This constitutes a limitation of the study in understanding the subjective world of mothers.

Furthermore, the children's responses revealed in this study include the following: the child's words and actions, which irritate the mother's nerves, trigger her abusive behavior [13]; the child tries to stop the abuse by appeasing the mother ⟨35⟩; and even when abused, a child who still longs for their mother can form a relationship of trust with her ⟨49⟩, which may serve as a glimmer of hope that restrains the abuse [18]. These findings show how mothers perceive children's reactions. However, they do not comprehensively capture all the responses of children, nor do they focus on the chil-

dren themselves or on the medium- to long-term effects on them, as shown in previous studies.[6,7] Therefore, a limitation of our study is that it examines abuse solely from the mother's perspective, even though the husband, the maternal grandmother, and the child each have their own subjective truths. Particularly, there is insufficient understanding of abuse from the viewpoint of the child or of its effect on their development and growth. Hence, while it is important to recognize that this study reflects a one-sided perspective from the mother's point of view, future research must also examine the subjective experiences of the child, husband, and maternal grandmother.

5. Conclusion

This study is valuable because it clarifies the experiential world of mothers who abuse their children. At the center of such mothers is their internalized "crying self". By embracing mothers tightly and conveying that they are loved, these mothers will cumulatively gain experiences of being loved, forgive themselves, and be able to undergo personal development and become somebody who can love others (their child). It is crucial to support them so that they can undergo this process. Midwives who are involved in the mother's care since pregnancy and throughout the postpartum period and watch over the process whereby a woman becomes a mother are perfect for the role of closely embracing mothers and telling them that they are valuable and worthy of being loved. Going forward, we plan to develop a midwife education program that can enable midwives to evolve from overseeing maternal care throughout pregnancy and the postpartum period to taking on the role of caring for the mother and child in the long-term and playing a part in preventing abuse.

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Authors contributions

The first author carried out the entire process, the third author assisted with data collection, and the second author supervised the analysis and writing of the paper.

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