Swansea University
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# “My Flesh, My Blood” and the Violence in between: Narratives of Child to Parent Violence and Abuse.

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Submitted to Swansea University in fulfilment of the requirements for the degree of Master of Philosophy

## ABSTRACT

In recent years, research on child- to- parent violence and abuse (CPVA) has become more prominent, yet it remains an area that is not extensively studied in comparison to other forms of family violence. Much of the current research on CPVA combines data from both England and Wales, leading to a noticeable lack of studies focusing solely on Wales. This thesis is the first to capture the perspectives of practitioners and mothers relating to CPVA in Wales. This thesis deepens the understanding of key themes relating to CPVA within the country. It examined the experiences of practitioners regarding the challenges and opportunities they face in supporting families, along with the experiences of mothers who are caring for a child exhibiting abusive and violent behavior.

The research employs a qualitative approach to gain insights into the critical issues surrounding service provision in Wales, by considering current policies and their implications for families and practitioners, and at the level of lived experience, factors such as the commitment of mothers to remain in a CPVA relationship. Findings are derived from semi-structured interviews amongst practitioners from public and third sectors, as well as mothers from a domestic abuse service.

Through thematic analysis in relation to a theoretical framework based on insights from the ethics of care and ecological systems, findings reveal that the representation and approach to CPVA in existing policy creates obstacles to family support. Further salient points in the findings include: That there are unique vulnerabilities faced by practitioners, parents, children and young people involved in CPVA situations. Specifically, that CPVA instils a fear of losing connections within family relationships, which may drive mothers to seek help. The intersectional quality of traumas stemming from forced contact and post-separation abuse, which themselves elicit or exacerbate CPVA.

## DECLARATION

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

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This thesis is the result of my own investigations, except where otherwise stated. Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

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The University's ethical procedures have been followed and, where appropriate, that ethical approval has been granted.

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## TABLE OF CONTENTS

## ACKNOWLEDGEMENTS

To all the voices that took part in this research, I will be forever grateful. I have had the pleasure of meeting some truly beautiful, brave and committed souls. This study would not have been possible without your truly inspirational stories, and I thank you for that.

I want to share my heartfelt gratitude to my supervisors, without you I wouldn't be where I am today. You have guided me through this journey with immense patience, and I am truly grateful. Your knowledge base has been invaluable, and an incredible source of inspiration. Thank you.

For my three children. We have been through so much adversity and trauma as a family, probably more than most families will ever experience. But those negative experiences have created the extremely strong family unit that we are today. I want to thank you for understanding the long journey I have been on. You have watched me transform from a person that was too traumatised to speak, to look up at the sky, to appreciate the world around me. Today I am no longer that person, I have finally found my voice. As you have watched me change, I have witnessed you all flourish throughout your adult years – I am so very, very proud of you all. I love you. I hope one day you will read this thesis and understand this – no matter what life throws at you, no matter what cards life deals you, it's how you play your hand that counts. You can do anything you set your mind to, no matter where you come from, or what you have been through, you can achieve your dreams.

My beautiful grandchildren, you are the joy in my life. You are my sunshine, my only sunshine, you make me happy when skies are grey. That will always be our song, because you my little flipity gibbets, Mimi loves you more than life itself.

For my mother, and Aunty Beryl, I take my strength and tenacious drive to succeed from you. You have taught me how to fight for what is right, and no matter what, to keep on fighting until I find a resolution. You have been the matriarchs in my life, teaching me that no matter what, children are to be nurtured, protected, heard, and most importantly to never give up on them – no matter what. Thank you.

## LIST OF TABLES AND DIAGRAMS

## ABBREVIATIONS

ACE's: Adverse Childhood Experiences

CCE: Child criminal exploitation

CPVA: Child to Parent Violence and Abuse

DA: Domestic abuse

DSM-5: The Diagnostic and Statistical Manual of Mental Disorders

EOC: Ethics of care

EST: Ecological Systems Theory

MASH: Multi-agency safeguarding hub

MARAC: Multi-Agency Risk Assessment Conference

NVR: Non – Violent Resistance

SARC: Sexual assault referral centre

# CHAPTER ONE INTRODUCTION

*"We are never so defenceless against suffering as when we love"* (Freud, 1930, p 82).

## WHY RESEARCH CHILD TO PARENT VIOLENCE AND ABUSE?

My interest in researching Child-to-Parent Violence and Abuse (CPVA) stems from a deeply personal experience and the pervasive silence surrounding this phenomenon. For many years, I remained silent, believing I was the only parent enduring a challenging, at times traumatic, period with my child. It was only during my Master's degree, when I happened upon an article discussing CPVA that I realised what I had been experiencing had a name, and that I was far from alone. However, the most perplexing question for me remained: why do I still care for this child? This question ignited my curiosity about other parents' experiences and their journeys. Further questions emerged concerning why parents remain in an abusive and violent relationship with their child or young person, given its detrimental impact on their well-being. Why do parents continue to engage in caring practices within a CPVA context?

CPVA is a highly complex issue affecting families globally, transcending cultural and geographical boundaries (Toole-Anstey et al., 2022). Recognising the contested conceptualisation of this phenomenon, which will be discussed further in the literature review chapter (Burk et al., 2019; Coogan, 2014), CPVA is defined for the purpose of this thesis as:

> *"It involves a pattern of behaviour,*
> *instigated by a child or young person,*
> *which involves using verbal, financial,*

> *physical and/or emotional means to practise power and exert control over the parent. The power that is practised is, to some extent, intentional, and the control that is exerted over a parent is achieved through fear, such that a parent unhealthily adapts his/her own behaviour to accommodate the child."*
>
> (Holt, 2016, p. 1).

## *Prevalence and the Hidden Nature of CPVA*

Prevalence rates for CPVA are primarily based on estimated figures due to variations in population samples, terminology, definitions, and the hidden nature of the phenomenon. Consequently, it is difficult to ascertain a precise picture of how many parents are living with violence and abuse from their child or adolescent (Holt, 2022). More recently, however, Brennan et al.'s (2022) analysis of the Crime Survey for England and Wales (2011/12–2019/20) revealed that 1.2% of all reported violent incidents were attributed to CPVA. Due to parental reluctance to disclose episodes of CPVA, Brennan et al. (2022) also concluded that 43% of violent and abusive behaviours against parents were not reported to the police.

Previous research indicates that parents often remain silent and do not seek help until they reach a crisis point, driven by emotions such as guilt, shame, blame, and self-blame (Edenborough et al., 2008; Farber & Azar, 1999; Holt, 2011; Howard & Rotterm, 2008; Jackson, 2003; Laing, 2014). Typically, existing literature primarily focuses on the potential causes of CPVA, risk factors, and the profile of the child or young person

displaying harmful behaviours. Moreover, there is a substantial and noticeable research gap concerning the influence of parent-child relationships, emotional ties, and bonds on parental decision-making regarding seeking help and support (Holt & Birchall, 2021).

The Life Course theory (Elder, 1989) describes the parent-child relationship as a crucial component of both parental and child well-being, highlighting the bidirectional nature of health, well-being, and happiness between both parties (Kalmijn & Graaf, 2012). Current research often overlooks this vital relationship in families experiencing Child-to-Parent Violence and Abuse. Holt and Birchall (2021) describe these noticeable failings:

> *"Little attention has been paid to the nature and arrangement of the caring relationship between parent/carer and child and how this shapes the violence that is experienced and the support options that are available".*
>
> (Holt & Birchall, 2021, p. 2).

Consequently, there is minimal research exploring the aspect of caring for an abusive and violent child (Holt & Birchall, 2021).

## *Bridging the Research Gap: Thesis Aims and Objectives*

Given the profound personal impact of CPVA and the identified silences in existing literature regarding parental experiences and continued caregiving within abusive dynamics (Holt & Birchall, 2021), this thesis aims to bridge a critical research gap.

Following an exploration of the complex definitions and prevalence of CPVA (Brennan et al., 2022; Holt, 2016), this study will also focus on the Welsh policy and practice context surrounding CPVA. This approach is vital as the policy landscape in Wales, shaped by devolution and a unique blend of legislative and strategic frameworks, significantly influences the support options available to parents, distinguishing it from the UK Government's approach (Welsh Government, 2022). As such, there are some aspects of CPVA that are considered a non-devolved matter, such as youth justice and crime. Therefore, Welsh policymakers and service providers must navigate non-devolved legislation like the Domestic Abuse Act 2021, whilst having a distinctive Welsh way of addressing CPVA through its own legislation, for example, the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (Welsh Government, 2015), and its responsibilities for housing, health, social care, and play. These devolved responsibilities enable a unique Welsh approach, allowing for tailored interventions: housing policies facilitate safe and stable accommodation; health services provide integrated mental health and trauma-informed care; social care offers vital safeguarding, early intervention, and person-centred support; and the emphasis on play contributes to children's development, well-being, and therapeutic avenues, collectively forming a comprehensive, and holistic approach to support for families affected by CPVA.

This research aims to fill this gap by offering insights into the caring aspect of the parent-child relationship and examining why many parents remain committed to providing such care without severing the relationship, even when help and support have been ineffective or absent. Alongside the experiences of parents, the research will also explore the experiences of CPVA support and intervention workers and social work practitioners who provide support for families experiencing CPVA. This element of the research complements the parental perspective and seeks to identify current challenges and opportunities within existing service provision within Wales?

Both parental and practitioner experiences will be explored using semi-structured interviews. Additionally, the research adopts the Ethics of Care (Gilligan, 1982, 2023; Noddings, 1984, 2013; Ruddick, 1989) as a framework to provide explanations for the experiences of parents and practitioners. Although violence and abuse towards parents are global occurrences, this research solely focuses on parents and practitioners from Wales. This decision is partly to give Welsh parents and practitioners a voice within current research. Secondly, through many years of secondary data research, there has been a noticeable silence from researchers in Wales contributing to the existing body of knowledge surrounding the growing issue of CPVA. Acknowledging Payton and Robinson's (2015) publication on intervention outcomes from a domestic abuse service, there remains a quietness stemming from Wales in terms of research. Wales is a devolved UK nation, and the current research contributes much-needed insights into service provision in Wales while giving the nation a strong voice to be heard.

The broad research questions and objectives of the study are as follows:

**Research Question 1:** What are the lived experiences of parents who have experienced CPVA and sought support?

**Objective 1:** Using a qualitative approach, the current study aimed to explore how parents negotiate parenting through episodes of CPVA. By exploring parental experiences of how they coped, their difficult decision-making in terms of help-seeking, and why parents remain in an abusive relationship with their child, the study explores much-needed insights into the difficulties many families face during times of violence and abuse. Additionally, the study seeks to develop an understanding of how the violence and abuse affected the parent/child relationship, how difficult decision-making affected help-

seeking, and how families negotiated the behaviours to aid in identifying possible barriers towards help-seeking and accessing support. This, in turn, could provide services with invaluable data on how to promote help seeking and provide holistic services and reporting pathways.

**Research Question 2:** What are the experiences of practitioners who support parents living with CPVA and their children?

**Objective 2:** Alongside the experiences of parents, the research will also explore the experiences of practitioners who provide support for families experiencing CPVA. The study sought to explore practitioners' perspectives surrounding facilitators and barriers to help-seeking in terms of current service provision and policy. This element of the research complements the parental element and aims to identify current challenges and opportunities within current service provision that impact families.

## *Thesis Structure*

The following outlines the contents of each chapter and the overall structure within the thesis:

**Chapter Two** This chapter sets out the context for the research, examining the literature surrounding CPVA. It explores current knowledge about CPVA from past and present literature, addressing the complexities of a non-universally agreed definition and its impact on terminology. Furthermore, the chapter explores prevalence rates, the landscape

of CPVA in current UK policy, and the risk factors associated with CPVA. The area of caring for an abusive and violent child will be considered, along with professional responses to CPVA and service provision for this type of family violence.

**Chapter Three** This chapter introduces the conceptual framework underpinning the thesis. It provides an overview of the philosophical perspectives of the Ethics of Care authors relevant to this research.

**Chapter Four** This chapter outlines the qualitative methodological approaches used within the study, along with their rationale, ethical considerations, and the use of thematic analysis to analyse data. The epistemological positioning of the researcher will be presented in reflection of capturing the lived experiences of practitioners and mothers.

**Chapter Five and Six** These chapters present the empirical findings and analysis from the practitioner and mother participants. In Chapter Five, practitioner findings are divided into four key themes: changing profiles and increasing caseloads post-pandemic; risk to the family, child, young person, and practitioner; barriers to support; and practitioner challenges. In Chapter Six, the findings from the mother sample are broken down into four key themes: preservative love, fear in the relational voice; the one caring and moral worth; divided engrossment; and help-seeking, maternal non-violence, peace-making, renunciation, resistance, and reconciliation.

**Chapters Seven** This chapter presents an in-depth discussion of the current research findings, interpreted through the lens of the Ethics of Care. The chapter will be organised thematically according to the research questions and framed within an ecological approach

**Chapter Eight** This chapter draws the thesis to a conclusion, highlighting the original contributions to knowledge. In reflection of the study's original contributions to knowledge, recommendations for policy and practice will be presented, along with recommendations for further research. Key areas include policy makers and practitioners developing a critical understanding of the intersectionality of childhood trauma in CPVA cases, the complex family dynamics of CPVA within families of disabled parents, and the vulnerability of children who harm parents.

# CHAPTER TWO LITERATURE REVIEW

## INTRODUCTION

This chapter provides a concise overview of the existing literature on Child-to-Parent Violence and Abuse (CPVA). It draws from a wide range of disciplines, including criminal justice, psychology, family therapy, nursing, and social work, utilising studies from 1979 to 2024.

Literature searches were conducted weekly between 2019 and 2024 using Google, Google Scholar, ProQuest, PubMed, Swansea University iFind, and the Holes in the Walls (Helen Bonnick) website. Due to varied terminology, a broad range of search terms were employed, such as 'child to parent violence and abuse,' 'adolescent to parent violence,' and 'mother experiences of CPVA.' Both English and international papers were included, with non-English texts translated via Google Translate.

Key themes explored in this literature review include: a historical overview of CPVA research, distinguishing normal teenage behaviour from CPVA, the application of different terminologies and definitions, risk factors, policy landscapes, prevalence rates, the emotional impact on parents, and help-seeking behaviours and responses.

### *Recognition of Child-to-Parent Violence and Abuse*

CPVA is not a recently discovered phenomenon. Early descriptions of adolescent defiance, reminiscent of what might now be termed teenager turbulence, can be traced back to Socrates (470-399 BC), as noted by Patty and Johnson (1953). Socrates observed children exhibiting tyrannical behaviours towards adults, contradicting parents and disregarding elders (Patty & Johnson, 1953, p. 227). In more contemporary times, Harbin and Madden's 1979 publication, "Battered Parents: A New Syndrome," marked a pivotal moment in identifying what was then considered a novel form of family violence.

Since then, research into CPVA has expanded globally, with studies originating from Germany (Beckman et al., 2017), Spain (Contreras et al., 2015, 2016), the USA (Margolin & Baucom, 2014), Canada (Pagini et al., 2009), Australia (Simmons et al., 2018, 2019), and the UK (Condry & Miles, 2012, 2014; Condry et al., 2020; Holt, 2013, 2016; Holt & Retford, 2012; Miles & Condry, 2015). Despite this growing academic recognition, CPVA research remains in its nascent stages when compared to established fields such as intimate partner violence, elder abuse, and child abuse. It is frequently regarded as an under-recognised form of family violence (Condry & Miles, 2012, 2014; Hunter et al., 2010; Nixon, 2012; Wilcox, 2012).

A significant barrier to addressing CPVA is the apparent "policy silence" (Miles & Condry, 2016) surrounding it. CPVA lacks specific, designated policy and is instead subsumed within the broader Domestic Abuse Act (2021) in England and Wales (Home Office, 2020). This limited policy and research attention can be understood through the historical trajectory of other forms of family violence gaining social recognition. Finkelhor (1983) describes a developmental process where issues initially face minimisation and denial before achieving public, professional, and policy acknowledgment. Just as it took decades for domestic violence to be widely recognised as

a social and political concern, CPVA currently follows a similar path. It largely remains within the private sphere, contributing to its hidden nature and lack of widespread public and professional awareness (Bonnick, 2019).

## *Differentiating CPVA from Normal Adolescent Behaviour*

A critical challenge in the field is distinguishing between typical adolescent aggression or outbursts and a sustained pattern of violent and abusive behaviour (Cottrell, 2001; Cottrell & Monk, 2004; Holt, 2013). While some conflict between parents and teenagers is a normal part of adolescent development in Western societies (Holmbeck & Hill, 1988), there is limited research establishing a clear threshold between normative teenage behaviour and CPVA (Simmons et al., 2019). Researchers have highlighted the urgent need to differentiate between disrespectful, difficult, and genuinely abusive adolescent behaviours towards parents (Hollenstein & Lougheed, 2013; Kennedy et al., 2010). Currently, comprehensive guidelines on what constitutes CPVA, including specific behaviours and their necessary frequency to be considered abusive, remain scarce (Recchia et al., 2010).

This definitional ambiguity is illustrated by Simmons et al.'s (2019) Australian interdisciplinary study, "But All Kids Yell at Their Parents, Don't They? Social Norms about Child-to-Parent Abuse in Australia." This questionnaire-based study, involving parents and young people aged 14 to 25, explored perceptions of what constitutes abusive behaviour. Results indicated that behaviours such as intimidation, psychological abuse, coercion, and financial abuse were generally only considered abusive if multiple incidents occurred per year. Furthermore, 80% of parents considered verbal aggression abusive only if it occurred daily. Parents in the study tended to define CPVA based on the severity of the abuse rather than its frequency, often viewing behaviours like shouting and

swearing as normal, albeit disrespectful, teenage behaviour. Physical violence, however, was broadly seen as outside the realm of normal adolescent conduct (Simmons et al., 2019).

Interestingly, the children and young people surveyed reported less conflict with parents than the parental group. They also indicated that physical behaviours, such as punching and kicking, needed to occur a few times per year to be considered abusive. Moreover, some intimidating, financially abusive, and humiliating behaviours were considered acceptable by this younger demographic (Simmons et al., 2019). These discrepancies highlight how perceptions of violence and abuse are socially constructed. As Muehelnhard and Kimes (1999) assert, "What counts as violence in society is socially constructed, has varied over time and reflects power relationships" (p. 234). Therefore, definitions are influenced by the individual's perspective and often "reflect the interests of people with power" (Muehelnhard & Kimes, 1999, p. 243). This can lead to individuals defining concepts in ways that exclude their own behaviour (Baumeister, 1996, 1997). The limited research on what constitutes socially acceptable teenage behaviour versus abuse thresholds has led to significant inconsistencies in defining CPVA, hindering effective understanding and prevention (Simmons et al., 2019).

## *The Tangled Web of Multiple Terms and Definitions*

This section explores the varied terminology used to describe CPVA in research and the implications arising from this lack of agreed-upon nomenclature, particularly concerning the multiple definitions of CPVA. Since Harbin and Madden's 1979 introduction of "Battered Parents," subsequent studies have developed a plethora of terms to capture the phenomenon. As Holt (2013) suggests, this proliferation often occurs when researchers believe they have discovered a new phenomenon, leading to consistent changes in terminology across studies. Table 1, for instance, provides examples of these differing

terminologies across various academic disciplines, encompassing both international and UK-based studies

**Table 1** *Examples of differing CPVA terminologies*

| Country of focus | Author | Terminology |
|---|---|---|
| United Kingdom | Bettinson & Quinlan (2020) | Adolescent to Parent Violence |
| | Bonnick (2019) | Child to Parent Violence and Abuse |
| | Condry et al. (2020) | Child and Adolescent to Parent Violence |
| | Thorley & Coates (2018) | Child-Parent Violence and Aggression |
| | Wilcox (2012) | Parent Abuse |
| New Zealand | Ingamells & Epston (2014) | Parental Abuse |
| Spain | Clavete et al. (2014) | Child to Parent Violence in Adolescence |
| | Hernandez et al. (2020) | Adolescent-to-Parent Offences |
| | Ibabe (2020) | Youth-to-Parent Aggression |
| USA | Armstrong et al. (2021) | Child to Parent Violence |
| | Moulds et al. (2017) | Adolescent Violence Towards Parents |
| | O'Hara et al. (2017) | Adolescent to Parent Violence |

## *The Ambiguity of CPVA Terminology and Definitions*

The preceding discussion highlighted the historical roots and ongoing challenges in recognising CPVA. This section delves into the complex landscape of CPVA terminology and definitions, exploring the implications of the lack of a universally agreed-upon framework for understanding this phenomenon.

## *Varied Terminology and its Consequences*

Table 1 exemplifies the extensive and often interchangeable terms used for CPVA within current international research. This non-exhaustive sample reveals how terminology varies significantly based on geographic location, cultural factors, and the conceptualisation of CPVA (Bonnick, 2019; Holt, 2013; Simmons et al., 2018). For instance, terms like 'adolescent' and 'child' primarily reflect the age group of the research participants. This disciplinary variation means no universal or consistent term is attributed to CPVA (Armstrong et al., 2021).

The absence of a universally agreed terminology has created significant challenges. Bonnick (2019), Bettinson and Quilson (2020), Holt (2013), and O'Hara (2017) agree that it impedes families' understanding of CPVA, largely due to the disconnect between academic language and practitioner communication. Many families do not readily frame these behaviours as violence or abuse. Furthermore, the terms 'violence' and 'abuse' carry negative connotations that parents are often reluctant to attribute to their child, hindering their ability to articulate their experiences (Bonnick, 2019; Bettinson & Quilson, 2020; Holt, 2013; O'Hara et al., 2017). This lack of consensus also complicates research data

collection, as Bonnick (2019) succinctly states, *"If you can't count it, then it doesn't count"* (p. 17).

This issue extends to policing in England and Wales; without a specific code for CPVA, there is no formal referral process to specialist services, impeding crucial intervention and support for affected families. Consequently, the absence of standardised terminology directly impacts how parents and practitioners perceive CPVA, thereby influencing the development and implementation of intervention programmes. Burck et al. (2019), Clarke et al. (2016), and Patterson et al. (2002) argue that establishing appropriate, agreed-upon terminology within both academic and professional spheres is essential to mitigate these issues, support awareness campaigns, and inform policy development.

## *Defining CPVA Behaviours: Similarities and Distinctions*

While CPVA shares commonalities with adult-to-adult domestic violence – such as abusive behaviours occurring within the home and a majority of survivors being female – it also presents unique characteristics. Both involve "a continuing process of social harm (rather than one off events) requiring day to day management" (Wilcox, 2012, p. 282; also Holt, 2009). However, a key distinction is the legal obligation for parents to house their abusive child (Holt, 2011, 2013; Wilcox, 2012).

The behaviours encompassed within the multiple definitions of CPVA are notably broad. A 2021 UK survey by Parental Education Growth Support (PEGS), an online CPVA parental support charity, involved 220 parents, guardians, and carers. This survey found a wide range of reported behaviours, including yelling, damaging items, threats, hitting, strangling, emotional abuse, intimidation, control, humiliation, theft, and sexual abuse.

Beyond direct parental targeting, CPVA behaviours also impact siblings (Bates et al., 2023; Biehal, 2012; Brennan et al., 2022; Clavete et al., 2014; Coogan, 2014; Cottrell, 2001; Papamichail & Bates, 2022; PEGS, 2021) and even family pets (PEGS, 2021). Although dedicated research on CPVA's effects on siblings from their perspective is limited, qualitative studies with parents and practitioners consistently highlight the detrimental impact. These studies suggest siblings can suffer direct physical violence and aggression, indirect emotional harm from protecting parents, and younger children may even model CPVA behaviours (Biehal, 2012; Clavete et al., 2014; Coogan, 2013; Cottrell, 2001; Haw, 2010; Holt, 2011; Laurent & Derry, 1999; Papamichail & Bates, 2022; PEGS, 2021). Data on CPVA targeting family pets is scarce, though the PEGS (2021) survey reported that 66 parents disclosed their child had harmed a pet, with another 16 unsure.

Furthermore, authors have documented that a child's threats to self-harm and threats to kill a parent are also recognised as part of the phenomenon (Bonnick, 2019). UK author Bonnick (2019), editor of the 'Holes in the Wall' CPVA support resource, develops her conceptualisation of CPVA from the lived experiences of parents. Her description encompasses a broad spectrum, from:

> *"spitting, lying and stealing, school refusal, lighting fires, pushing, shoving, punching and strangling, taking the parents car without consent, a baseball bat, a knife, inappropriate touching, words of abuse, threats of assault threats to self-harm another, threats to kill, threats to run away"*
>
> (Bonnick, 2019, p. 21).

While the inclusion of school refusal and threats to run away within Bonnick's description might seem counter-intuitive to some, as they are not universally considered abusive, these behaviours carry significant legal and safety implications that negatively impact

parents (Havik & Ingul, 2021; Hughes et al., 2022). As Cottrell (2001) and Holt (2013) suggest in their definitions, these actions can represent forms of power and control over a parent. However, the subsequent section will detail that additional factors may contribute to such behaviours, which current definitions may not fully capture.

## *Separating Intentional and Non-Intentional Behaviours*

The complex web of overlapping definitions for CPVA hinders the precise understanding of its behavioural components within research. This results in an overly broad list of potentially violent and abusive behaviours, coupled with a lack of generalisability across studies (Bobic, 2002; Cano-Lozano, 2020; Ibabe, 2020; O'Hara, 2017). Furthermore, existing definitions often fail to adequately distinguish behaviours that may derive from neurodivergent conditions, mental health conditions, or adverse childhood experiences (ACEs) (Bates et al., 2023; Beckmann et al., 2021; Biehal, 2012; Boxer et al., 2009; Gabriel et al., 2018; Kennedy et al., 2010; Livingstone, 1986; Papamichail & Bates, 2021). This has serious legal and response implications for children and young people. While there are no fixed criteria for "challenging behaviour," the term generally indicates behaviours that may be an individual's adaptive response to other factors (Sutherland et al., 2022). Emerson (1995) defines challenging behaviour as:

> *"Culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities"*
>
> (P. 215).

Although Emerson's definition could be considered vague, there is a clear linguistic overlap with CPVA definitions. Both Emerson's concept of intensity, frequency, or duration, and Holt's (2016) CPVA definition's inclusion of a *"pattern of behaviours"* and *"risk to physical safety,"* align. Both CPVA and challenging behaviour can be seen as "*culturally abnormal behaviour(s)"* (Emerson, 1995, p. 215), differentiated primarily by Holt's (2016) emphasis on power and control over a parent.

Despite these definitional similarities, research on challenging behaviours among adults, children, and young people is extensive; a stark contrast to the comparatively minimal research on CPVA. For example, studies on challenging behaviour span special education in the USA (Adams et al., 2021), speech and language (Doubet & Ostrosky, 2015, 2016; Muller et al., 2019; Oruche et al., 2015), fostering and adoption in the UK (Bardsley, 2017), and family relations in Canada (Robinson & Kuczynski, 2018). While research specifically linking disability to CPVA is limited (Brennan et al., 2022), Spanish criminal justice findings indicate that ADHD is a common diagnosis among children entering the criminal justice system due to CPVA (Contreras & Cano, 2015). Behaviours associated with broader neurodivergence often overlap with the multiple definitions of CPVA, contributing to misconceptions about what CPVA truly entails (Tanwar et al., 2016).

Typically, challenging behaviour, or non-intentional CPVA, is conceptualised as an unmet need or the reliving of traumatic incidents (Emerson & Enfield, 2014). However, the lack of a universally agreed definition and terminology blurs the lines between non-intentional and intentional CPVA. This often leads to a conflation of CPVA with psychological, developmental, and trauma-related conditions, which can involve elements of unintentional harmful behaviours. More recently, experts from the Society for the Study of Child-To-Parent Violence (SEVIFIP) in Spain proposed a definition that notably omits autism, severe learning disabilities, and certain mental health conditions, thereby attempting to distinguish non-intentional from intentional CPVA:

> *"Repeated acts of physical, psychological (verbal or non-verbal) or economic violence by children against their parents or parental figures. The following behaviours are not considered child-parent-violence: one off acts of aggression, those perpetrated during diminished state of awareness that are not repeated once said awareness is recovered (alcohol intoxication, withdrawal syndromes, delirium or hallucination) those caused by (transitory or permanent) psychological disorders (autism or sever mental disability) and parricide with no prior history of aggression"*
>
> (P. 6).

While this adds another definition to the existing array, it supports the argument that non-intentional and intentional CPVA are distinct occurrences. Aggressive behaviour stemming from an unmet need in developmental disorders, learning disabilities, or trauma-related conditions could be seen as a form of communication. In contrast, intentional CPVA behaviours might be viewed as a deliberate means of inflicting harm and distress to gain control, assert power, and achieve desired outcomes. Recognising these as separate incidents is crucial for providing families with appropriate responses, interventions, and support. As this distinction is not consistently made, many children and young people are currently criminalised and labelled as violent domestic violence perpetrators (Bonnick, 2019).

Further supporting the differentiation between non-intentional and intentional CPVA, UK interdisciplinary researchers Thorley and Coates (2017) contribute to the debate surrounding the classification of non-intentional CPVA as a form of Conduct Disorder within the DSM-5 (American Psychiatric Association, 2013). Their UK qualitative research (Thorley & Coates, 2017, 2018) highlighted that a majority of children and young people demonstrating CPVA met Special Educational Needs and Disability

(SEND) criteria. For example, out of 583 responses from biological parents, adoptive families, kinship, foster, and special guardianship relationships, Thorley and Coates found that 30% of children and young people had an Attachment Disorder diagnosis, 57% had mental health indicators, 30% had trauma-related conditions, 50% had an Autistic Spectrum Disorder diagnosis, and a striking 86% had a Learning Disability or Learning Difficulty diagnosis (Thorley & Coates, 2017, 2018). More recent UK figures from the PEGS (2021) charity substantiate these findings, with 120 out of 220 surveyed parents reporting their child had an additional need or disability, and another 60 suspected but undiagnosed.

Adams et al. (2021) further support the consideration of CPVA in neurodevelopmental assessments for children and young people. This is because families often describe behaviours meeting CPVA criteria as their primary concern when seeking a neurodevelopmental diagnosis for their child (Adams et al., 2021; Boxall & Sabol, 2021; Holt & Birchall, 2022; O'Toole et al., 2022). This raises the complex issue of intent within CPVA definitions: how much agency can be ascribed to children and young people when they have a disability, have experienced trauma, or have a mental health condition (Bonnick, 2019; Thorley & Coates, 2018). The preceding discussion demonstrates how the multiple definitions and terminology create complexities in current understandings of CPVA, particularly pertinent when distinguishing between intentional and non-intentional behaviours. The chapter now moves to exploring prevalence rates of CPVA.

### *Prevalence Rates*

This section examines how the lack of consistent terminology, definitions, and parental silence surrounding CPVA impacts prevalence rates. Globally, Simmons et al.'s (2018) systematic review estimated the prevalence of physical CPVA in the community to be between 5% and 21%. When psychological, verbal, and emotional violence were included, rates rose to between 33% and 93% (Simmons et al., 2018). However, Jimenez-Garcia et al. (2020) note limitations due to sample biases, and Simmons et al. (2018) highlight the absence of a universal definition. Furthermore, accurate prevalence determination is hindered by significant underreporting by parents (Peck et al., 2021).

Prevalence rates are typically derived from criminal justice, clinical, and community data. Brennan et al.'s (2022) comprehensive UK study analysed Metropolitan Police Service incidents between 2018 and 2020 involving young people under 25. This mixed-methods study combined quantitative police and Crime Survey for England and Wales data with interviews and surveys of frontline practitioners, parents/carers, and young people. Findings revealed that 60% of reported offences were coded as 'violence against a person', a direct result of the aforementioned issues with terminology, definitions, and the lack of a dedicated police code for CPVA (Bonnick, 2019). Criminal damage accounted for a further 25% of incidents. Of those targeted by CPVA, 89% were parents, and 6% were grandparents (Brennan et al., 2022). Brennan et al. (2022) also observed that 43% of CPVA incidents are not reported to the police.

### *Prevalence within Age Groups*

CPVA typically peaks in middle adolescence and then declines throughout the life course (Simmons et al., 2018). This pattern is consistent across international criminology research from Spain (Ibabe, 2014; Ibabe & Bentler, 2016) and the USA (Eckstien, 2004; Evans et al., 1988; Paulson et al., 1990; Snyder & McCurley, 2008; Strom et al., 2014; Ullman & Strauss, 2003; Walsh & Krienert, 2007), and is mirrored in UK criminal justice figures (Condry & Miles, 2014). International clinical samples from Egypt (Fawzi, 2013) and Australia (Vaddadi et al., 1997, 2002) also align with this trend, showing parallel presentations with general youth offending rates (Moffit, 1993; Simmons et al., 2018).

More recent UK research by Condry and Miles (2014) showed that 87.3% of young people aged 13 to 19 were reported to the police for violent offences against parents. Condry et al. (2020) found comparable results, with CPVA escalation beginning around age 12, peaking at 14, and declining by age 15. Interestingly, their figures also indicated a 7% rise in the 20-year-old age range, consistent with USA criminology by Snyder and McCurley (2008). This suggests a historical and current international consistency in CPVA onset, age-related peaks, and declines in prevalence rates within criminal justice data (Simmons et al., 2018, 2019).

However, current studies present alternative findings. Brennan et al.'s (2022) study of young people under 25 found that the 19–25-year age group accounted for 65% of incidents reported to the Metropolitan Police, contrasting with 34% for the 15–18-year group and only 1% for the 12–14 age group. These figures diverge from previous UK (Condry & Miles, 2014; Condry et al., 2020) and international (McLoskey & Lichter, 2003; Snyder & McCurley, 2008) criminology, which indicates CPVA typically peaks in adolescence. One possible explanation for this discrepancy is that parents often manage CPVA for extended periods before disclosing the abuse, with disclosure occurring during

adolescence when behaviours become unmanageable. It is often at this stage, as the child gains size and strength and transitions into young adulthood, that families reach a crisis point and seek help. For instance, PEGS (2021) reported that 54 parents/carers disclosed CPVA began at age five or younger, with 29 starting at age six, 28 at age seven, and 22 at age eight. These figures suggest that current research age parameters may need broadening to capture the full extent of CPVA. Furthermore, many families remain silent about their experiences for various reasons, leading to a significant underrepresented population in studies (Holt, 2009, 2013).

### *Prevalence within Family Composition and Gender*

Figures relating to prevalence within family structure appear conflicting. While many international and UK community samples indicate higher prevalence rates among single mothers (e.g., Agnew & Huguley, 1989; Pagani et al., 2003, 2004, 2009; Contreras & Cano, 2014; Ibabe et al., 2009; Ibabe & Jaureguizar, 2010; Kennedy et al., 2010; Purcell et al., 2014; Biehal, 2012; Gallagher, 2004; Nowakowski & Mattern, 2004; Williams et al., 2016), other studies do not identify family structure as a factor (e.g., Elliot et al., 2001; Pagani et al., 2003; Boxer et al., 2009; Knock & Kazdin, 2002).

CPVA is often situated within a son-to-mother dynamic. For example, Condry and Miles (2013) found that among 1892 Metropolitan Police cases from 2009-2010, 77% of parents experiencing CPVA were female, 88% of young people displaying harmful behaviours were male, and 88% of incidents involved son-to-mother violence and abuse. However, a more recent UK mixed-methods study by Bates et al. (2023), including practitioners and parents, found equal numbers of males and females engaging in CPVA. Baker (2012) argues that much CPVA research is biased towards male perpetration, particularly when framed within the intergenerational transmission of violence paradigm for children

witnessing domestic abuse. This framing often constructs young males as, *potentially violent men in relation to both masculinity and violence* (Baker, 2012, p. 217). Despite studies highlighting equal numbers of male and female perpetrators (Bates et al., 2023; Cottrell, 2004; Hunter et al., 2010), this perspective frequently results in the oversimplified labelling and stigmatisation of males displaying CPVA, "*ultimately denying their agency"* (Baker, 2012, p. 273).

Regarding gender-specific behaviours, Beckmann et al.'s (2018) German survey indicated males typically display more physical violence, while females exhibit more emotional and verbal behaviours. Simmons et al.'s (2018) review also found that in criminal justice samples, males were more likely to show physical violence. Moreover, males are more frequently arrested for CPVA incidents than females (Armstrong et al., 2021), suggesting a gendered bias in arrest decisions. Armstrong et al.'s (2021) American study of 1,113 CPVA police calls found males were more likely to face formal criminal procedures than females, particularly when there were more serious injuries to a female parent/grandparent. In policing areas viewing CPVA as domestic abuse, formal arrest was more common. Conversely, if arrest decisions considered contextual factors like Adverse Childhood Experiences (ACEs) or family disruption, a more informal approach, such as referral to children's services, was often taken (Armstrong et al., 2021).

### *Prevalence of CPVA within Adoptive, Foster Families, and Kinship Carers*

While CPVA prevalence appears substantial among kinship carers and adoptive families, this area remains under-researched (Holt & Birchall, 2021). Despite the significant risk of children entering care due to CPVA-related strain on these families (Biehal, 2012), this area has been relatively neglected in research. However, some valuable publications exist. UK mixed-methods research by Selwyn and Meakings (2016), "Beyond the Adoption

Order: Challenges, interventions and Adoption Disruption" and "Adolescent-to-Parent Violence in Adoptive Families," explored adoption disruption (breakdown) in England and Wales. Surveys indicated a 3.2% disruption rate in England and 2.6% in Wales over a 12-month period (Selwyn & Meakings, 2016).

Although these figures may seem low, adoption breakdown is highly traumatic for the child (Selwyn & Meakings, 2016). Many adoptees in the study entered care due to abuse and neglect and experienced multiple forms of abuse, highlighting developmental trauma within the looked-after population. Of 390 adoptee parents, 75 experienced CPVA from their child, with 38 attributing CPVA as the reason for adoption breakdown (Selwyn & Meakings, 2015, 2016). Thorley and Coates (2017) further validated these findings in their survey-based study, "Child-parent Violence (CPV) Exploratory Exercise Impact on Parents/Carers When Living with CPV." Their findings showed that among 264 respondents, 224 adoptive families reported living with CPVA, compared to 17 foster families. Given that adoptive families represent the smallest proportion of looked-after children in the care system, these figures are significant, suggesting CPVA can be a substantial issue among adoptive parents (Thorley & Coates, 2017).

Regarding kinship carers, Holt and Birchall (2021) published findings from their qualitative study on grandparents' kinship relationships, "Their Mum Messed Up and Gran Can't Afford to; Violence towards Grandparents, Kinship Carers and the Implications for Social Work." They noted the striking absence of even estimated prevalence figures for kinship carers affected by CPVA. The study involved 36 participants, including 27 grandparents, providing insight into how violence and abuse shaped kinship relationships. The significant number of grandparents experiencing CPVA at the hands of their grandchildren was a key finding. This overlooked population is substantial, as 1 in 74 children in the UK are in kinship care, with grandparents constituting over half (51%) of these relationships (Wijedasa, 2017). Holt and Birchall's

findings thus significantly contribute to the much-needed literature on kinship care and CPVA (2021).

### *Prevalence and the COVID-19 Pandemic*

The home confinement during the COVID-19 pandemic, forcing families to spend extended periods with adult aggressors and children who harm parents, led to what Campbell (2020) termed the, "*worst case scenario"* for families experiencing domestic abuse and CPVA (P. 2). While extensive research exists on adult domestic abuse and the pandemic (e.g., Kim & Royle, 2023; Dereda & Diaz-Faes, 2020; Rodrigues-Jimenez, 2020; Drieskens et al., 2022), child abuse (e.g., Augusti et al., 2021; Brown et al., 2020), and elder abuse (e.g., Chang & Levy, 2021; Makaroun et al., 2020), specific focus on CPVA remains limited. Cano-Lozano et al. (2021) describe research on CPVA and the COVID-19 pandemic as, "*practically non-existent"* (p. 2).

However, a clearer picture is emerging. Condry et al.'s (2020) UK study examined CPVA prevalence trends during the pandemic's height (June 1st, 2019, to May 31st, 2020), collating data from 43 police forces, practitioners, and parents in England and Wales. Their report, "Experiences of Adolescent to Parent Violence in the Covid 19 Lockdown," involved surveys with 19 police forces (out of 43 contacted), 73 parents (out of 104), and 36 practitioners (out of 47). While overall results were inconclusive regarding increasing or decreasing police reporting trends, 69% of practitioners reported an increase in referrals for family support. Among parents, 70% reported an increase in violent and abusive behaviour, with 92% of female and 8% of male parents experiencing CPVA.

Furthermore, 72% of CPVA reports during lockdown were perpetrated by males, and 28% by females. Practitioners also reported a 63% increase in referrals from families (Condry et al., 2020).

The pandemic also impacted service delivery. Rutter et al.'s (2022) UK qualitative study found practitioners shifted to online or telephone parental support. This resulted in noticeable differences in engagement; parental engagement increased due to reduced travel, while children were more engaged with one-to-one practitioner support in school environments (Rutter et al., 2022). Given the pandemic's impact on child and adolescent well-being and mental health, practitioners expressed concerns about services meeting increased demand post-lockdown (Condry et al., 2020). Fears were also raised about vulnerable children returning to school, potentially exacerbating pre-existing mental health issues and further increasing service demand and CPVA prevalence rates (Condry et al., 2020).

This section has discussed three key themes regarding CPVA prevalence, both internationally and within the UK. It highlights that current rates are likely unreliable due to definitional issues and parental silence. The thesis will now move on to discuss the risk factors associated with the development of CPVA.

# RISK FACTORS TO CPVA

## Introduction

The following section moves on to discuss risk factors associated with CPVA. Within the historical and contemporary literature on CPVA, there are a myriad of singular and multi risk factors proposed. To assist with the discussion, Bronfenbrenner's (1979) ecological systems theory has been utilised to organise the discussion of risk factors within and across individual, micro, exo and macro systemic levels. Moreover, there is some attention paid to prominent/foundational theories associated with the body of research evidence, such as attachment, social learning theory, feminist theory, (though the following chapter provides deeper consideration of the Ethics of Care as a conceptual framework for the empirical study).

## THE INDIVIDUAL LEVEL

### *Mental Health Issues and Emotional Dysregulation*

The following section will examine the relationship between mental health issues and CPVA. It will first explore the evidence linking mental health problems and neurodivergent conditions like ADHD to an increased risk of CPVA. It will then consider

how factors such as emotional dysregulation may explain this link, before discussing the limitations of this perspective and the need for further research.

At the individual level, children and young people with mental health issues are more at risk of displaying CPVA compared to those with good mental health (Simmons et al., 2018). Further research suggests that children and young people who display CPVA behaviours experience higher levels of mental health problems, as noted in various studies (Calvete et al., 2015; Clavete & Orue, 2016; Contreras et al., 2019, 2020; Simmons et al., 2018). Expanding further, research from Spain indicates that children and young people in their study reported higher levels of depressive symptoms (Ibabe, 2014). Additionally, children and young people who engage in CPVA were more likely to be receiving psychological or psychiatric treatment (Contreras & Cano, 2015). Along similar lines, a more recent Mexican study highlights that within their sample of adolescents displaying CPVA, there were greater levels of suicidal ideation and psychological distress (Martinez-Ferrer et al., 2020). This could be, as Clavete et al. (2014) suggest, the use of violence as a precursor to a mental breakdown or the young person's cry for help. This is echoed by Baker's (2021) UK study, in which young people themselves stated that their use of CPVA was a cry for help because they felt unsupported with their mental health difficulties and trauma.

Conditions such as ADHD, Oppositional Defiance Disorder, Conduct Disorder, and Autism have been reported in international clinical studies (Simmons et al., 2018) and empirical studies (Bates et al., 2023; Cottrell, 2002; Doran, 2007; Haw, 2012; PEGS, 202; Stuart et al., 2007). Similarly, UK qualitative research from Holt and Lewis (2021) found that some practitioners framed CPVA as a result of trauma and complex needs. Additionally, the UK-based CPVA helpline charity Family Lives published figures from a mixed-methods study with parents who used their service. Data was collected by call handlers from parents accessing the helpline from January 2020 to May 2022, totalling 56,715 parental calls. In this instance, 39% of the total calls for help related to ADHD.

Breaking down the published figures, it was found that 25.3% had an actual clinical ADHD diagnosis, with 3.2% of children on the clinical pathway for ADHD diagnostic assessment. In 11.2% of cases, parents suspected their children had ADHD. These figures represented the highest total of neurodivergent conditions within the sample (Family Lives, 2022). This could be because a core symptom of ADHD is emotional dysregulation, which results in a lack of control when a young person is faced with overwhelming emotions and situations (Booth et al., 2023; Mills et al., 2023; Papamichail & Bates, 2022; Roll et al., 2021), potentially leading to aggression (Roll et al., 2021). Therefore, it can provide explanations for the increased likelihood of CPVA within ADHD populations.

However, this framing can create parental acceptance of the violence and abuse, reducing the likelihood of addressing the behaviours (Gallagher, 2008; Haw, 2010). Although these studies provide a useful understanding of CPVA and co-occurring conditions, they neglect to identify how such factors explain the influential relationship between the dynamics of how CPVA occurs and continues. Furthermore, not every neurodivergent child or young person displays CPVA. Alongside this, many children and young people with mental health issues do not harm their parents. Therefore, further research is needed to identify the mechanisms at the ontogenic level which could isolate differences between mental health issues and/or neurodiversity and CPVA.

## MICROSYSTEMIC LEVEL

The following section will explore the relationship between childhood trauma, ACEs, and CPVA. It will first examine how traumatic experiences in childhood, particularly witnessing domestic violence or experiencing abuse, are significant risk factors for later

CPVA. The discussion will then consider the limitations of the ACEs framework and the importance of factors like psychological resilience in mitigating the impact of trauma, before noting that not all children who experience trauma go on to engage in CPVA.

## *Childhood Trauma and ACEs*

The correlations between experiencing abuse and traumatic incidents within childhood and CPVA are explained by the Adverse Childhood Experiences (ACEs) Theory (Felitti et al., 2019). In this concept, potentially traumatic experiences within childhood and adolescence, such as abuse, neglect, and household dysfunction, can have negative and long-term effects on a child's and young person's development (Bellis et al., 2015; Hughes et al., 2017; Papamichail & Bates, 2022). For example, ACEs have generally been linked to problematic behaviour in adolescence, including criminal behaviour, aggression, and violence (Liddle et al., 2016).

Although originally defined as child abuse and domestic violence experiences, the ACEs definition further encompasses sexual, physical, and emotional abuse, physical and emotional neglect, and environmental harms that directly or indirectly affected the child or young person within their home environment (Felitti et al., 1998, p. 248). Such environmental harms include witnessing domestic violence, parental substance and alcohol misuse, relationship stress, and mental illness among household members (Navarro et al., 2022). Since Felitti's original definition, a further range of additional harms (ten in total) has been encompassed, including, for example, violence within the community, bullying, peer bullying, and emotional abuse between siblings (Anda et al., 2010).

In relation to CPVA, the ACEs framework can be productive because it indicates that the frequency, severity, and range of ACEs a child is exposed to will affect their behaviour as they age (Beckmann et al., 2021; Booth et al., 2023). Results from Beckmann et al.'s (2021) German study into CPVA risk factors demonstrated that females and males showing physical and verbal abuse towards parents and carers were notably associated with experiencing physical and verbal abuse from parents/carers as a child. Additionally, they also note that verbal abuse from adolescents to parents/carers was associated with childhood abuse from the parent/carer rather than physical abuse (Beckmann et al., 2021).

Most notably, within international and national research, CPVA is thought to be an especially prominent risk factor where children have witnessed domestic abuse (DA) (Boxer et al., 2009; Calvete et al., 2015; Contreras & Cano, 2016; Gabriel et al., 2018; Holt & Lewis, 2021; Kennedy et al., 2010; Livingstone, 1986; Margolin & Baucom, 2014; McCloskey & Lichter, 2003; O'Toole et al., 2022; Papamichail & Bates, 2022), neglect (Brennan et al., 2022), or where children have been abused (Biehal, 2012). The mechanisms by which this occurs are still unclear (Booth et al., 2023). Children's exposure to intimate partner violence is a well-established concern (Howarth et al., 2016), with studies exploring the long-term impact of such experiences. For instance, Lussier et al. (2009) conducted a 40-year prospective longitudinal study, finding that antisocial behaviour in childhood can be a predictor of intimate partner violence in adulthood, highlighting a potential pathway from early exposure to later perpetration.

This is particularly relevant in the context of post-separation abuse, where the ongoing dynamics of parental conflict can significantly impact children. For instance, Burck, Walsh, and Lynch (2019) explore how such dynamics can lead to "silenced mothers" and have implications for practice in addressing adolescent-to-parent violence. Furthermore, Douglas (2021) highlights the challenges faced by mothers and step-mothers engaging with the legal system in their response to CPVA, often a feature in high-conflict post-separation situations. Abusive ex-partners may also strategically use children to exert

control, perpetuating ongoing harm (Beeble et al., 2007). Research with children exposed to partner violence, especially those involved with child protection services or the courts, underscores the complexities and sensitivities involved in understanding their experiences and the ongoing impact of such abuse (Rizo et al., 2017). However, as Baker (2012), Contreras & Cano (2016) and Holt (2013) note, it is important to remember that not all children and young people who experience these ACEs will go on to exhibit CPVA behaviours.

In acting as a buffer against the outcomes of ACEs, psychological resilience has demonstrated to be an active component in bouncing back from exposure to such harms (Morgan et al., 2022). However, building such resilience can prove difficult, particularly when the trauma or adversity occurs during a delicate period of neurobiological development and when structural issues impact people's circumstances (Black et al., 2017; Oh et al., 2018; Reuben et al., 2016). As adversity can impact brain and human development, especially within the pre-school years cohort of children, there is only a small window of opportunity to build resilience through buffering and protective factors (Masten & Barnes, 2018). Additionally, the Welsh Government (2021) released an ACEs policy review report criticising the use of the ACEs framework in its application to current Welsh policy and practice (Morgan, 2021). The criticisms were levelled at what Morgan (2021) describes as: "Its choice of, and restrictions to ten ACE's and its failure to acknowledge the existence and impact of a wide range of other sources of adversity, as well as structural and social inequalities" (p. 21). In a world with pandemics, economic crises, poverty, violence in communities, natural disasters, and war-torn countries, building childhood resilience may become an obstacle too high to overcome, as protecting or buffering children from these experiences may be something adults cannot control (Masten, 2014).

## INTERGENERATIONAL TRANSMISSION OF VIOLENCE PERSPECTIVE

Building on the discussion of childhood trauma and ACEs, this section will explore the intergenerational transmission of violence perspective. It will examine how children may learn and model violent behaviours through social learning and attachment, as well as the role of communication in the development of CPVA.

As previously discussed, the prevailing theory applied to explain CPVA is that of childhood exposure to DA, and how children and young people learn to use violence and abuse to their advantage through modelling of adult behaviours. The witnessing of adult domestic violence by a child or young person, and the resulting trauma remains one of the more dominant parental explanations for the development of CPVA. Through mechanisms such as observational learning, and imitation of and behaviour modelling (see social learning theory; Bandura, 1973) children and young people who have grown up in violent and abusive households have an increased likelihood of perpetuating the learned behaviour.

## SOCIAL LEARNING THEORY

Another widely applied perspective predominantly in DA discourses, discusses how CPVA can develop through the direct experience, observation and imitation of interparental DA. Also recognised through the term modelling, Bandura's (1977) social learning theory postulates that children can normalise violence and abuse. Therefore, by normalising these behaviours they then become an acceptable way to solve issues and

perpetuate violence and abuse to secure wants and needs through learned behaviour (Clavete et al, 2015; Ibabe & Jaureguizar, 2010; Kennair & Mellor, 2007). That said, Agnew and Hugely, (1989) found that peer groups can also be influential in relation to social learning during influential developmental stages in relation to a young person's identity. This area of peer influence and CPVA will be discussed more later on within this chapter. Papamichail & Bates, (2022) draw caution to viewing CPVA through the social learning theory alone. Although the theory can explain the mimicking of adult behaviours, it cannot explain complex, and developmental trauma (Holt & Lewis, 2021) that impacts the child's attachment system.

## ATTACHMENT THEORY

Large scale quantitative studies have identified associations between CPVA and the quality of attachment (Agnew & Huguley, 1989; Paulson et al, 1990; Peek et al, 1985). Bowlby (1969) discusses the provision of an internalised working model (IWM) of self through a child's early attachment to enable the child's development of trust, empathy and security. Children who do not develop secure attachments to caregivers or parents through various experiences such as trauma, abuse, neglect, parental unavailability and separations may go on to develop insecure, avoidant or anxious attachments (Windom et al, 2018). Likewise, such attachment styles may impact on the child or young person's self-worth, high levels of anxiety that relate to feelings of loss and rejection and the regulatory skills that are associated with emotions (Ainsworth et al, 2015; Evans, 2015; Selwyn & Meakings, 2016).

Selwyn and Meakings, (2016) note that in adopted and foster children, the early relationships they form with their caregivers are more likely to be negative and complex. Therefore, it can possibly impact the ability to bond and relate to new caregivers. This is seen within Selwyn and Meakings, (2016) UK qualitative study surrounding problems in the child's early attachment, and the later emergence of violence and abuse towards caregivers. Indeed, adoption families can be at more risk of CPVA because of attachment issues within early life (Biehal, 2012; Papamichail & Bates, 2022; Selwyn & Meakings, 2016).

In a different thread, Martinez et al's (2023) Spanish cross sectional descriptive study looked at ACE's and CPVA parental attachment. Findings show that children with two or more ACE'S were characterised by insecure parental attachment. Juan et al's, (2020) American longitude qualitative study findings highlight that parental DA affects the early formation of parent to child attachment. Conversely, Juan et al notes that it may be parenting styles and behaviours that may influence attachment (2020). It is thought that the exposure to DA can possibly impact on the child's attachment relationships, in that DA can impact parental caring capacity and therefore not prioritise the child's needs through the stressful situations (Hong & Park, 2012).

However, Holt (2013) argues that the previous studies links between CPVA and attachment remain largely underdeveloped because of the measures used within the studies. It must also be noted that both the concept and the measuring of attachment varies between disciplines (Juan et al, 2020). With Clarke et al, (2015) stating that the generalisation of the attachment theory is restricted because of mediating factors such as temperament and developmental disorders.

## COMMUNICATION

Only a few studies have explored the relationship between parental and child communication in relation to CPVA, with Lozano et al, (2013) highlighting that a lack of communication between the parent and child as an additional contributing factor to CPVA. Both survey and qualitative studies (Biehal, 2012; Paulson, 1990; Calvete et al, 2014; 2015) found that children who display psychological and physical forms of CPVA reported low levels of positive parental communication.

Poor parent to child communication has been theoretically applied in explaining the shaping the development and dynamics of CPVA. For example, shouting and raised voices with aggressive language within the home can act as a trigger in igniting feelings of anger in the child or young person, and has been theorised as a common escalator for CPVA incidents (Baker, 2012; Eckstien, 2004; Pagani et al, 2004). Additionally, Baker, (2021) and Cottrell and Monk, (2004) found that children who harm their parents lacked the opportunity to have frank and honest conversations about their feelings with parents, of which created feelings of invisibility. Conversely, Lozano et al, (2013) and Calvete et al, (2014) found that open communication with the opportunity to discuss feelings between parent and child can act as a protective factor against CPVA.

## EXOSYSTEMIC EXPLANATIONS

Moving beyond the immediate family dynamics, the following section will explore exosystemic explanations for CPVA. It will first examine the influence of peer groups and peer victimisation, then discuss how school-related issues can contribute to the behaviour.

### *Peer Influence*

International research points to children and young people who demonstrate CPVA are more likely to develop friendships with violent peers (Kennedy et al, 2010). In Cottrell and Monk's (2004) study, results highlighted that children and young people who harm their parents typically socialised with other peers who saw violence and abuse as an acceptable and effective method towards gaining control. Agnew and Hugely's (1989) findings showed that children and young people harming parents were more likely to be associated with peers that did the same. Furthermore, Calvete et al, (2011) found that in cases of CPVA, children and young people were more prone to become involved with peers that had behavioural issues.

Parents also identified the influence of peer groups and the ensuing of CPVA. In expanding further, the parents indicated that their child were falling in with 'the wrong crowd', other social groups and other influential people that were the cause of their child's or young person's behaviour (Bates et al, 2023; Cottrell & Monk, 2004; Family Lives, 2022; O'Toole et al, 2022; Stewert et al, 2007).

As discussed in the risk factor section, peer victimisation has also been cited as a cause for CPVA. One reason or this is because of the effect this type of victimisation has on the child/young person in terms of trauma and stress. This then translates into what Booth et al, (2023) describes as displaced aggression. This is where the child takes the anger, stress and trauma out on the closest and the perceived safe target which usually is the parent or care giver (Baker, 2021; Cottrell & Monk, 2004).

### *Education and School*

Simmons et al, (2018) outlines that children and young people who harm their parents often present with issues at school such as disengagement or learning difficulties. As mentioned earlier within the literature review chapter, school refusal, and issues have been associated with CPVA (Bonnick, 2019; Hughes et al, 2022). The child may not appreciate the persistence of the parent in requesting school attendance. This then creates conflict between the parent and child, due to the legal responsibility the parent has in getting the child to attend school, and the ramifications if they do not (Havik & Ingul, 2021). Alternatively, Baker, (2021) describes how young people displaying CPVA who did attend school regularly stated that stress around exams can act as a trigger for violence and abuse towards their parents.

Research at the exosystemic level thus emphasises that factors outside a young person's direct control, such as peer networks and educational environments, can indirectly but significantly impact family dynamics and contribute to the risk or expression of CPVA, as understood by various studies.

## MACROSYSTEMIC EXPLANATIONS

This section explores macrosystemic explanations for CPVA, focusing on Child Criminal Exploitation (CCE) and violence towards parents.

### *Child Criminal Exploitation*

To date (and to the researcher's knowledge), there are no studies that examine the exact relationship between CPVA and Child Criminal Exploitation (CCE). However, risk factor links have been made between CPVA and gang involvement (Bates et al., 2023; O'Toole et al., 2020). Brennan et al. (2021) provided qualitative evidence surrounding the emergence of CPVA and child criminal exploitation, noting anecdotal evidence from practitioners of possible links between gangs, drug debts, and CPVA. Participants in the report (police and youth justice services) have observed that financial abuse may be related to the young person or child owing money to gangs. This evidence is also noted by Bettinson and Quinlan (2020). Furthermore, recent UK research (Dando et al., 2022; Maxwell & Wallace, 2021; Maxwell, 2023) about child/young person involvement with county lines indicates the occurrence of CPVA, although the mechanisms between the two were not specified.

However, what is known is that involvement with exploitation gangs is rife with peer victimisation (Dando et. al, 2022; Home Office, 2023; Maxwell, 2019; Maxwell et al., 2021; NSPCC, 2023; Walsh, 2022). The relationship between CPVA and exploitation could be framed as the child taking out the anxieties and fear of gang involvement and peer violence on their parents. For example, the current influx of county lines drug trafficking and distribution among young people in Wales and the rest of the UK has resulted in many young people owing criminal gangs high levels of drug money, known

as debt bondage (NSPCC, 2022). This occurs when a young person is given drugs on the basis that they will pay later, leading to young people owing money to large drug gangs within their local community. More commonly, young people are 'taxed' – a method where rival gang dealers take (usually through severe violence, threats, and intimidation) the young person's supply of drugs given to them by higher-status dealers. Gangs then threaten the young person with high levels of violence to reclaim the owed money to replace the taxed drugs, often involving the rest of the young person's family to add further pressure for them to pay up (The Children's Society, 2022; Long, 2020; National Crime Agency, 2019).

The discussion of Child Criminal Exploitation at the macrosystemic level reveals how broader societal issues and criminal structures can indirectly yet profoundly influence family dynamics and contribute to CPVA. Although direct studies are limited, the proposed mechanisms—such as taking out anxieties on parents due to external threats—illuminate the powerful, often unacknowledged, links between wider societal pressures and intimate family violence. This highlights how socio-economic factors and systemic vulnerabilities, extending beyond the immediate family, significantly shape the context in which CPVA occurs.

## AN ETHICS OF CARE AND FEMINIST LENS

While the ecological framework effectively maps the broad risk factors across different systems, it can sometimes overlook the intimate, relational dynamics at the heart of the issue. To gain a deeper understanding of these interpersonal interactions, this chapter will now apply an EoC lens. Rooted in feminist philosophy, the framework, as outlined by

Gilligan (1982) and Tronto (1993), moves beyond traditional, rule-based morality to focus on the importance of relationships, interdependence, and responsiveness to the needs of others. It may seem surprising to use a theoretical position developed in debates about moral philosophy in an empirical study of this kind. EoC is usually presented as a normative approach, rather than an explanatory one. However in what follows, the researcher aims to show why the insights emerging in this approach, and the overall framework it offers, make it a very rich resource when exploring the kinds of interpersonal interactions at stake in this research. From this perspective, CPVA is not simply a behavioural problem but a profound breakdown of the care relationship between a parent and their child.

The parent-child bond is fundamentally one of care, where the parent assumes the role of caregiver and the child is the care recipient. When a young person perpetrates violence, this dynamic is inverted, creating a state of relational crisis. Gilligan's (1982) work on moral development suggests that such a breakdown represents a failure to prioritise the needs of others within a relational context. The violence can be understood as a failure of responsiveness, either by the young person to their parent's needs or, in some cases, a desperate and distorted response to a perceived lack of care from the parent. For example, the young person's cry for help, as noted by Baker (2021), can be reframed through this lens as an act of desperation when they feel their emotional and psychological needs are not being met by their primary caregivers. This resonates with Ruddick's (1989) concept of maternal thinking, which describes the unique forms of thought and practice that arise from the demands of caring for a child. When this maternal care is met with violence, it represents a profound relational betrayal. Similarly, Noddings (1984) emphasises the importance of the caring relation as the foundation of ethical life, where the caregiver's responsiveness and the care-receiver's receptiveness are paramount. In CPVA, this mutual responsiveness is broken, replaced by conflict. The EoC lens, therefore, allows us to analyse the qualitative nature of these relationships and the contextual factors that cause them to rupture. Thus, the EoC lens reveals not only how these relationships rupture but also why parents often remain, bound by an enduring sense of care and responsibility.

This relational perspective is particularly crucial for understanding the gendered dimensions of CPVA. Tronto (1993) identifies the societal and cultural burden of caregiving that falls disproportionately on mothers, who are often expected to provide limitless emotional and practical support. This expectation creates a vulnerability, making them the primary targets of CPVA. When the care relationship breaks down, it is the mother who is left to manage the crisis, often without adequate support, as her role as primary caregiver is simultaneously weaponised against her. This aligns with Noddings' (2002) later work on the complexities of caring roles and the ethical demands placed on those in a caring position. Like any theoretical approach, EoC is contested, and also internally diverse. In presenting these different points of view, the researcher does not intend to overlook the often deep debates which have gone on between EoC theorists, or between them and their critics. Rather the author aims to single out key aspects of that literature which are especially applicable to the context of this piece of research.

Building on the relational understanding provided by an Ethics of Care framework, this analysis now incorporates perspectives informed by aspects of feminist theory to scrutinise the underlying gendered power dynamics and systemic inequalities. The issue of gender arose in this chapter, specifically regarding theoretical explanations for CPVA within a context of gender inequality in both family systems and wider society. Academic evidence suggests a troubling trend among young women in the UK: a rise in misogyny and internalised misogyny. This phenomenon is frequently linked to the influence of online platforms and contemporary media culture (Ringrose & Renold, 2012). Its manifestation is multifaceted, encompassing both overt behaviours and more insidious, internalised attitudes such as self-objectification (Szymanski, Moffitt, & Carr, 2009). This rise in misogyny is further fuelled by the widespread consumption of content from the online "manosphere," which promotes hyper-masculine and anti-feminist ideologies (Centre for Countering Digital Hate, 2022). Reports from regulators have highlighted the prevalence of harmful content online (Ofcom, 2024). This online culture is further compounded by broader societal and economic issues, including the easy accessibility of harmful, degrading pornography (Vera-Gray, 2020).

Feminist theory and the concept of patriarchy can add considerable depth to our theoretical understanding of the gender dimensions of CPVA. Patriarchy, understood as a system of social structures and practices that perpetuate male dominance and female subordination (Johnson, 1995), provides a lens through which to analyse CPVA. It adds depth by helping to contextualise gendered patterns of violence, such as the disproportionate victimisation of mothers, and by illuminating how societal norms regarding masculinity and femininity may contribute to the dynamics of abuse within the family. Whilst the preceding discussions have established the broad utility of the EoC in understanding violence against women, its application to CPVA offers particularly sharp theoretical clarity, directly addressing these complexities (Holt, 2011; Stark, 2007). Feminism allows us to move beyond individualistic explanations of CPVA, instead rooting it within broader socio-political structures of gender inequality and patriarchy (Cottrell & Monk, 2004; Gallego et al., 2019).

A feminist lens illuminates the gendered dimensions of CPVA, particularly concerning both perpetrator and victim. Research consistently shows that mothers are disproportionately the primary targets of CPVA, especially physical violence (Gallagher, 2004; O'Hara & Walsh, 2022; Respect Young People's Service, 2024). This can be understood through the lens of traditional maternal roles that often position mothers as primary caregivers and emotional providers, potentially leading to an erosion of their authority and an expectation of unlimited emotional labour (Radford & Russell, 2009). Conversely, whilst fathers also experience CPVA, their experiences may be less reported due to societal expectations of male strength and a reluctance to admit vulnerability (Gallagher, 2014; Coogan & Taylor, 2019).

The forms of violence also often differ by gender, with adolescent sons more frequently perpetrating physical abuse, possibly linked to the societal privileging of aggressive masculinity, whilst daughters might employ more emotional or psychological tactics (Holt, 2009). Crucially, the rise of societal misogyny adds another layer to

understanding CPVA (Ging & Coman, 2019; Nakamura, 2013). This pervasive misogyny can seep into the family unit, potentially influencing young people's attitudes and behaviours towards their female parents. In some instances, CPVA against mothers can be interpreted as a direct manifestation of misogynistic beliefs held by the child, learned from broader societal cues that devalue female authority (White Ribbon UK, 2020).

Furthermore, the concept of internalised misogyny among young women offers a vital, albeit subtle, explanation for certain CPVA dynamics. Growing up within patriarchal structures, young women may unconsciously adopt negative societal views about femininity (Bartky, 1990). This internalised misogyny could potentially manifest in their own perpetration of CPVA, perhaps against their mothers, if they have absorbed the idea that female authority figures are inherently weak or deserving of disrespect (Gill & Orgad, 2015). Alternatively, for young women experiencing CPVA as victims (e.g., from a brother or other family member), internalised misogyny might lead to self-blame, profound shame, or a reluctance to seek help, thus perpetuating the hidden nature of the abuse (Cherry, 2018; Constantinescu, 2022). This intersection of personal psychology with broader societal norms is critical for a comprehensive understanding.

This comprehensive review of CPVA risk factors, interpreted through an Ethics of Care lens and informed by feminist insights, has illuminated the multi-faceted nature of the issue across individual, microsystemic, exosystemic, and macrosystemic levels. Having established this foundational understanding, the thesis now transitions to an examination of CPVA within the policy landscape.

## KEY DISTINCTIONS BETWEEN WELSH GOVERNMENT AND UK GOVERNMENT APPROACHES TO CPVA

The policy context surrounding CPVA in Wales is markedly shaped by devolution, presenting a distinct approach compared with the UK Government. While CPVA lacks explicit definition within primary legislation in either jurisdiction, its prominent inclusion in key Welsh Government strategic documents underscores a commitment to a holistic and preventative framework (Welsh Government, 2022). Devolution has granted the Welsh Government considerable legislative authority over critical areas such as health, education, and social services, including safeguarding, enabling the development of bespoke policies and interventions. The distinct "Welsh way" of addressing CPVA does not exist in isolation. As mentioned in the introductory chapter, policymakers, service providers, and citizens in Wales must still adhere to non-devolved legislation set by the UK Parliament. This includes crucial areas such as criminal law, policing, and immigration (Home Office, 2021; Welsh Government, 2015). Essentially, the Welsh approach involves a constant negotiation: crafting unique devolved strategies while ensuring they comply with these broader UK frameworks.

A critical distinction lies in the foundational legislative frameworks. The Domestic Abuse Act 2021 provides a comprehensive statutory definition of domestic abuse, impacting criminal and family law across both England and Wales. Its provisions, such as Domestic Abuse Protection Notices and Orders, directly influence the legal responses to DA incidents that may encompass CPVA within Wales, particularly where the child or young person is aged 16 or over, even though the broader preventative and support duties primarily apply to England. Notably, this Act adopts a gender-neutral narrative in its definition of domestic abuse.

For instances of CPVA involving children under the age of 16, while not falling under this specific statutory definition of domestic abuse, responses are primarily governed by child safeguarding frameworks, focusing on the child's welfare and the parent's safety within the family unit. In comparison, the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 predates the UK Act and establishes a general duty on Welsh "relevant authorities" to prevent and respond to gender-based violence, domestic abuse, and sexual violence. In contrast to the UK Act, the Welsh Act explicitly acknowledges the disproportionate impact of domestic abuse on women and girls. This Welsh Act serves as the statutory backbone for a public health approach, explicitly recognising children and young people as direct victims of domestic abuse and aiming to enhance their protection and support, thereby implicitly encompassing CPVA within its overarching scope.

The Welsh Government's strategic policy documents further illuminate this distinct approach. The National Strategy (2022–2026) on Violence against Women, Domestic Abuse and Sexual Violence explicitly incorporates CPVA, signalling a direct commitment to addressing this often-overlooked form of abuse (Welsh Government, 2022). While it might not have a dedicated chapter titled "Child to Parent Violence and Abuse," it is woven into the strategy's broader framework and objectives. It's often found under sections related to children as victims, preventative work with young people, and a whole-family approach to domestic abuse. The strategy aims to be comprehensive and recognise all forms of VAWDASV within families. This inclusion is particularly significant as the strategy adopts a public health approach, extending beyond conventional definitions of domestic abuse to recognise children as direct victims within violent households. By doing so, it mandates preventative measures, early intervention, and comprehensive support services that are directly relevant to the unique dynamics of CPVA, aiming to enhance the safety and well-being of both children who perpetrate abuse and their victimised parents.

Similarly, the Blueprint for the Prevention of Violence against Women, Domestic Abuse and Sexual Violence (Welsh Government, 2023) further operationalises this preventative agenda, advocating for a whole-system response to VAWDASV that prominently includes CPVA. This proactive stance is particularly evident in its nuanced approach to CPVA. Although the Domestic Abuse Act 2021 legally defines domestic abuse for individuals aged 16 and over, thereby encompassing CPVA in this age group, the Welsh Blueprint's broader, preventative agenda inherently extends to all forms of family violence, including CPVA involving younger children. It champions early intervention for young people displaying abusive behaviours, recognising that this not only protects the parent but is crucial for the child's own trajectory and for breaking cycles of violence. By prioritising a trauma-informed approach and fostering multi-agency collaboration across health, education, social services, and youth justice, the Blueprint supports comprehensive, compassionate responses to CPVA. This holistic model aims to move beyond the often-hidden nature and associated stigma of CPVA, creating a more supportive environment where families feel empowered to seek help.

This proactive stance, particularly evident in the Welsh approach, can be conceptually understood through the lens of a Theory of Change (ToC). A ToC outlines the intended causal pathways through which a programme or policy is expected to lead to its desired outcomes, articulating the underlying assumptions about how change will occur (Weiss, 1997; Vogel, 2012). In the Welsh context, the VAWDASV Act, Strategy, and Blueprint collectively articulate a ToC that seeks to move beyond solely reactive, criminal justice responses. Instead, the Welsh Government envision a system where early intervention, multi-agency collaboration, and a public health emphasis on addressing root causes will lead to enhanced protection and support for all affected by domestic abuse, including those experiencing CPVA.

This contrasts with the UK Government's legislative focus, which, while acknowledging prevention, is primarily structured around criminal justice responses and post-abuse

victim protection (Home Office, 2021). The Welsh approach, with its strong emphasis on upstream interventions and public health principles, seeks to address the root causes of violence and abuse, moving beyond a solely reactive model and articulating a distinct ToC for systemic change.

CPVA is also recognised within the broader UK context, primarily through its inclusion in the Domestic Abuse Act 2021 (Gov.UK, 2021), which covers individuals "personally connected" and over the age of 16, specifically including relatives under Section 2 (1) (g). Furthermore, the Home Office's Controlling or Coercive Behaviour in an Intimate or Family Relationship Statutory Guidance Framework (Home Office, 2015) briefly mentions CPVA, stating the importance of a safeguarding response for young people using abusive behaviour against a parent, regardless of police action. This guidance advocates for multi-agency working to safeguard and promote children's welfare (Home Office, 2015). A safeguarding response for the child is particularly required if the child or young person has care and support needs, as outlined in the Home Office's APVA (adolescent to parent violence and abuse) information guidance document (2015). Research by Condry and Miles (2021, cited in Fitz-Gibbon et al., 2021) indicated high levels of vulnerability, including trauma, mental health issues, neurodiversity, and peer violence, among young people in their UK qualitative study, highlighting a range of safeguarding concerns. The potential for other children within the home to experience harm from a sibling's behaviours further underscores safeguarding needs.

However, challenges exist within current safeguarding practices. Holt and Lewis (2021) identified instances where young people in CPVA cases were referred to adult Multi-Agency Risk Assessment Conferences (MARACs). Given that MARACs are designed to safeguard adults and children within an intimate partnership context, this raises questions about their effectiveness in child-to-parent relationships and associated legal implications. A significant concern is that a safeguarding response is rarely implemented directly for the child involved in CPVA, often becoming significant only in the context of harm

towards siblings, thereby potentially negating the level of harm to parents (Condry & Miles, 2021; Holt, 2009). This indicates a gap in safeguarding procedures, suggesting that CPVA may not be viewed as a significant risk to the emotional, social, and physical development of the family as a whole (Condry & Miles, 2021, cited in Fitz-Gibbon et al., 2021). Moreover, existing child safeguarding frameworks often operate on the premise that children require safeguarding from violence, abuse, and neglect, with parents assumed to be responsible and self-determined (Clark et al., 2017). This highlights a lack of understanding regarding CPVA's conceptualisation of violence and abuse in relation to power and vulnerability, often maintaining assumptions of the all-powerful parent and the vulnerable child (Case & Haynes, 2018).

Similar issues have been noted within safeguarding procedures for parents experiencing CPVA. Heslop et al.'s (2019) UK study of parental messages from an online social media platform found that agencies rarely assessed parents in their own right, with little recognition of the adversities they were experiencing. Consequently, parental safeguarding needs were routinely unmet (Heslop et al., 2019). This may be attributed to the current absence of adult safeguarding policies or procedures specifically relating to CPVA in the UK, despite parents being extremely vulnerable to physical, emotional, psychological, and financial harm (Bates et al., 2023; Heslop et al., 2019; Holt, 2016b; PEGS, 2021). While safeguarding procedures exist for the protection of vulnerable adults in England and Wales, the specific safeguarding needs of parents experiencing CPVA are often overlooked, arguably due to the UK Government's parameters for adult safeguarding within existing policy, despite the negative effects on parental physical and mental health (Kennair & Mellor, 2007; Toole-Anstey et al., 2021).

Within a Welsh context, parents should theoretically receive a safeguarding response as directed by the Social Services and Well-Being (Wales) Act 2014 (SSWBA, 2014) and the All-Wales Safeguarding Procedures (Social Care Wales, 2023), underpinned by Articles 2, 3, and 8 of the Human Rights Act 1989 . However, safeguarding procedures

for parents are unlikely to be implemented due to how the term ‘adult at risk’ is defined within the SSWBA (2014): "An adult who: is experiencing or is at risk of abuse or neglect; has needs for care and support; as a result of those needs is unable to protect themselves against abuse or neglect or the risk of it" (Welsh Government, 2018, p.4). Most parents, unless they have existing parental disability and care needs in addition to their parenting role, would not meet these criteria, leaving them without official designation as in need of care (Heslop et al., 2019).

The National Safeguarding Team (NHS Wales)(2016) also covers CPVA in "A Guide for Safeguarding Children and Adults at Risk in General Practice" , but while it recognises the need for child safeguarding procedures in CPVA cases, the safeguarding of parents remains at the practitioner's discretion: "Practitioners should also consider whether to report the parent to social services as an adult at risk" (National Safeguarding Team, 2016, p. 61). Thus, any adult safeguarding response would depend on the practitioner's conceptualisation of CPVA and whether the parent has care and support needs. Literature reports that many frontline services struggle to provide an effective and sustainable safeguarding response for parents, with some suggesting statutory services typically frame the issue as bad parenting instead (Bates et al., 2023; Holt, 2009, 2013; O’Toole et al., 2020).

This section has explored CPVA in the context of policy and safeguarding, highlighting the distinct, devolved policy landscape in Wales. What can be consistently observed is the need for a family-focused safeguarding approach, which is rarely met due to policy thresholds and resource limitations. The next section will look at the challenges within parental help-seeking for CPVA.

## *THE IMPLICATIONS OF INCLUDING CPVA WITHIN DA POLICY*

This section will now explore the issues related to placing CPVA within an adult domestic abuse policy. While the implications for young people over 16 are significant, this discussion will particularly highlight the contentious challenges arising when applying such frameworks to children under the age of 16. As previously stated, in England and Wales, CPVA falls under the cross-governmental definition of adult-to-adult domestic violence and abuse. Coercive control, criminalised under Section 76 of the Serious Crime Act 2015, is included in the definition of domestic abuse within the UK Domestic Abuse Act (2021), making it an offence in the eyes of the law and potentially leading to criminal prosecution for young people over the age of 16. However, children as young as 10 can be arrested for coercive control under the Domestic Abuse Act (2021). This is a highly contentious area between policymakers and CPVA researchers (Bettingson & Quinlan, 2020; Brennan et al., 2022) due to the significant implications of criminalising of children and young people.

Framing CPVA as DA clearly sets it out as a criminal issue requiring a criminal justice response (Holt & Lewis, 2021). In Wales, the youth justice system is underpinned by the 'child first, offender second' principle, a socio-ecological approach that seeks to understand how different systems interact and influence the child/young person (Haines & Case, 2015). This approach decentres the individual as the sole issue and presents a more child-centric framework, contrasting with adult-risk focused models of youth justice, which responsibilise the individual child or young person through an adult lens (Johns, 2018).

Despite this child-centric approach in Wales, serious concerns arise regarding conflating CPVA with domestic abuse and the criminalisation of often vulnerable children and young people through existing domestic violence frameworks (Bettingson & Quinlan,

2020). Rutter et al. (2022) assert that such conflation could have "deleterious consequences for children and their families" (p. 2). Conversely, Wilcox's (2012) social policy paper, "Is parent abuse a form of domestic violence," argues that positioning CPVA within a domestic violence framework will help address the issue and create opportunities for effective support for parents. However, Bettingson and Quinlan (2020), in their paper "Decriminalising Adolescent to Parent Violence under the s76 Serious Crime Act 2015 (c.9)," argue that current policies and laws do not factor in the unique child-parent relationship, thus failing to acknowledge the bidirectional vulnerability of both the parent and child or young person. Similarly, Rutter (2023) claims that by framing CPVA as domestic abuse: "It is likely that the specific concerns and risk factors which are distinct from adult-perpetrated intimate partner violence could be ignored, as CPV is subsumed under the wider field of research and practice" (p. 15).

Furthermore, what often appears to be lost in conflating CPVA with domestic abuse are the vulnerability and age considerations among children and young people demonstrating CPVA (Condry & Miles, 2021, cited in Fitz-Gibbon et al., 2021). This raises further concerns regarding the positioning of CPVA within a domestic violence framework and labelling young people as domestic abuse perpetrators (Holt & Lewis, 2021). This is particularly concerning if the child or young person has experienced trauma or has a neurodivergent condition. As noted earlier, children and young people who engage in CPVA behaviours have increased depressive symptoms (Ibabe, 2014), suicidal ideation and psychological distress (Martinez-Ferrer et al., 2020), and are more likely to be receiving psychological or psychiatric treatment (Brennan et al., 2022). Thorley and Coates' (2017, 2018) study highlighted the large numbers of children and young people with neurodiversity, trauma, and Additional Learning Needs (ALN) within CPVA populations. Therefore, the labels of victim and perpetrator, in terms of causing intentional harm, may not be appropriate due to how these terms are conceptualised in society, coupled with the difficulty of applying intent to cause harm (Johnson, 2023). Thorley and Coates (2017) suggest CPVA is better placed within a therapeutic framework and included within the ICD-10 and DSM-5, as previously mentioned. Accordingly,

Bettingson and Quinlan (2020) argue that justification can be made for removing CPVA from the Section 76 offence within the domestic violence policy framework, particularly the element of intent.

Expanding further, Bettingson and Quinlan (2020) state that both parents and adolescents are vulnerable, blurring lines between responsibility and intent to cause harm. This necessitates a more balanced protection for both parent and child in CPVA cases, especially considering past traumas, developmental disorders, and mental health disorders. As the lines between responsibility and intent are extremely complex in some CPVA cases, this balanced protection translates into a holistic response that protects both the parent and the child, rather than solely a criminal justice response. Conversely, one could argue that placing CPVA within the ICD-10/DSM-5 and solely a therapeutic or criminal justice response serves only to individualise the child/young person in terms of behaviours. This neglects the wider influence of social and political factors (the broader socio-cultural-political context, peers, and family) that influence a child's behaviour and their decision-making processes (Johns, 2018).

In summary, it has been shown that placing CPVA within an adult-focused domestic violence framework can produce negative outcomes for children and young people. This is of particular concern given the high numbers of vulnerable and neurodivergent children identified in the presented literature. Having examined the policy and safeguarding landscape of CPVA, this chapter now turns its attention to the complex question of why parents continue to care for children who are abusive or violent towards them.

## *Why Do Parents Still Care for Violent Children?*

This section explores the profound, yet often under examined, phenomenon of parents continuing to provide care and maintain their capacity to love a child who is abusive or violent towards them. While CPVA literature frequently overlooks the value parents place on the parent-child relationship and how caring practices drive their commitment to staying within the relationship, understanding this dynamic is crucial for developing future policy and practice frameworks. Despite the violence, parents consistently express a deep-seated care for their child, often prioritising the repair of the relationship (Clarke et al., 2015; Jackson, 2003, 2004; Gabriel et al., 2017; Simmons et al., 2019; Williams, 2015; Rutter, 2023).

Studies that do explore feelings of care and nurturing, such as Edenborough et al.'s (2008) Australian qualitative study, describe mothers as feeling in "constant conflict and torn between nurturing and caring for their child because of the abusive treatment they have received" (p. 468). Furthermore, Jackson's (2003) nursing qualitative study findings, published in the *Journal of Child and Family Social Work* in the UK, reported how mothers experiencing child-on-parent violence and abuse were "not prepared to withdraw love and support that is culturally expected from mothers to their children" (p. 327). This is substantiated by findings from UK criminology studies by Holt (2011), an Australian qualitative study on family issues by Simmons et al. (2019), a USA qualitative study on domestic abuse by Gabriel et al. (2017), and UK criminology by Miles and Condry (2015).

Jackson's (2003) qualitative study surrounding mothers' perspectives of aggression from their children or adolescents revealed that mothers were prepared to lie to protect their child or adolescent, thereby avoiding further escalation or confrontation, preventing provocation, and denying the seriousness of the situation. This could also be attributed to

how parents view their child, not as a perpetrator, but as a victim, especially pertinent considering the child's experience of living with domestic abuse (Myer et al., 2020). Additionally, findings relating to Jackson's study demonstrate the unwillingness to sever the parent-child relationship through familial caring and bonds, showing a commitment to staying within the relationship by maintaining and restoring positive and loving relationships with their child or adolescent. Patterson et al.'s (2002) Australian qualitative study further revealed that mothers were also concerned about the impact of the violence on the child/young person in terms of reducing their self-esteem.

Holt (2011) describes how mothers construct the violent and abusive child or young person in a positive light. She notes there may be a deep connectedness and unconditional love for the child; despite the violence and abuse directed towards the mother, they would go to great lengths to find help for their child or teenager. Linked by a bond that is biological for parents and grandparents, or an immense emotional connection in non-biological and carer relationships, Jackson's (2003) and Holt's (2011) studies demonstrated the attributes of a unique and powerful relationship between a child/young person and their mother through the unwillingness to withdraw the cultural expectation of unconditional love and nurturing. Two participants in Jackson's study did seek alternative accommodation for their child or young person, but only when the violence reached crisis point. Despite this, the mothers ensured their child was placed in a loving family environment, and they continued to provide support to them (Jackson, 2003). This powerful relationship bond is also corroborated by studies from Condry et al. (2020), Cottrell and Monk (2004), Holt (2009, 2010, 2011), and Simmons et al. (2019).

### *The Influence of Past Experiences and Perceptions of Warmth*

Earlier in the thesis, the profound impact of DA on children was noted. This context is vital when considering the enduring commitment of parents, particularly mothers, to their children, even in the face of CPVA. The enduring commitment of parents, particularly mothers, to their children, even in the face of CPVA, highlights a complex paradox in these family dynamics. To fully understand why some parents still provide caring activities and maintain the capacity to love a child who is abusive or violent towards them, it is crucial to acknowledge how a child's prior experiences, particularly exposure to parental DA, can shape the parent-child dynamic and parental responses to CPVA. Miller-Graff et al. (2015) highlighted that parent-child warmth can serve as a potential mediator between childhood exposure to parental DA and positive adulthood functioning. This suggests that even in challenging circumstances, a warm and supportive parental relationship can buffer the negative impacts of early trauma. Similarly, Levendosky et al. (2003) investigated the impact of DA on the maternal-child relationship and preschool-age children's functioning, underscoring the long-term effects of such exposure. This research implies that parents may be driven to maintain a nurturing relationship, even in the face of CPVA, out of a recognition of their child's own potential trauma and a desire to foster positive development. Graham-Bermann et al. (2009) further explored how a child's experiences with violence can profoundly impact their own behaviour, whether that's acting out aggressively or becoming withdrawn. Crucially, it also showed how these child behaviours then shape the way parents respond, affecting the whole family dynamic. These studies collectively suggest that parents' commitment to providing care, even amidst CPVA, may be rooted in an understanding of their child's past experiences and a hope for future well-being, where parental warmth is seen as a protective factor.

In summary, this section has drawn from existing literature to illuminate key aspects of caring for a violent and abusive child. For some parents, the continuation of caring practices in the relationship proved to be profoundly important, demonstrating the

significant value parents place within the parent-child relationship. The chapter will now move on to examine the range of complex emotions parents experience when parenting a violent and abusive child.

## RAW EMOTIONS

In keeping with the previous discussion surrounding providing love, care, and the powerful child-to-parent bond, the discussion now moves to examine the complex emotions parents experience in the context of parenting through CPVA.

### *The Good Parent*

Holt (2009) describes the complex decisions mothers face when reporting the CPVA they experience. These decisions involve protecting other children within the family home while also prioritising a constructive relationship with the child displaying CPVA. For example, Holt's (2009) paper on "Parenting a young offender" describes how mothers are often faced with the moral dilemma of being a 'good parent'—protecting the child or adolescent from negative consequences resulting from not reporting the violence and abuse to authorities—versus being a 'responsible citizen' and reporting the violence and abuse to protect themselves and other family members such as siblings. Such dilemmas are also substantiated by Cottrell (2001), Cottrell and Monk (2004), Holt (2009), Patterson et al. (2002), and Condry et al. (2020).

The concept of being a 'good mother' is a prevailing discourse in the available literature concerning parental experiences of CPVA (Konak et al., 2006). For example, Patterson et al. (2002) highlight a good mother-bad mother dichotomy, in which mothers experiencing CPVA contemplated whether they would be able to fix the situation if they were 'good enough' mothers. In the Western world, the concept of a good parent/bad parent stems from the parent's own upbringing, their culture, and what normative society deems to be a 'good parent', which can be linked to an unspoken checklist of norms that parents should abide by to produce 'stand-up citizens' of their children. Anything less is deemed insufficient and indicative of a parenting skills deficit (Eckstein & Brule, 2016).

Meanwhile, Toole-Anstey et al.'s (2022) UK narrative inquiry with mothers experiencing CPVA found that mothers feel the need to maintain the image of the 'good mother'. Expanding further, most parents experiencing CPVA face complex decisions on how best to protect the remaining family and themselves from the violence and abuse in a manner that would be perceived as appropriate and right parenting. Such dilemmas include facing the reality of having other children removed to a place of safety through child protection procedures, involvement of extended family members, or having the young person perpetrating the violence and abuse removed from the family home and placed in local authority care, or in some cases, a residential secure unit for criminal reasons (Eckstein et al., 2013; Haw, 2010). Such dilemmas go against typical normative parenting moral boundaries, as a parent usually tries to protect all family members to their best abilities, and being faced with the consequence of losing any child to the remit of child protection services as a result of the violence and abuse results in a perpetual turmoil of who to protect the most with the least repercussions (Bonnick, 2019; Clarke et al., 2016; Cottrell & Monk, 2004; Edenborough et al., 2008; Patterson et al., 2002).

Although challenging, mothers experiencing CPVA will only seek support after a considerable length of time, and when the behaviour has reached crisis point. During this period, they may comply with the child or young person's demands or threats. Mothers

also remain silent or compliant to protect the child or young person, preserve the relationship, and avoid further incidents of violence and abuse. Therefore, time, coupled with a lack of help for CPVA, can reinforce the mother's self-perception within the bad mother-good mother dichotomy (Condry & Miles, 2015, 2020; Holt, 2009, 2011, 2013).

## *A Mother's Guilt*

The emotional experiences of families living with CPVA have been widely discussed in the literature, with feelings of self-blame, loss and grief, hopelessness, fear, concern, worry, and helplessness being described (Cottrell, 2001; Cottrell & Monk, 2004; Haw, 2010; Holt, 2013; Kennair & Mellor, 2007; Laing, 2014). Furthermore, Baker's (2021) UK mixed-methods thesis highlights how CPVA can cause emotional distance between the parent and child. Typically, parents emotionally distance themselves from children as a coping method (2021). This then leaves many parents describing swaying between the two positions of feeling rejecting and caring for the child or young person (Edenborough et al., 2008; Jackson, 2003; Laing, 2014; Patterson et al., 2002; Williams et al., 2016). For example, Laing's (2014) Interpretive Phenomenological Analysis (IPA) study with a small sample of six mothers and two grandmothers from New Zealand identified the unconditional love and protection versus the disappointment and resentment felt towards the child. This is also evident in the literature from Edenborough et al. (2008); Howard and Rottem (2008); Holt (2011); Laing (2014), all of whom describe a recurring theme of parental experiences of guilt as a direct result of being unable to unconditionally love and care for the child or young person, and from feeling hateful emotions towards them.

### *Societal and Professional Contributions Towards the Development of Mother Blame*

Typically, in the Western world, mothers who experience CPVA carry the weight of blame and disapproval from both professionals and society (Edenborough et al., 2008). For example, in Jackson's (2004) study titled "Giving a Voice to the Burden of Blame: A Feminist Study of Mothers' Experiences of Mother Blaming," Jackson recognises that if mothers do not fit normative roles of mothering, they face criticism and condemnation from the society they reside within. This is very much apparent in mothering within a CPVA discourse, with public and professional questioning of parenting practices, which reinforce feelings of blame (Farber & Azar, 1999). Additionally, some have argued that single mothers are predominantly made to be scapegoats for everything that is wrong with society today, from the rise of youth crime to youth unemployment (Schmuck, 2013). Single mothers, and other mothers such as same-sex mothers, working mothers, and mothers in receipt of state benefits, are labelled within deviant discourses of mothering where they are commonly conceptualised, stigmatised, and considered to be lacking in virtues, socially appropriate values, abilities, and motivation (Arendell, 2000). This only serves to marginalise and condemn the many mothers not only experiencing CPVA but also other mothers of children involved within the criminal justice system, further than they already are (Jackson, 2003).

### *Self-Blame, Self-Judgment and Peacekeeping*

Williams et al. (2016) and Jackson (2003) discussed how parents of children exhibiting CPVA experienced feelings of guilt, shame, self-blame, and self-judgment in response to internalising professional attitudes of mother blaming, even when some situations were beyond their control. In questioning their parenting abilities, mothers also questioned their parental decision-making skills and adopted self-blame and judgment for the violence and

abuse (Williams et al., 2016). This serves to position mothers of children who exhibit CPVA within a poorly understood position in research (Cottrell & Monk, 2004; Hunter et al., 2016).

Additionally, Gabriel et al. (2017) encapsulate these feelings within parents and translate them into what she describes as parental paralysis that renders parents feeling helpless and disempowered. Expanding further, these feelings cause changes within the parents' sense of self. For example, typically, the parent adopts the role of peacemaker within the family and creates a sense of "walking on eggshells" so as not to incite another incident (Hassett et al., 2018; Kenny et al., 2017). Adding further, Weingarten's (1994) paper titled "Strengthening Intimacy in Families" highlights the dilemmas that mothers face, often suppressing their own feelings in the interests of selfless mothering to continue peacekeeping within the family. This act of continuing peacekeeping damages parental confidence and contributes to a loss of individuality as a person, through the added burden of parental responsibility (Holt, 2012; Simmons et al., 2019).

The previous section has demonstrated that living with CPVA creates many complex feelings for parents, often stemming from internalising discourses of bad parenting and blame from professionals. The next section will examine help-seeking behaviours and professional responses to CPVA.

## HELP SEEKING AND RESPONSES TO CPVA

The remainder of this chapter will now focus on the difficulties and complexities parents face when seeking help and support for child and adolescent to parent violence and abuse (CPVA), as well as outlining interventions that promote positive outcomes for families.

Parenting an abusive child or young person can leave many parents feeling isolated, often unsure of how, who, or where to turn for help (Bates et al., 2023; Edenborough et al., 2008; Jackson, 2000; Gabriel et al., 2018; Miles & Condry, 2015; Moulds et al., 2016; O'Toole-Anstey et al., 2023). A significant barrier to effective support is a widespread lack of professional awareness and understanding of CPVA as a form of family violence (Bates et al., 2023). This is compounded by the fact that some families do not even recognise what they are experiencing as CPVA, potentially indicating a social acceptance of a certain level of violence and abuse from children as part of normative developmental stages (Brennan et al., 2022; Simmons et al., 2019; Toole-Anstey et al., 2023; Holt, 2023). Typically, parents only seek help and support when they reach a crisis point, when behaviours become too difficult to manage, or when the child now poses a significant physical threat (Holt, 2013).

While CPVA is present regardless of socio-economic status and ethnicity, Brennan et al.'s (2022) practitioner findings highlight that parents within minority and marginalised communities experience a disproportionate impact due to additional barriers. These include cultural factors encompassing shame within the family and community, as well as language barriers and a mistrust of the police. Disclosing personal family issues or the perceived inability to resolve them within the family unit creates high levels of shame, acting as a significant barrier to support for some ethnic minority families (Brennan et al., 2022). Furthermore, within the Black Caribbean and Black African communities, there

can be a mistrust of the police due to historical and recent discrimination (Brennan et al., 2022). All these factors hinder accessing help and support, engagement with CPVA services, and contribute to a cultural silence on CPVA (Brennan et al., 2022).

Specific literature on parental help-seeking pathways (e.g., GP, social worker, and CAMHS routes) remains limited, with the exceptions of Toole-Anstey et al. (2022, 2023) and PEGS (2021). However, existing literature on parental experiences of professional responses consistently reveals common challenges (Bates et al., 2023; Brennan et al., 2022; Edenborough et al., 2008; Holt, 2023; PEGS, 2021). Recurring themes include professionals not knowing how to help, coupled with secrecy, denial about the abuse, and widespread hopelessness, shame, and stigma among parents, contributing to a perceived lack of effective help and support for CPVA (Bates et al., 2023; Cottrell & Monk, 2004; Edenborough et al., 2008; Holt, 2023; O'Hara et al., 2017; PEGS, 2021; Williams et al., 2016; Wilcox, 2012).

Parents often conceal the violence and abuse from other family members and the outside world, a finding validated across numerous studies (Bates et al., 2023; Charles, 1986; Cornell & Gelles, 1982; Cottrell & Monk, 2004; Hastie, 1989; Holt, 2011, 2013, 2021; Jackson, 2003; Patterson et al., 2002). This concealment stems from profound feelings of shame (Omer & Lebowitz, 2016, cited in Holt, 2016), stigma (Brule & Eckstein, 2016; Holt, 2013), and the judgement that arises from a lack of understanding of CPVA within wider society (Edenborough et al., 2008). Furthermore, parents often assume responsibility and blame for the violence (Moulds et al., 2016), as well as for society's and professionals' negative responses (Condry & Miles, 2015; Myer et al., 2020; O'Toole et al., 2022). This internalisation exacerbates feelings of hopelessness, isolation, and the continued need to hide the violence and abuse (Jackson, 2003). When parents do engage in support, UK survey data from PEGS (2021) highlighted that the support received was often ineffective and of inadequate quality. This can be explained by a pervasive lack of professional awareness and understanding of CPVA (Bates et al., 2023; PEGS, 2021),

alongside parents being referred to incorrect services that cannot meet the family's needs due to insufficient training and understanding of CPVA (Bates et al., 2023).

### *Responses to CPVA*

When accessing frontline services for CPVA, the evidence generally points to a lack of a coordinated response (Bates et al., 2023; Hunter et al., 2020; Miles & Condry, 2015; O'Toole et al., 2022). Bates et al. (2023) found that children's social services were often unsupportive of parents, with seeking help sometimes leading to child protection concerns. Perhaps understandably, parents and children frequently express mistrust towards social workers and helping services in general (Bates et al., 2023), especially for families with previous negative experiences, which consequently prevented engagement with CPVA services (Bates et al., 2023).

As highlighted earlier, CPVA is sometimes framed through an inadequate parenting lens by both police (Holt & Lewis, 2021) and social workers (Nixon, 2012). For social workers, this difficulty arises from their training to safeguard children in need and their challenge in reconciling the notion of a child abusing a parent (Nixon, 2012; O'Toole et al., 2022). Holt and Retford (2021) explain how police and social worker concepts of an abusive relationship are based on normative understandings, where the perpetrator is typically an adult with more economic, physical, and political power. Hence, for some professionals, violence and abuse against a parent is difficult to comprehend (Holt & Retford, 2021). Moreover, some practitioners consider CPVA to be a low risk to families due to such normative understandings (Holt & Retford, 2021). As a result, it has been argued that such professional systems do not fully recognise CPVA as a form of family violence (Holt & Retford, 2021; Nixon, 2021), often locating the issue of CPVA within

broader parenting issues (Nixon, 2021). Such a framing induces moral conflict for parents, who are acutely aware of the possible repercussions of parental blame and the criminalisation of their child.

This complex area of moral dilemmas is consistent throughout existing literature surrounding help-seeking contexts (Bobic, 2002; Burk et al., 2019; Edenborough et al., 2008; Miles & Condry, 2015). For example, in the UK criminology qualitative study by Condry and Miles (2015) titled "Responding to Adolescent to Parent Violence: Challenges for Policy and Practice," parental participants experienced negative reactions and responses from police when seeking help during severe episodes of CPVA. Responses ranged from disbelief that the child or young person could be responsible for the violence and abuse, implying the parent must have provoked them, to minimisation of the parents' experiences and a reluctance from police to get involved. This could be due to the family unit still being placed within the traditional 'private sphere,' which positions the parent solely responsible for the child's behaviours – a "your child, your problem" mentality. Such negative experiences leave families feeling discouraged from seeking further help and feeling hopeless about achieving positive change (Cottrell & Monk, 2004; Miles & Condry, 2015; O'Hara et al., 2017).

Conversely, police forces are often ill-equipped to respond to and deal with CPVA cases due to a lack of training, policy, and practice guidance. Decision-making regarding arrest or intervention depends heavily on the individual discretion of the attending officers (Holt & Retford, 2012; Miles & Condry, 2016; O'Hara et al., 2017). With guidance that solely relies on individual discretion, police forces struggle to respond effectively in a manner that is beneficial and helpful to parents (Cottrell & Monk, 2004; Holt, 2011; Holt & Retford, 2012; Miles & Condry, 2016). This response is particularly evident in Miles and Condry's (2016) UK criminology qualitative study, which includes accounts from police, practitioners, and parents regarding police responses to CPVA incidents. Findings indicated that when police responded to incidents and subsequently arrested the child or

young person, parents would often withdraw the complaint, statement, and charges. This could be because parents primarily want the police to speak to the child or young person as a deterrent to prevent further episodes, rather than to criminally charge them. Again, this highlights Holt's (2009) description and positioning of moral dilemmas within parenting an abusive child (Miles & Condry, 2016).

The last section demonstrated that parents face multiple challenges in seeking support for CPVA. Frontline services often complicate matters, leaving families without effective help. The next section explores available programmes in England and Wales.

### *Programmes and Interventions*

Service provision and programmes to support families and children or young people are primarily the responsibility of local authorities, although community voluntary services are emerging alongside statutory support services (Holt, 2013). Currently, in Wales and England, there is no single agency solely responsible for responding to CPVA. This has resulted in different programmes being rolled out across individual local authorities and voluntary community services (O'Hara et al., 2017) in an ad hoc manner (Holt, 2013). Each local authority is responsible for the implementation and delivery of programmes designed to support parents and manage the child's or young person's behaviours (Home Office, 2015). In the UK publication "Understanding CPVA: A Rapid Literature Review on Child and Adolescent to Parent/Caregiver Violence and Abuse for the Commissioner's Office," Baker and Bonnick (2021) highlight the prominence of therapeutic approaches

such as the Non-Violent Resistance (NVR) programme (Omer, 2016, cited in Holt, 2016), the Who's in Charge programme, the Step-Up programme (Routt & Anderson, 2016, cited in Holt, 2016), Break for Change (Gallagher, 2016, cited in Holt, 2016), and the Respect Young Persons Programme (Respect.org.uk, nd). However, these are just some examples of interventions available in England and Wales (Baker & Bonnick, 2021).

Many of the mentioned interventions and programmes (with the exception of the NVR programme) require a whole-family approach (i.e., involving both parents and children). Some authors (Baker, 2021; Bonnick, 2019) recognise that there may be reluctance from parents and children/young people to engage in existing programmes. This may be due to difficulties in recognising the need to change behaviours (Bonnick, 2019) or doubting the effectiveness of intervention programmes (Baker, 2021). Furthermore, typical parenting programmes often require changes in parents' behaviour (Condry & Miles, 2015), which may conflict with parents' perceptions of who is to blame for the CPVA. Either way, this reluctance creates significant barriers to support (Bonnick, 2019).

That said, in relation to CPVA interventions, some positive outcomes have been reported. For example, regarding NVR, Weinblatt and Omer (2008) reported a significant reduction in parental helplessness and the child's aggressive and externalising behaviours. Atwood et al. (2020) highlighted a significant increase in parental self-efficacy, together with an awareness of the child's escalation patterns. Furthermore, Schorr-Spir et al.'s (2021) findings show an improvement in parental emotion regulation and a reduction in parental helplessness. Van Holen et al. (2018) reported a small positive effect on the child's behaviour and parental distress.

In terms of other interventions like the Step-Up programme, post-programme evaluations have reported positive changes in the young person's communication, family relationships, verbal abuse, physical abuse, threats, and controlling behaviour (Kirklees

Council, Kirklees, 2014, 2016). The Respect Young Persons Programme reported significant pre-to-post improvements relating to pro-social behaviour, young person's well-being, and conduct (Darlington Social Research Centre, 2016). Break for Change demonstrated short-term positive changes in parental behaviour and management strategies, assertiveness, and isolation, while reported positive changes in the young person surrounded a reduction in abusive behaviour, school attendance, and empathy (Centre for Justice Innovation, 2019). The outcomes for the Who's in Charge intervention have not been reported in this study due to the researcher's lack of access to evaluation reports.

However, the effectiveness of existing CPVA interventions within certain populations of children and young people has also been questioned (Holt & Lewis, 2021; Mills et al., 2023). For example, findings from existing UK qualitative practitioner research (Holt & Lewis, 2021; Mills et al., 2023) found that practitioners questioned the effectiveness of current intervention programmes among children and young people with complex needs or learning disabilities. This raises serious questions about providing appropriate opportunities for positive outcomes within neurodivergent and disabled populations.

Although many CPVA programmes are emerging in Wales and England, there appears to be a great need for such intervention programmes (Condry et al., 2021). For example, Bates et al.'s (2023) UK research study from the Merseyside Violence Reduction Partnership – Child and Adolescent to Parent/Caregiver Violence and Abuse (CAPVA) research study highlighted practitioner challenges such as lack of capacity due to high caseloads, resulting in significant wait times for CPVA intervention programmes. Alternatively, from a practitioner's perspective, services may be overstretched in terms of demand and need as a result of the COVID-19 pandemic. Qualitative findings in Condry et al.'s (2020) study showed that practitioners had major concerns about meeting the increased demand for services post-pandemic. Practitioner concerns also related to a higher level of behavioural issues in schools when restrictions lifted and schools

reopened, which translates into a greater demand for services from educators (2020). This brings the chapter to a close and will now turn to the concluding comments.

## CHAPTER CONCLUSION

The chapter passage explores the complexities of CPVA, highlighting that inconsistent terminology hinders understanding and help-seeking. Moreover the risks for CPVA need to be understood ecologically, with research evidence pointing to individual factors like mental health and adverse childhood experiences are common risk factors, Child Criminal Exploitation (CCE) also plays a role, with a potentially bidirectional relationship. Measuring CPVA prevalence is challenging as cases often begin early and remain hidden, with parents usually seeking help only in crisis. Mothers are disproportionately affected, a phenomenon analysed through feminist perspectives that highlight the gendered dynamics of power and societal expectations. A significant barrier to addressing CPVA is the lack of societal recognition and professional understanding of safeguarding procedures, leaving many parents without support

# CHAPTER THREE CONCEPTUAL FRAMEWORK

This conceptual chapter critically explores the relationship between gender, femininity, and the ethics of care as a framework for understanding mothers' experiences of child-to-parent violence and abuse. It navigates a central debate: whether the association of women with care is an inherent trait or a social construction, aligning with theorists such as Rich (1976) and hooks (1984) who argue for its social origins. The chapter then addresses critiques of key concepts, including Noddings' (1984) 'engrossment' and Ruddick's (1989) 'maternal thinking,' discussing how they can inadvertently reinforce patriarchal norms. Ultimately, this analysis advocates for a feminist ethics of care that acknowledges the value of care while rigorously deconstructing its gendering within patriarchal structures.

## NAVIGATING THE DEBATES; A FEMINIST ETHICS OF CARE

To fully make sense of mothers' experiences of CPVA, this chapter will directly confront the implications of gender and femininity within the EoC. While drawing on the foundational work of key theorists such as Carol Gilligan (1982), Nel Noddings (1984), and Sara Ruddick (1989), my analysis simultaneously foregrounds the institutional and cultural forces that shape mothers' caregiving choices. The researchers position in this chapter is that while we must retain the value of care as a descriptive and normative lens, we must also rigorously critique the harmful ways in which it has been gendered within patriarchal structures.

Gilligan and Noddings initially articulated the EoC as a different voice in moral reasoning, providing a vital counter-narrative to traditional, justice-based ethical theories that had long overlooked or devalued women's experiences (Tong, 1998; Held, 2006). Gilligan herself highlighted the "*exclusion of women and all that is represented by femininity from mainstream ethics*" (1982, p. 18). However, this connection between women and care also introduced what some feminists term essentialism—the idea that women are inherently, biologically, or psychologically predisposed to care. As Tong (1998) points out, this is a debate my framework seeks to navigate carefully.

This study aligns with scholars such as Rich (1976), who position care as a socially constructed phenomenon. The researchers position is that experiences traditionally associated with women, such as mothering, have historically foregrounded relational responsibilities and contextual understanding. However, it is crucial to understand these as largely socially constructed and culturally enforced roles, rather than innate feminine traits. Rich powerfully articulated a fundamental tension, arguing that mothering as a lived, often empowering, experience is distinct from motherhood as a patriarchal institution. This institution, as demonstrated by hooks (1984), O'Reilly (2010), and others, has historically prescribed self-sacrificing and often silent roles for mothers, divorcing care from agency and reinforcing gendered expectations.

The danger of an uncritical embrace of a gendered EoC is that it can inadvertently reinforce these patriarchal norms. As Tong (1998) argues, it can perpetuate the idea that care is primarily women's work, thereby relieving men and societal institutions of their responsibility. This is particularly salient in the context of child-to-parent violence, where mothers often bear the solitary burden of care, fearing blame if they deviate from the idealised good mother (Lapierre, 2010; Holt, 2013). Furthermore, an uncritical gendering of care can maintain the undervaluation of care work, both economically and socially, precisely because it is linked to the natural abilities of women (Fine & Glendinning, 2005). Finally, such an approach can limit women's agency and choices by

framing caring as an innate duty rather than a conscious, ethical choice that should be supported by equitable social structures.

While the study draws on Ruddick's (1989) idea of maternal thinking, it is done so with the critical understanding that this form of thinking, valuable in its emphasis on preservation and growth, is not inherently female or solely tied to biological motherhood. Instead, this concept represents a form of practical, emotional, and political work that can be undertaken by any caregiver, regardless of gender. The historical association of this thinking with women is a product of specific social structures that have relegated women to caregiving roles and undervalued this labour. Similarly, while Noddings' (1984) concept of "engrossment" offers a profound understanding of relational attention, it has been critiqued for potentially leading to a loss of caregiver autonomy and self-neglect (Hoagland, 1990), a point contrasted with Gilligan's (1982) emphasis on balancing self-care with care for others.

In essence, the researcher argue for a feminist ethics of care that acknowledges the profound importance of care in human relationships and society. At the same time, this approach rigorously deconstructs the harmful ways in which care has been gendered and used to subordinate women. This means advocating for a redistribution of care responsibilities, challenging the societal myths of intensive mothering, and creating systems that support, rather than burden, caregivers. By doing so, the chapter will be able to explain why mothers in the context of CPVA may prioritise relational preservation and continuity of care, while also exposing how these choices are profoundly shaped by gendered pressures and systemic inequalities. The caring choices mothers make are often constrained by the institution of Motherhood, which can lead to self-sacrifice and the suppression of their own needs and voices, even in abusive situations.

With this conceptual backdrop in place, the following sections will now detail the core theoretical contributions of Carol Gilligan (1982), Nel Noddings (1984), and Sara Ruddick (1989). Their nuanced explorations of care and mothering are fundamental to building the framework for understanding mothers' experiences in CPVA.

## *The Ethics of Care and Maternal Moral Decision-Making in CPVA*

The Ethics of Care (EoC), primarily championed by Carol Gilligan (1982), offers a robust framework for exploring mothers' complex moral decision-making. This approach foregrounds the relational dimensions of moral dilemmas, scrutinising the profound impact of decisions on interdependent caring relationships (O'Reilly, 2009). Distinct from established ethical paradigms such as utilitarianism or deontology, the EoC provides a unique theoretical lens. While a diverse array of EoC theorists exists—including Joan Tronto (1994), Nel Noddings (1984; 2013), Sara Ruddick (1995), Virginia Held (1995), and Eva Feder Kittay (1987; 1982; 1999; 2011; 2013; 2019)—this thesis predominantly concentrates on the conceptual contributions of Carol Gilligan, Nel Noddings and Sara Ruddick. Their nuanced explorations of caring relationships, ethical practice, and maternal thought offer the most direct and potent analytical tools for comprehending the specific phenomena under investigation in Child-to-Parent Violence and Abuse (CPVA).

This focus stems from the EoC framework's emphasis on relational and caring values. Preliminary analysis of secondary data in Chapter Two indicated that some mothers consistently prioritised the protection and maintenance of relationships, demonstrating persistent care even in challenging circumstances. Thus, identifying a theoretical perspective resonating with these observed practices was imperative. Deeper engagement with the EoC revealed specific aspects of the CPVA literature align

cogently with its framework. The subsequent sections will succinctly delineate relevant feminist theories of mothering, articulate the thesis's stance on gender within the EoC, and then introduce the principal authors underpinning this thesis, with a particular emphasis on Gilligan, Noddings and Ruddick.

## *Carol Gilligan (1982; 1995; 1997; 2023)*

The EoC framework originated with psychologist Carol Gilligan and her ground-breaking work, *A Different Voice Psychological Theory and Women's Development* (1982). Gilligan's work focused on moral development from a psychological and scientific perspective, examining how women approached moral dilemmas in real life.

As a framework, the EoC, according to Gilligan, develops in three stages. In the earliest one, individuals primarily focus on themselves. Subsequently, in the second, care for others takes precedence over self-care. Finally, in its mature form, the EoC achieves a balance between self-care and caring for others. Crucial throughout all these stages is the constant, reciprocal connection within personal relationships.

In her work, Gilligan interviewed women, particularly about how they responded to moral conflict and choice—mainly their justifications for abortion (1982). Her findings indicated that women approached ethical decisions differently from men; women would often frame problems in terms of relationships and consider the impact on those relationships. Thus, Gilligan argued that women tend to take a more contextual, narrative approach that seeks to avoid harm when evaluating moral issues. She further

argued that women define themselves through connections, affection, and attachment (1995). As Kyte (1996) articulates:

> *"Gilligan characterises the care perspective as a way of looking at situations through one's attachments to particular individuals. One's response is motivated by the care that comes from affection for particular individuals and the attention to them that is part of such affection"*
>
> *(1996, p. 101).*

Kyte also suggested that Gilligan's idea of attachment points to "*the unwillingness or inability to give up the comfort and security that a loving relationship provides"* (1996, p. 104). This statement particularly resonates with this study's research questions. As noted in Chapter Two, studies by Edenborough et al. (2008) and Jackson (2003) showed that mothers were reluctant to sever ties in CPVA relationships with their child. Through an EoC lens, it becomes apparent how mothers prioritised attachment in the relationship, and perhaps, as Kyte (1999) argued, were, in some ways, unwilling to abandon the relationship.

Through her interviews, Gilligan (1982) found that women tend to develop morality based on responsibility, care, and interconnectedness with others. This means women see caring relationships as more central to their lives when considering moral issues, compared to men. Men, conversely, tend to view moral issues in terms of abstract justice and rules, which she called the justice approach (Gilligan, 1982). However, she stressed that both views of morality (justice and care) are equally important and complement each other in moral reasoning and judgment. Gilligan argued that the relational voice is essential because the existing justice approach struggles with real relationships and individual needs, stating that:

> "*While an ethic of justice proceeds from the premise of equality – that everyone should be treated the same – an ethic of care rests on the premise of nonviolence – that none should be hurt"*
>
> (1982, p. 174).

Even though Gilligan's findings were linked to women, she maintained that gender does not define these different moral approaches. Instead, females and males represent two distinct voices when discussing moral issues. Gilligan found that women possessed a *"distinct moral language"* (1982, p. 73)—a relational voice emphasising care orientation, interdependency, responsibility, context, and avoiding harm. Gilligan said the relational voice starts with connection and focuses on the care perspective, aiming to protect and maintain interpersonal relationships. Meanwhile, men's voices lean towards justice orientation, abstract rules, and reason when deliberating on moral dilemmas (1982). Although she disputed the EoC as gender-related, her work subtly applied the EoC to a feminine quality. For instance, Gilligan (1995) often linked male morality with a masculine justice ethic and female morality with a feminine care ethic. As Govrin (2014) noted:

> "*Ultimately, Gilligan (1982) argues, man and women claim different imperatives: Women feel a responsibility to discern and alleviate the real and recognisable trouble of this world whereas men's moral imperative appears rather as an injunction to respect the rights of others. From this we can see that moral judgment is a product of the different patterns that characterise men and women"*
>
> (2014, p. 6).

## *Nel Noddings (1984; 2013)*

Building upon Gilligan's foundational work, Nel Noddings, an esteemed educator and philosopher (1984; 2013), significantly advanced the Ethics of Care (Jecker, 2004) through her publication *Caring: A Feminine Approach to Ethics and Moral Education* (Noddings, 1984) and its subsequent revision, *Caring: A Relational Approach to Ethics and Moral Education* (2013). In Western cultural contexts, the archetype of care is frequently represented by the mother-child dyad. Noddings (1984) proposed that this particular relationship could serve as a model for assessing and describing other relational dynamics. Noddings' (1984) profound inquiry into the nature of caring itself, particularly her distinction between natural and ethical caring, provides a crucial lens for understanding the enduring commitment of mothers in CPVA contexts, even when faced with significant adversity.

Noddings' (1984) profound inquiry into care exhibits conceptual overlap with Gilligan's contributions. Specifically, analogous to Gilligan (1982), Noddings (1984) brought to prominence the voices of women that had been largely marginalised within earlier ethical discourses. Indeed, Noddings (1984) explicitly built upon Gilligan's work, particularly her use of "voices" to differentiate between the EoC and the ethics of justice (1984). Noddings (1984) characterised caring as the language of the mother, juxtaposed with the language of the father, which she identified as the ethics of justice:

> *"One might say that ethics has been discussed largely in the language of the father; in principles and propositions, in terms such as justification, fairness and justice. The mother's voice has been silent. Human caring and the memory of caring being cared for, which I shall argue form the foundation of ethical response, have not*

*received attention except as outcomes of ethical behaviour"*

(1984, p. 1).

According to Noddings (1984), women's moral reasoning is inherently emotional, whereas men's is rational. In divergence from Gilligan, Noddings, asserted that the EoC is not only distinct from an ethics of justice but also superior. Noddings (2013. P. 65) believed that the essence of caring resides in 'receptivity, relatedness, and responsiveness,' rendering it a more meritorious ethical approach. This conviction stems from her argument that universal justice-based approaches are predicated on the assumption of sameness, a condition not invariably present across all situations, which may lack equality or similarity (Noddings, 1984). She contended that human relationships are not concerned *with "persons abstract rights, but about particular concrete needs"* (1984, p. 159).

However, similar to Gilligan (1982) and the broader EoC framework, Noddings (1984) encountered substantial criticism for perceived gender stereotyping of women, which appeared to reinforce traditional roles such as caretakers and homemakers (Keller, 1995). Indeed, Noddings asserted that women, both as individuals and moral agents, define their identities through their capacity to care (2013). In contrast to Gilligan (1982), Noddings (1984) initially held rather firm views regarding who possessed the greatest inclination to care, along gender lines. In her 1984 publication, she referred to the mother-child relationship as the archetype of all caring relations. This implicitly positioned mothers, in a distinctly feminine sense, as possessing the paramount inclination towards care. Noddings (1984) intimated that women could engage in caring more readily than men due to potent biological factors that facilitate women's role as the one-caring, particularly in the context of motherhood (Mackness, 2021). However, as Sevenhuijsen (1989) rightly underscored, mothers are not homogenous; their experiences vary significantly based on cultural and socioeconomic factors. Moreover,

in contemporary Western societies, numerous single fathers successfully raise families, stay-at-home fathers provide primary care, and men contribute significantly to expanding social care and midwifery sectors, in addition to men assuming caring roles for their partners.

Nevertheless, like Gilligan (1982), Noddings (2013) acknowledged and responded to the criticisms directed at her work through the publication of *Caring: A Relational Approach to Ethics and Moral Education* (2013). The most conspicuous rectification to the earlier criticisms was the substitution of feminine with relational. Noddings herself conceded that the feminine aspect in her initial work was problematic and potentially contributed to the exclusion of men. Therefore, relational was intended to ensure the inclusion of men in her analysis of care (2013). Despite this, Noddings' (2013) enduring focus on caring within the context of women remains pertinent to the current study, as it explores the relational facets of care within the mother-child relationship. Furthermore, existing CPVA literature consistently depicts mothers as both the primary providers of care in CPVA situations and the predominant targets of the violence and abuse (Condry & Miles, 2014; Edenborough et al., 2008; Holt, 2009; Holt, 2011).

In her definition of care, Noddings stated that *"it would be a mistake to try to provide a systematic examination of the requirements for caring"* (1984, p. 11). However, she proceeded to elaborate that a caring relationship fundamentally involves "the one caring" and "the cared-for," both of whom are "reciprocally dependent" (1984, p. 58). Crucially, she differentiates between what she terms natural caring and ethical caring.

Firstly, elaborating on Noddings' (2013) description of natural caring, she characterised it as originating from love and inclination. She presented the mother-child relationship as the exemplary model, wherein no conscious moral effort is ostensibly required (1984). Within the framework of natural caring, she analysed both the one caring and the

cared-for within the relational dynamic. According to Noddings, both entities are reciprocally dependent, signifying that the caring relationship operates bilaterally. Regarding *"the one caring,"* she described their process of receiving the cared-for into their own being, a process she termed *"engrossment"* (2013, p. 16). This demands that *"the one caring"* experiences, perceives, and achieves a duality with the cared-for (2013).

However, engrossment is not necessarily intensely pervasive. Noddings stipulated that "*the engrossment need not be intense nor need to be pervasive in the life of the one caring, but it must occur"* (2013, p. 16). Thus, engrossment does not necessitate an all-consuming absorption within the actions of the one caring. Instead, it involves a temporary suspension of one's own consciousness to fully apprehend the other, akin to Noddings' phrasing of *"what are you going through"* (1992, p. 15; 1995, p. 67). This is analogous to a mother responding to her child, internalising their situation as her own. In that moment, the child's need becomes the mother's need, leading to a motivational displacement. That is, "*the one caring" aligns with "the cared-for"* to address their needs (1984; 2013). Nevertheless, this concept of engrossment has attracted criticism, as it is perceived to potentially eliminate autonomy through total absorption in the cared-for's situation, thereby neglecting one's own needs in favour of the other's (Hoagland, 1990). This stands in contrast to Gilligan's post-conventional stage, where autonomy is maintained through a balanced consideration of one's own needs and those of others (1982).

Despite these points, Noddings (2013) recognised that caring relationships are not invariably unidirectional. For every instance of engrossment and motivational displacement by the one caring, there must be some reciprocal reception of the care by the cared-for. This implies a necessary acknowledgement of the carer's efforts by the cared-for to complete, establish, maintain, or enhance the caring relationship. This recognition, however, is not necessarily a tangible recompense, as Noddings stated:

> *"We are not talking about contractual reciprocity. We do not expect the cared-fors, whether human or animal, to do for us what we do for them, nor do we expect payment of some sort. Instead, we look for signs that our caring has been received. What we do by way of caring satisfies a need in the cared-for, completes the caring relation, and enriches our lives as cares"*
>
> (2013, p. xiv).

Noddings' (2013) assertion signifies that irrespective of the minimal nature of the token of reciprocation, it is this subtle validation that sustains the integrity of the caring relationship. It serves to motivate the carer to continue providing care. This phenomenon is termed completion of care by Noddings (1984)—namely, the reception of care. Furthermore, the reception of care is essential for the carer to recognise the worthiness of the care provided and the worthiness of the cared-for to receive care (Bergerman, 2004; Noddings, 1984; 2013). Noddings also acknowledged that caring relationships are sometimes inherently unequal, and it is frequently the nuanced signs that sustain the one caring for the cared-for:

> *"However, many relations are not equal or symmetric, and it is analysing unequal relations that we see the special contributions of the cared for. By recognising the carer's efforts, by responding in some positive way, the cared for makes a distinctive contribution to the relation and establishes it as caring. In this way infants contribute to the parent child relation, patients to the physician-patient relation, and students to the teacher-student"*
>
> (2013, p. xviii).

However, what can be said when care is not reciprocated, or the inclination to care diminishes. Or, as Noddings states, *"there are times when we do not feel like caring"* (2013, p. xix). This may arise from periods of adversity, feelings of frustration or fear, or simply from the sheer volume of caring responsibilities incumbent upon the one caring. As many parents attest, nurturing a child is not always a seamless endeavour, particularly when the child exhibits violence or abusive behaviours. As evidenced in the literature review chapter (e.g., Edenborough et al.'s 2008 study), some research indicates that parents fluctuate between complex emotions of rejection and affection for the violent child. When, then, does care evolve into under such circumstances? Here, Noddings introduces the concept of ethical caring, which is constructed upon the foundations of natural caring (1984; 2013). It retains that fundamental I must at its core, analogous to natural caring. This might manifest as I must, but I do not want to, or I must because I am obligated to. Such imperatives may arise from a perceived moral duty. Nevertheless, the intrinsic feeling of I must protect or I must comfort my child ultimately prevails in ethical caring (1984; 2013). Noddings' distinction between natural and ethical caring is profoundly instrumental for this thesis, offering an explanatory framework for why mothers maintain their caregiving roles for children who perpetrate violence, even when the intrinsic desire to do so may be severely challenged.

Given our relational nature, our personal memories of having received care and naturally providing care to others contribute to the development of what Noddings terms the ethical ideal. This represents an internalised image of the person one aspires to be, or how one wishes to be perceived. In this state, we recognise the obligation to care due to the intrinsic value we ascribe to natural caring. Although natural caring is prioritised, the deliberate effort inherent in ethical caring facilitates the establishment or re-establishment of conditions conducive to the flourishing of caring relationships (2013). Noddings (2013) argues that even in the absence of a spontaneous inclination to care, ethical caring ensures the perpetuation of the relationship, allowing it to grow and thrive. It is through this recognition that the carer draws upon their own internalised feelings for the ethical self to cultivate their ethical ideal (2000b). This does not imply that ethical

caring is devoid of affection, or that a dichotomy exists in emotions between the natural and ethical ideal. One might indeed resort to ethical caring when overwhelmed by caregiving responsibilities, or when confronting challenging care situations where the desire to continue caring may falter. Instead, as Noddings (2013) posits, the ethical self remains connected to the cared-for. Ethical caring merely ensures one's continuity as the one caring and enhances one's ethical ideal, representing the optimal manifestation of one's caring self (2013).

However, unlike natural caring, ethical caring necessitates concerted effort to attain that ethical ideal. The ethically caring self still requires the care to be validated—or "received," as Noddings (2013) describes—which can present a significant challenge in violent and abusive parent-child relationships. Yet, as previously observed in the literature (e.g., Jackson, 2003), parents frequently sustain caring in such difficult relationships. Noddings provides a pertinent response to this phenomenon: the *"commitment to receive the other, preserve the possibility of caring, is unshakable"* (1984, pp. 111-112). Her assertion implies that the ethical self and ethical ideal must persist in offering care, even if it is rebuffed or rejected, because "*when we understand how enormously complex the relational self is, we tremble at the possibilities*" (2002a, p. 142). Fundamentally, owing to our relational ontology, our moral and ethical self-bestows upon us the fortitude to deliver care even in the most arduous of circumstances.

Equally, Noddings (2013) also acknowledged that caring is not without inherent risks, whether it pertains to natural or ethical caring. Through what she terms the *"burdens of caring"* (2013, p. 12), unavoidable conflicts and moral guilt can sometimes arise within moral dilemmas. According to Noddings, this can originate from several competing factors. Here, the focus will be on the factor most pertinent to this thesis: this moral dilemma may stem from the competing needs and desires of two distinct individuals for whom the one caring holds responsibility (Noddings, 2013). This has particular relevance to CPVA. Existing literature indicates that parents often find themselves

involuntarily dedicating more time and energy to the abusive child to de-escalate incidents and maintain domestic harmony (see Bates et al., 2023; Brennan et al., 2021). This, as Noddings explains, then generates conflict and guilt through her concept of the burdens of care. Furthermore, she recognised the risk that the sheer overwhelming nature of responsibilities within caring can inadvertently redirect the one caring's focus inwards, towards their own anxieties (Noddings, 2013).

This concludes the exploration of Noddings' (2013) key contributions. The ensuing section will now introduce the final key author, Ruddick, and delineate her particular relevance and predominant contribution to the current study.

### *Sara Ruddick (1983; 1989; 1995)*

Sara Ruddick, an American philosopher, dedicated over meticulously investigating and developing her philosophical perspective on mothering as a social practice (Bailey, 1994). Her work was influenced by philosophers who espoused a practialist view of truth, contending that *"distinctive ways of knowing and criteria of truth arise out of practices"* (Ruddick, 1989, p. 13). It is imperative to note, however, that only specific aspects of Ruddick's (1989) comprehensive work will be drawn upon in this thesis, rather than her entire theoretical output. The primary focus will be on her concepts of protection, preservative love, maternal thinking, good enough mothering, and maternal non-violence, which offer particularly strong explanatory power for the complex dynamics of CPVA, especially regarding mothers' protective responses to harm and their strategies for peace-making within the family.

In her contribution to the EoC, Ruddick aimed to both honour and fundamentally transform maternal work by cultivating an understanding of mothering as *"a kind of work or techne"* (1983, p. 4). Ruddick contended that, traditionally and socially, the labour inherent in mothering had not been adequately recognised as a legitimate form of work itself, referring to it as *"a prototype of labour"* (1983, p. 4). She further argued that to:

> *"Simplify, or sentimentalise maternal care lays the emotional and political foundations for the exploitation of labour, as well as the exploitation of the material and natural worlds in which mothers work and often taken to represent"*
>
> (1983, p. 4).

Her extensive project culminated in her influential book, *Maternal Thinking: Toward a Politics of Peace* (Ruddick, 1989). Notably, in contrast to Gilligan (1982) and Noddings (1984), Ruddick employs her own authorial voice in the construction of her theory. This signifies that Ruddick's (1989) discourse on mothering is grounded in her personal experiences, serving as an undeniable reflection of her subjective position. She does, however, implicitly acknowledge that her reflections on mothering derive from her own experiences as a white, capitalist, middle-class Protestant American mother, and from her personal experience of being mothered within a nuclear family. In her personal voice, her observations of other mothers are somewhat impressionistic, in that they are observations of mothers situated within a particular cultural and social milieu (Ruddick, 1989), a characteristic that has attracted criticism regarding latent ethnocentrism (Keller, 2010).

Indeed, as both Bailey (1994) and Keller (2010) identified, Ruddick's (1989) work integrates two distinct voices: firstly, Ruddick's own personal voice, emanating from her lived experiences. Secondly, as Keller contended, is the voice of *"the near-universal moral theorist"* (Keller, 1994; 2010, p. 4). Consequently, Ruddick inadvertently allows her personal experiences to represent mothers in a generalised sense, unconsciously marginalising the experiences of mothers from other backgrounds (Keller, 2010). Yet, in Ruddick's (1989) defence, she did incorporate mothers' experiences from diverse contexts, such as mothering in the aftermath of Hiroshima, through Chinua Achebe's literary characters, and among Argentinian and Chilean mothers, within her evaluation of maternal thinking. Cohn (2014) further argued that Ruddick's work has been misapplied and misrepresented in literature pertaining to women and war. Furthermore, Ruddick's objective was not merely to describe mothers (who she believed could be both male and female) but to propose a theory concerning a mode of thought. Nor was her intent to claim prescriptive knowledge of what mothers are inherently like or how they should behave. Instead, her aim was to articulate a form of thinking and reasoning that emerges from maternal practice (Cohn, 2014). This intellectual endeavour then gave rise to the proposition that mothering could be associated with a unique mode of thought arising from these practices, potentially applicable to a politics of peace (Ruddick, 1989).

Ruddick (1989) contended that individuals engaged in mothering possess distinct justifications for rejecting warfare, stemming from their unique proficiencies in resolving conflicts non-violently. According to Ruddick (1989), the labour of mothering encompasses protection, nurturance, and training. As such, mothers are engaged in maternal practice, which gives rise to a specific discipline of thought, attitudes, beliefs, and values—what Ruddick (1989) termed maternal thinking. Maternal practice, Ruddick believed, is characterised by three fundamental demands: preservation, growth, and social acceptance. As Ruddick elaborated, "*To be a mother is to be committed to meeting these demands by works of preservative love, nurturance, and training*" (1989, p. 17).

In her contribution to the EoC, Ruddick asserted that a mother's primary duty is to protect and preserve her children. This entails *"to keep safe whatever is vulnerable and valuable in a child"* (1989, p. 80). However, this protective imperative does not necessitate enthusiasm or even affection; *"it means seeing vulnerability and responding with caution rather than harassment, ignorance, or running away"* (1989, p. 19). Ruddick's contention is that mothers approach protectiveness with a certain fearlessness and a heightened awareness of the child's susceptibility to danger and harm. The act of preserving, and the unwavering commitment to such preservation of children's lives, constitutes, for Ruddick, the central aim of maternal practice (1989).

In her chapter on preservative love, she recounts an anecdote illustrating good enough mothering in the context of protecting the vulnerable from harm, through a character named Julie. Julie, a young mother, is overwhelmed by her crying infant, whose distress becomes unbearable, leading her to imagine harming the child. Julie then warmly wraps the baby, changes her nappy, provides a warm bottle, and carries the child onto a bus. Julie rides the bus from one end of the city to another, contemplating, "*thinking you would be safe with me if we were not alone"* (1989, p. 67). For Ruddick, Julie's action of boarding the bus to ensure she and the child were not isolated and were safe, represented a mode of protective thinking; "*the young mother did all she can do to keep her child safe, what she did was good enough"* (1989, p. 67).

According to Ruddick, protective work is conceptually linked with *"feeling, thinking, and action"* (1989, p. 70). This forms the embodiment of Ruddick's conceptualisation of good enough mothering, which is critical for understanding the pragmatic choices mothers make in challenging circumstances, and will be further discussed. Even though Julie was consumed by feelings of anger and thoughts of harm towards her baby, her maternal thinking enabled a set of cognitive abilities that created an alternative, ultimately ensuring her baby's safety. Julie protected her infant. Preservative love, according to Ruddick, is precisely this: protection as a cognitive style or mental habit

that facilitates scrutinising. It represents a method through which mothers possess the ability to be aware of the threat or actuality of potential dangers or harm to their children, even if that danger originates from within themselves, and to successfully navigate or negotiate the situation (1989). This capacity to recognise and navigate internal and external threats, particularly when the threat might stem from one's own overwhelming feelings, is exceptionally pertinent for mothers experiencing CPVA, who often must manage their own distress while simultaneously protecting their child.

For Ruddick, this navigation and negotiation, achieved through preservative love and protective thinking, culminates in what she terms a holding, or as Ruddick argues; *"mothers acquire a fundamental mental attitude towards the vulnerable"* (1989, p. 78). This holding signifies a skill mothers possess that successfully sustains the safety of the child, encompassing protectiveness through the utilisation of material resources and the maintenance of harmony. This is exemplified by the young mother Julie, who employed her material resources (warm wrapping, a warm bottle, a clean nappy, and the bus) to maintain harmony and ensure safety. In her subsequent chapters, Ruddick delineates fostering growth and training for social acceptability of the child as the second and third demands of motherhood, respectively (1989). While this thesis does not predominantly draw on these areas, it is pertinent to briefly address them to provide a comprehensive overview of maternal thinking.

Ruddick elucidates her concept of fostering growth as the nurturing of a child's emotional and intellectual development:

> *"To foster growth then is to sponsor or nurture a child's unfolding, expanding material spirit. Children demand this nurturing because their development is*

*complex, gradual, and subject to distinctive kinds of distortion"*

(1989, p. 83).

Ruddick's assertion here is that a child's emotional and intellectual spirit can be adversely affected by various negative influences throughout childhood, potentially shaping and moulding it into a less desirable form. Consequently, mothers fulfil this demand by guiding and buffering against negative influences to foster positive growth for the child's future.

In Ruddick's third and final demand of maternal practice, she addresses training and the social acceptability of children. This is primarily shaped by the social groups to which the mother belongs, rather than solely by the needs of the child (1989). These social groups, as Ruddick argues, will require *"That mothers shape their children's growth in acceptable ways"* (1989, p. 21). The children will then, according to Ruddick, be socially accepted by others within that social group. Given that the criteria for social acceptability vary across different groups, this cannot be achieved naturally. Therefore, it necessitates the mother to develop *"Training strategies,"* which may include positive, negative, respectful, or even abusive methods (1989, p. 21). Regardless, these strategies must be implemented for the child to achieve social acceptance within the mother's group and society at large. Finally, Ruddick believes that the failure to shape a socially acceptable child leads to feelings of fear for the child's future and a sense of maternal failure (1989). This point holds particular significance for the current study. Reflecting on the literature review chapter, it is evident that mother blaming is a recurrent theme in cases of CPVA (e.g., Edenborough et al., 2008; Jackson, 2003; Holt, 2013), which contributes to parental conflict regarding their parenting capacity and perpetuates ideologies of bad mothering (O'Hara et al., 2017).

Indeed, Ruddick discusses how mothers inherently confront conflict as an integral aspect of their maternal existence. These conflicts arise from an: *"Outside world at odds with her, or her children's interests, with a man or other adults in the home, with her children's enemies"* (1989, p. 160). Ruddick argues that parental conflict is inevitable, whether originating within the family unit, among the children themselves, or within broader society. However, according to Ruddick, the crucial element lies in how mothers respond to such conflicts. In describing "good enough mothering*:*

> *"She focuses not on the direct effects of mothers on their children, but rather on how mothers conceptualise "anger, injury, conflict and battle"*
>
> (1989, p. 161).

Essentially, the foundation of good enough mothering is predicated on how mothers react to violence perpetrated by their children, as well as to policies and public officials.

Within her chapter *"Maternal Nonviolence: A Truth in the Making"* (1989, p. 160), Ruddick posits that the concept of good enough mothering aligns with an individual who is also governed by the *"Ideals of nonviolence"* (1989, p. 161). These ideals are defined by activities of *"Peace-making"* (1989, p. 161), which foster a consistently stable condition of peace, free from structural violence and "*Policies of bigotry, greed, and exploitation*" (1989, p. 161).

Ruddick's concept of non-violent peace-making comprises four ideals*: "Renunciation, resistance, reconciliation, and peacekeeping"* (1989, p. 161). She further states that maternal non-violence consists of

> *"An ongoing attempt to renounce and resist violence, to reconcile opponents, and to keep the peace that is as free as possible from assaultive justice"*
>
> (1989, p. 161).

However, for Ruddick's peace-making mother, deviations from these ideals lead to feelings of guilt and shame. Nevertheless, she acknowledges that maternal non-violence, and indeed maternal practice itself, can be challenging to enact. These challenges manifest through poverty, and emotional, intellectual, and physical disability. All of these factors, according to Ruddick, collectively impact maternal thinking, rendering it *"Nearly impossible"* (1980, p. 349). Despite these difficult circumstances, Ruddick observes a remarkable resilience within non-violent mothers. Ruddick states: *"While poverty and isolation make nonviolence a miracle, the miracle seems to occur"* (1989, p. 163). This implies that regardless of the challenging and difficult circumstances in which the non-violent mother finds herself, mothers discover the strength and resilience to continue striving for the ideal of maternal non-violence.

However, Ruddick also provides accounts of instances where peace-making maternal practices are not governed by her ideals of non-violence. Indeed, maternal non-violence and maternal thinking are not universally practised by every mother. Without delving extensively into this particular line of inquiry, the case of Baby P, and his tragic death, serves as just one example. As Ruddick argues, *"Some mothers are pathologically violent"* and would not satisfy her criteria for maternal non-violence or maternal thinking (1989, p. 162).

Furthermore, the criteria for the maternal non-violent ideal must be considered within cultural contexts, as what may constitute accepted practice in one culture may be deemed unacceptable in another (1989). Ruddick's response to such variations is that there exist diverse voices of maternal non-violence, with *"Different mothers and cultures of mothers pursuing nonviolence in their own flawed and imperfect ways"* (1989, p. 163). This suggests that each individual mother can adopt her own approach to achieving the ideals of maternal non-violence, even if these approaches might appear inappropriate to others. It is possible that such approaches could be perceived as bad mothering, antithetical to maternal non-violence and good enough mothering. Nevertheless, according to Ruddick, the ideal is still being pursued through how mothers respond—how they think about *"Anger, injury, conflict and battle"*—thereby meeting Ruddick's criteria for good enough through peacekeeping and non-violence (1989, p. 161).

For Ruddick, the good enough mother draws upon non-violent resistance strategies for peacekeeping. This holds particular relevance to the current study's exploration of CPVA intervention programmes, which are often dominated by the implementation of the Non-Violent Resistance (NVR) parenting programme for CPVA (see practitioner findings chapter on the NVR intervention). Throughout her writings on maternal non-violence and peacekeeping, Ruddick invokes the words of Gandhi (1958) and Martin Luther King (1986), linking them to the political activism of peacekeeping in India and America. Many of Ruddick's observations of mothers through a maternal non-violence lens are likened to Gandhi's and Martin Luther King's political stances on war and weaponry.

Just as Gandhi and King strived to liberate the oppressed and powerless through peaceful and non-violent means, Ruddick (1989) frames mothers as socially disempowered in their interactions with governments and policies. More critically, she observes the unwavering commitment of non-violent peacekeeping mothers in their

resistance towards authorities and policies that are detrimental or unjust to their children and themselves. Although she further contends that mothers are often most powerless within conflicts involving their children (1989). Powerless against her child, the non-violent mother *"Has to do something;"* they do not passively observe older children exploiting or appropriating possessions from younger or more vulnerable siblings; they take action (1989, p. 172). As she describes:

> "*Akin to the powerless everywhere, mothers resort to non-violent strategies with their children "because they do not have weapons – guns, legal clout, money, or other tools in which to work one's will on others"*
>
> (1989, p. 165).

Nor, as she argues, do mothers abandon the children they are committed to protecting. Instead, mothers resort to non-violent strategies reflective of Gandhi's and King's principles of non-violent peacekeeping, including negotiation, persuasion, appeasement, and self-suffering, among others (1989). Furthermore, mothers may resort to threats towards the child, but such threats are consistently contextualised within the overarching framework of peace-making, non-violence, and protectiveness (Ruddick, 1989). Then, for Ruddick, peacekeeping mothers adopt a contextual method for resolving conflicts by developing strategies that are anti-war, without violence and weapons, that create a peaceful and fair way in which mothers and their children can live together in (1989).

However, inevitably, there will be occasions when maternal non-violent peacekeeping strategies falter and escalate into overt conflict. Ruddick highlights that mothers discern when peacekeeping should cease and when *"Battles"* should commence. They then cultivate the *Art of discerning"*—a maternal judgment of when to confront violence or resistance, resorting to non-violent peacekeeping battles (1989, p. 174). These are

framed as non-violent battles when mothers identify that continued fighting is no longer justified by revenge or pleasure in the confrontation (Ruddick, 1989). Conversely, unlike battles in warfare fuelled by power, vengeance, and a delight in engaging in violence, the maternal non-violent battle has a brief duration. Indeed, the non-violent mother will endeavour to quell the battle as soon as it begins, as this constitutes the essence of peacekeeping (Ruddick, 1989). Here, responsible reconciliation becomes a critical feature in the cessation of the maternal battle. Peacekeeping mothers first renounce the violence (Ruddick, 1989). That is, they explicitly name the transgression and assign responsibility for that transgression, as Ruddick explains: *"Mothers name the evils that are done to, or by their children"* (Ruddick, 1989, p. 175). Subsequently, they actively engage in the reconciliation of the individuals involved in the battle through forgiveness. This does not imply forgiveness as a form of disregard for the committed transgression. Rather, it signifies that the transgression does not create an insurmountable barrier within the relationship; this is maternal forgiveness (Ruddick, 1989).

Although mothers find little difficulty in assigning responsibility for their children's transgressions, maternal forgiveness presents a far more complex circumstance to external observers (Ruddick, 1989). Mothers frequently forgive their children for even the most serious transgressions, not only against themselves but also against siblings, despite the evident harm inflicted. This is reflected in the CPVA literature when concerning not only the nature of the violence and abuse, but also the effects on siblings CPVA has. That said, the peacekeeping non-violent mother does not seek vengeance against her own child. Nor does she hold hatred within her heart, for hatred *"Scars the soul"* of a peacekeeping mother (Ruddick, 1989, p. 176). Instead, she will make amends amongst all parties and continue the relationship in the interest of connectedness, as Ruddick argues, *"That is peace"* (1989, p. 176).

This section has concluded the exploration of the third and final contributing EoC author, highlighting her predominant conceptual contributions and their significant

relevance to the current thesis. The previous segments have elucidated a particular mode of thinking that mothers develop through caring practices. From the information provided, four key areas of particular applicability have been highlighted: preservative love, nurturance, training, and maternal non-violence. The chapter now moves to providing a justification for adopting the EoC as the overall conceptual framework for the study, with a specific and sustained emphasis on the explanatory power of Noddings' and Ruddick's contributions.

## *Justification for Adopting the Ethics of Care*

The decision to utilise the Ethics of Care as the central conceptual framework for this study arose from a personal understanding of CPVA. Even with personal experience, the fundamental question persisted as to why I remained in a relationship with my child that, at times, was detrimental to my well-being. Of equal importance was the interest in the experiences of other mothers. The EoC perspective, particularly as articulated by Noddings and Ruddick, offers the opportunity to explore the parent-child relationship within a CPVA context and provide explanations as to why mothers are prepared to endure sometimes extreme and prolonged periods of abuse and violence whilst continuing to provide care for the child. It facilitates a non-judgemental stance regarding the mother's decision-making. Additionally, this perspective will provide explanations for the study's central question, rather than prescribing normative rights or wrongs within parenting practices and responses to CPVA. Furthermore, the EoC can be effectively applied to contexts that may not overtly appear conducive to care, such as violent and abusive relationships (Barnes, 2012).

This application is reflected in Holt's (2023) recent study, which employed the EoC framework to explore mothers' experiences of violence from neurodivergent children. In

addition, the use of moral theories within CPVA research has gained recent traction, exemplified by Vecina et al. (2021) and their application of Moral Foundations Theory to young offenders exhibiting CPVA or dating partner violence. This study aimed to *"Explore and verify the utility of the five moral foundations (Care, fairness, loyalty, authority and purity)"* and how participants justified the use of violence while examining their self-perception as aggressors (2021, p. 1). Although this study operates from a different vein of moral theoretical perspectives, it is informative regarding how the authors applied a theoretical framework to develop an understanding of different types of violence in young people and to devise treatment and educational strategies. Therefore, the EoC perspective presents an apparent fit for the proposed study, as it primarily focuses on relational and context-bound factors influencing morality and decision-making. While there will undeniably be risks and limitations in adapting a framework in this manner, these will be discussed in the Methodology section of the thesis.

In terms of utilising the EoC as the central framework, the study does not aim to reach definitive ethical conclusions regarding parenting through episodes of CPVA. Instead, its purpose is to provide explanations for the perplexing question of why parents make decisions that, to external observers, may appear non-traditional and confusing in terms of parenting practices and responses. By employing tools from the EoC perspective, specifically Noddings' ethical caring and Ruddick's concepts of preservative love and maternal non-violence, these questions can be elucidated through a relational and moral lens, offering insights into how parents manage, cope with, and negotiate moral dilemmas that others may find perplexing. The moral dilemmas confronting parents are consistently highlighted in existing literature (Condry & Miles, 2012, 2013; Condry et al., 2020; Edenborough et al., 2008; Holt, 2009, 2013; Jackson, 2003; Patterson et al., 2002), with many parents facing difficult decisions concerning how to navigate parenting a violent and abusive child. However, given that CPVA remains a secretive and often hidden issue, with limited research attention directed at the parent-child

relationship itself and how parents navigate moral decision-making in relation to help-seeking, further exploration is warranted (Holt, 2021).

In respect to thinking about the Ethics of Care, and how this features within the current study, the unique moral factors that surround the connection between humans is fundamental. In recognising that the Ethics of Care is predominantly a normative perspective, in that it is a method of understanding the issues of right and wrong, or what counts as good behaviour, and not typically used to provide explanations within human behaviour (Petterson, 2011), it is crucial to also acknowledge its origins. Its roots are firmly planted in feminist critiques of traditional, abstract ethical theories, which were seen as failing to account for the moral experiences of women and the importance of relationships. However, the current study adopts the theory as a method of evaluation, and to demonstrate why certain values and actions are of importance, and also, for parents, the actions that they consider to be the right thing to do. Moreover, the EoC will be adopted in part to provide explanations as to why parents stay within abusive relationships with their child, which to others can appear damaging to them. Therefore, the normative theoretical approach will be used in an explanatory way.

The study will work from the hypothesis that parents stay within violent and abusive relationships not because of legal responsibilities, or emotional attachments to the child or young person, but rather, for the parent, it is the right thing to do. In expanding this concept further, parents do not remain within their violent and abusive relationship due to condoning CPVA, or that their situation is not problematic for them. For most parents, they place a strong commitment value upon sustaining their personal relationships, and therefore, carrying such burdens is part and parcel of having family relationships; this is also seen within studies highlighted within the literature review chapter (Jackson, 2003; 2004; Gabriel et al., 2017; Simmons et al., 2019; Williams, 2015). Furthermore, parents feel that detaching themselves from their child or young person would feel irresponsible and morally wrong. To be precise, parents are not blinded by emotions by staying within

the parent-child relationship, but rather their actions are based on positive, self-conscious value judgements. It must be noted that staying within an abusive and violent relationship may not necessarily be the right thing to do, but simply, the study's adaptation of a normative theoretical perspective.

That said, for some families, the relationship between a parent and child is an important and complex one, and as such is predominantly driven by moral decisions, connectedness, love, and care, despite violence and abuse, substance misuse, and trauma or mental health conditions that are featured within parental explanations of CPVA earlier in the chapter (Pagini et al., 2004; Haw, 2010; Howard & Rotterm, 2008). This translates into parents remaining within the relationship and facing challenges in maintaining that relationship at a peaceful level for all the family to coexist within. For example, as highlighted in the literature chapter, Jackson's (2003) findings demonstrated that parents were unwilling to sever the relationship with the abusive or violent child; regardless of the stress and strain that developed as a result of CPVA, the parents were still responsive to their child's needs, to provide care (2003).

With the conceptual framework and theoretical foundations established, the thesis now moves to outline its methodology, detailing the research design and approach used to investigate the complex moral landscape of mothers experiencing CPVA.

# CHAPTER FOUR METHODOLOGY

## INTRODUCTION

This chapter details the qualitative research methods used in this study to explore the experiences of parents living with CPVA and the practitioners who support them. It will revisit the study's research questions, provide the rationale for a qualitative approach, and outline the research procedures and methods.

### *Exploring Lived Experiences Through a Qualitative Lens*

Through an extensive three-year period of research and reading on CPVA, it became evident from the outset that this area of study was highly sensitive, complex, and multi-dimensional. It required a research approach that would truly allow participants to tell their stories, as they experienced them, within their own realities. Therefore, to capture such rich, multi-faceted, and complex data, whilst remaining compassionate and sensitive, a qualitative approach was adopted. Qualitative research can be described as a multi-faceted approach, unlike quantitative methods which transform data into numbers. As previously described in the literature review, CPVA is a highly complex and contextual issue, warranting a method of investigation that captures these contextual and complex factors within the daily lives of both parents and practitioners (Bengtsson, 2016). Traditionally, when exploring human experiences and relationships, quantitative methods

often fail to capture the contextual nature of human relationships, or the raw emotion and feeling inherent in such studies (Aspers & Corte, 2019).

Qualitative methods investigate through individuals' words, experiences, emotions, culture, and behaviour (Austin & Sutton, 2014). The data collected from participants remains in word form and, more importantly, directly conveys their experience, emotion, and behaviour through the research process (Hogan et al., 2009). Given that CPVA is regarded as a highly emotive experience, the qualitative approach was considered the best fit for the project design, in order to capture the true stories, complexities, and raw emotion of parents and practitioners.

Marshall and Rossman (2006) argue that "Qualitative research is pragmatic, interpretive, and grounded in the lived experiences of people" (p. 2). Thus, the exploration of CPVA, the emotional bonds and ties within the parent-child relationship, and subsequent barriers and facilitators in help-seeking can only be examined through a lived experience lens. Moreover, Stake (2010) contributes to this discussion by describing qualitative research as "Personalistic," seeking to develop an understanding of participants' perceptions through a variety of personalities (p. 15). This resonates with the current research context, as CPVA is an extremely personal experience, like all forms of violence, thereby providing further valid reasons for adopting such a personable research approach.

### *Motivation for the study*

Having described the rationale for adopting a qualitative approach, the next section will provide the researcher's background in relation to how knowledge of CPVA was gained.

The experiences of women in domestic violence relationships are varied and unique to each individual, yet they also share similarities (Roe-Sepowitz et al., 2014). These similarities often consist of a pattern of perpetrator behaviours that can alternate between physical, emotionally abusive, controlling, coercive, and sexually natured acts directed at both female and male victims (Rakovec-Felser, 2014). Usually, these behaviours develop into a pattern of violence, abuse, and then an apologetic stage (Stubbs, 2007). Such patterns of behaviour are similar within the area of CPVA. However, within Papamichail and Bates's (2022) study, results demonstrated that after an abusive episode, the young person did not offer an apology but rather felt significant levels of regret and shame for their behaviour. As previously described within the literature review and theoretical chapter, parallels have been drawn between CPVA and adult domestic violence (Wilcox, 2012).

The researcher's own personal experience is a continuation, if you will, from an adult-to-adult domestic abuse relationship, and subsequent experiences of CPVA with my child. However, I was initially unable to recognise that what I was experiencing was, in actuality, abusive and controlling behaviour. Although I drew parallels between behaviours in the adult relationship and the relationship with my child, I did not conceptualise the behaviours as abusive or controlling. That said, I was not complacent in recognising that CPVA does not stem from a singular explanation – in particular, my child witnessing domestic abuse. In my experience, multiple contributing factors had led to my experiences of CPVA.

Despite the difficulties and challenges I faced with my child, I still cared deeply and prioritised the relationship. I minimised my experiences to the outside world to protect myself and my child from negative attention. Yet, I could never understand why I endured all that I did and still advocated for this aggressive and controlling child. Thus, my basic

knowledge of CPVA is rooted in the lived experience of abusive and controlling behaviours from my child.

Aside from this personal knowledge, it is important to understand that my case is unique to myself and my family. Although there are many families with their own experiences of CPVA, as demonstrated within the literature review chapter of the thesis, as a collective, parents living with CPVA have their own unique set of circumstances and stories of their own lived experiences to tell. Consequently, these lived experiences have shaped us parents into survivors of violence and abuse.

Survivor research has grown and has now become a popular method of inquiry (Faulkner, 2017). However, it is not without its risks to the researcher. For example, listening to others' painful and raw experiences could indeed reignite past personal traumas, acting as a trigger. Additionally, the researcher could become too close to the subject matter and create biases by unconsciously guiding participants on a path that would match the researcher's own beliefs and experiences (Beresford, 2019). However, as discussed later in the chapter, these risks are fully mitigated.

# PHILOSOPHICAL UNDERPINNINGS: ONTOLOGY AND EPISTEMOLOGY

## *Rationale for Qualitative Research Design*

This study's philosophical position is grounded in the belief that social reality is not a fixed, objective entity, but is instead actively created and maintained through human interaction and shared understandings. While a material world undeniably exists, this research focuses on how meaning is constructed within it. Consequently, complex phenomena such as CPVA are understood as socially negotiated, rather than inherent or predetermined. This approach necessitates a qualitative research design to explore the subjective meanings individuals attach to their experiences.

## *Personal Motivation for the Research*

A personal positionality is a powerful lens that profoundly shapes this research. As a mother of three and a survivor of domestic abuse, I have direct, personal experience of CPVA from one of my own children. This provides an unparalleled 'insider' perspective, fostering a deep and empathetic engagement with this often-hidden issue. Having personally navigated the complexities and emotional toll of family violence, I recognise that a truly deep understanding necessitates centring the voices and perspectives of those who have lived them. This lived experience is the core personal motivation for the study, providing invaluable insight into power dynamics and the systemic challenges faced by families in crisis.

## *Ontology: How We Know the Known*

This study's approach is underpinned by a specific ontological position—that is, a belief about the nature of reality. While some ontological views hold that reality is an objective, external truth, this research aligns with the belief that reality is shaped by the subjective, lived experiences of individuals. In his writings, *An Essay Concerning Human Understanding* (1698), English Empiricist philosopher John Locke expands on this assumption, arguing that individuals understand the world through their experiences of it, or reflection upon it. He famously states:

> *"Let us suppose the mind to be, as we say, white paper, void of all characters, without any ideas: - How comes it to be furnished? Whence it by the vast store with the busy and boundless fancy of man has painted on it with an almost endless variety. Whence has it all the materials or reason to knowledge? To this I answer, in one word, from EXPERIENCE. In that all our knowledge is founded; and from that it ultimately derives itself."*
>
> (1836, p. 51).

Locke posits that knowledge gained through our experiences is derived via a lens of perception, referring to how objects in our world sound, look, and feel. These senses are subjective, meaning each individual interprets them differently. For example, colour may appear differently to a person who is colour-blind compared to someone who is not, and the sound of rain may be soothing to one but not another (Macpherson, 2011).

Expanding on the connection between senses and experiences, Locke further augments his assumptions of experience-based knowledge with two differing qualities: primary

qualities, which are the concrete characteristics of an object, such as its number, motion, or size, and secondary qualities, which are purely perception-based. As Locke states:

> *"The part bulk, number, figure, and parts of the fire or snow are really in them, whether one's senses perceive them or no: and therefore, they may be called real qualities, because they really exist in those bodies. But light, heat, whiteness, or coldness are not more really in them than sickness or pain is in manna."*
>
> (1836, p. 76-77).

Therefore, knowledge gained through experience must be understood in the context of human perception and reflection, acknowledging their inherent differences and limitations. This will undoubtedly produce varied truths and voices relating to the physical world that individuals inhabit.

Equally, this subjectivity is critical to understanding the lived experiences of mothers experiencing CPVA. Research has consistently shown that a mother's reality of abuse is not simply a set of objective facts, but a deeply personal, subjective experience. For instance, Holt (2013) highlights how mothers' experiences are profoundly shaped by feelings of intense shame and isolation, which often prevent them from seeking external support. Gabriel et al, (2017) further supports this, finding that mothers' narratives of abuse are often framed around a desire for relational preservation, a subjective perspective that may not align with an external, objective assessment of risk or an institutional focus on safety.

### *Epistemology: Validating Subjective Knowledge*

Flowing directly from this social constructionist ontology, this research adopts an interpretivist/constructivist epistemology. This approach asserts that knowledge isn't objectively discovered; instead, it is actively constructed by individuals through their interactions with the world. To truly comprehend complex social phenomena like CPVA, we must interpret the meanings people ascribe to their experiences. This perspective embraces subjectivity, acknowledging that knowledge is shaped by both the research participant and myself as the researcher. The primary goal is to understand the diverse meanings individuals attach to their experiences, which naturally leads to the use of qualitative methods, such as interviews, to explore these rich subjective realities.

The researchers epistemological position is further fortified by feminist epistemologies, which fundamentally centre lived experience as a valid basis of knowledge. Feminist thought challenges the notion of neutral, universal knowledge, highlighting that all knowledge is situated (Haraway, 1988). This perspective asserts that the identities of both participants and researchers inevitably shape what can be known, challenging the idea of a universal knower (Harding, 1991). For this research, it means that a mother's perspective on CPVA is unique and can only be fully understood by acknowledging their specific experience and the researchers own position. Feminist standpoint theory is vital in validating marginalised knowledges, arguing that individuals who are marginalised, such as mothers experiencing CPVA, possess unique insights that can expose flaws in mainstream understandings (Harding, 1991). This epistemological commitment demands rigorous reflexivity from the researcher, requiring constant reflection on my own biases and assumptions to ensure participants' voices are genuinely heard and not distorted (Ramazanoğlu, 2002).

### *Researcher Positionality and Reflexivity on the Research Design and Process*

The researchers lived experiences decisively influenced the entire research process. They facilitated strong rapport during interviews, fostering an environment of trust that enabled participants to offer candid and deeply personal disclosures. The researcher fully acknowledge that personal lived experience, while providing unique insight, also carries the potential for bias (Maynard & Purvis, 1994; Ramazanoğlu, 2002). This potential stems from the very depth of a personal connection to CPVA. For instance, the researchers own history as a mother who has experienced this phenomenon and as a survivor of domestic abuse means that the author of the study can bring pre-existing frameworks and emotional resonance to the data. This could inadvertently lead to selective attention or an unconscious emphasis on themes that resonate most strongly with my own journey.

To ensure methodological rigour and ethical practice, the researcher consciously prioritised self-care and maintained clear professional boundaries. Furthermore, my neurodivergence, impacting personal cognitive processing, meant that traditional multi-stage coding methods were less suitable for me. This necessitated a careful, reflexive approach to ensure my personal cognitive style did not introduce unchecked distortions. Ultimately, the studies epistemological position is informed by the need to produce knowledge that contributes to social justice for mothers experiencing CPVA, actively challenging harmful stereotypes rather than perpetuating them. The interpretivist and feminist epistemologies guiding this work are not merely theoretical constructs; they carry profound implications for the ethical responsibilities of the researcher, ensuring participants' voices are genuinely heard and valued.

# ETHICAL PROCEDURES AND CONSIDERATIONS

Ensuring the ethical integrity of this research was paramount, particularly given the sensitive nature of CPVA. This section details the comprehensive ethical procedures and considerations adopted throughout the study, outlining how participant safety, confidentiality, and data security were prioritised and maintained in accordance with ethical guidelines and university protocols.

## *Ethical Considerations and Safeguards*

Given the sensitive nature of researching CPVA and the involvement of individuals with lived experience (mothers and practitioners), ethical considerations were central to and paramount throughout every stage of this research. A robust framework of safeguards was meticulously integrated into the research design, underpinned by comprehensive training, formal university approval, and adherence to international ethical standards, all aimed at protecting participants from potential harm and upholding their rights.

Formal ethical approval for this study was rigorously obtained from Swansea University's Research Ethics Committee (REC) (appendices 1 & 2). The application detailed the methodology, participant involvement, data handling procedures, and specifically addressed considerations pertinent to vulnerable populations and sensitive topics. This formal approval confirmed that the research design was deemed ethically sound and aligned with established ethical principles. Furthermore, the research strictly adhered to

the ethical guidelines set forth by Swansea University's own research ethics policies. Crucially, the ethical framework also incorporated recommendations and guidelines from the World Health Organisation (WHO) (2016), particularly those pertaining to research involving vulnerable populations and sensitive experiences such as violence, providing an internationally recognised framework for ensuring participant safety and well-being (WHO 2016) (see appendix 3).

My personal commitment to ethical research was significantly strengthened by undertaking extensive training modules provided by Swansea University. These included 'Research Involving Human Participants', which provided foundational knowledge on participant rights and welfare; 'Good Research Conduct' and 'Professional Responsibilities', which instilled principles of integrity and accountability; and 'Data Protection Briefing (GDPR)' and 'Information Security Essentials', vital for ensuring data privacy, confidentiality, and secure data storage. Training in 'Communication' and 'Unconscious Bias' was particularly relevant for conducting semi-structured interviews with empathy, sensitivity, and active listening, thereby minimising researcher bias and fostering a respectful environment. 'Equality, Diversity, and Inclusivity (EDI)' training informed an inclusive approach to recruitment and interaction, while 'Risk Assessor Training' enabled the systematic identification, evaluation, and mitigation of potential psychological and social risks inherent in discussing CPVA. Modules on 'Conflicts of Interest', 'Managing and Recording Your Research', and 'Data Selection, Analysis, and Presentation' further contributed to the robust ethical management of the study, ensuring impartiality and responsible data handling.

A rigorous informed consent process was central to protecting participant autonomy, especially given the sensitive nature of CPVA. All potential participants received a comprehensive Participant Information Sheet (PIS), which meticulously explained the research purpose, the sensitive nature of the topics to be discussed, the procedures of the semi-structured interview, and crucially, any potential emotional or psychological risks. It

also clearly outlined confidentiality measures and the unconditional right to withdraw at any time, without explanation or penalty, with clear instructions on how their data would be handled if they withdrew (See appendices 4 & 5 for parent and practitioner PIS). Participants were afforded ample time to consider their involvement and to ask any questions, all of which were answered thoroughly and empathetically. Great care was taken to ensure that participation was entirely voluntary and free from any form of coercion or undue influence, recognising the potential vulnerability of individuals discussing past traumatic experiences. Explicit, written consent was obtained from all participants prior to the interview (See appendix 6 & 7).

Throughout the research design and the execution of the semi-structured interviews, proactive and specific steps were taken to minimise any potential harm to participants, in line with the WHO's (2016) "Do No Harm" principle. A thorough pre-emptive risk assessment was conducted, informed by my Risk Assessor training, to identify and mitigate foreseeable risks, particularly psychological and emotional distress (See appendix 8). Although participants were post CPVA, there was a conscious recognition for the potential of distress when discussing CPVA, a critical safeguard for the mother participants was the presence of their support managers at hand. These managers were available to provide immediate emotional support both during and immediately after the interview, ensuring a familiar and trusted source of comfort was accessible if needed. To further ensure participant well-being beyond the interview, the support managers conducted proactive comfort calls approximately two weeks after the interview. This allowed for a check-in on the mothers' emotional state and offered further opportunity for support if any delayed distress or concerns arose from their participation. As the interviewer, I was also prepared to pause the interview, offer a break, or, if necessary, stop the interview entirely if any participant showed signs of distress, upholding a core ethical duty in sensitive research. Participants were additionally provided with clear and immediate signposting to relevant, local external support services (e.g., counselling, domestic abuse helplines) both in the PIS, a de-brief sheet (see appendix 9) and verbally at the end of the interview. To reinforce their autonomy and control, participants were

empowered to skip any questions they did not wish to answer and were reminded that they did not have to disclose anything they were uncomfortable sharing.

Strict measures, guided by Data Protection Briefing (GDPR) and Information Security Essentials training, were implemented to protect participant identities, which was critical given the potential for stigma and legal implications associated with CPVA, aligning with WHO's (2016) emphasis on protecting identities. This involved the pseudonymisation of all mothers and practitioners in transcripts and all research outputs, with any potentially identifying details immediately anonymised or removed. All collected data (audio recordings, transcripts, consent forms) were stored securely on Swansea University's password-protected servers/drives, accessible only to myself and my supervisor. Access to raw, identifiable data was strictly limited to myself and my supervisor, both bound by ethical codes and confidentiality agreements. Participants were not only informed of their right to withdraw at any point but also explicitly told that they could withdraw their data even after the interview if they felt uncomfortable, providing an enhanced layer of control.

My approach to data handling and dissemination was rigorously informed by my training in Data Protection Briefing (GDPR), Information Security Essentials, and Data Selection, Analysis, and Presentation, as well as the principles of data integrity and responsible use espoused by WHO guidelines (2016). This ensured that all data was processed and stored on secure, password-protected systems, fully compliant with Swansea University policies and the General Data Protection Regulation (GDPR). Only data directly relevant to the research questions was collected, reducing the potential for unnecessary exposure of sensitive information. Finally, findings are presented in a manner that fully protects participant anonymity and confidentiality. Special care was taken in the write-up of findings from semi-structured interviews to ensure that individual participants could not be identified, even though unique combinations of demographic or contextual information, given the potentially small and specific nature of the sample. Direct quotes

were carefully selected and anonymised to preserve participant voices without compromising their identity.

Through the integration of these robust safeguards, specifically tailored to the sensitive nature of CPVA and the qualitative interview methodology, and rigorously overseen by Swansea University's ethical approval process, my comprehensive training, and adherence to World Health Organisation ethical guidelines, the research was conducted with the utmost respect for participants' rights, dignity, and well-being, actively protecting them from harm.

As the study is primarily focusing on researching individual experiences of violence and abuse, this produced many ethical considerations. Indeed, Finkelhor et al. (1988), Fontes (1998), the World Health Organisation (2016), and Ruzek and Zatzick (2000) highlight the need for special ethical considerations whilst researching such a sensitive and private subject. Such ethical considerations require the researcher to think deeply surrounding the safety and well-being of not only the participants, but also the researcher (WHO, 2016). Therefore, the research adopted the *Ethical and Safety Recommendations for Intervention Research on Violence Against Women* framework published by the World Health Organisation (2016) (Appendix 3). This framework provides researchers with a distinct set of best practice, and actions that focus on ethical and safety considerations that should be undertaken to protect participants when researching violence and abuse (WHO, 2016).

In addition to the above, the study recruited participants who were 18 and over from the parental and the practitioner sample. As stated earlier within the chapter, the research included gatekeepers to assess and recruit parents. From there, the study details and research contact details were given to the parents who had shown interest. This way, the parents felt no pressure to decide if they wished to participate. The researcher also included the aspect of "if you feel comfortable in speaking about your experiences" within

the participant information sheet. This was to ensure that participation was completely voluntary, and if the participant felt that speaking about their experiences would cause more harm or escalation of violence and abuse, then they would not be asked to take part. Furthermore, the researcher undertook training in the area of conducting risk assessments, and a risk assessment was carried out by the researcher to ensure further safety and reduce risk to participants before interviewing proceeded (Appendix 8).

### *Participant Consent Procedures*

Informed consent (Appendix 6 & 7) was obtained in writing prior to the interview commencing for both samples. In addition to this, at the beginning of every interview, consent was always checked verbally. This was to make sure that the participants were still happy to proceed.

Initially, the ethics committee had concerns around any new violence and abuse the parent may be experiencing that the practitioner may not be aware of. To address the committee's concerns, before the parental interview commenced, time was taken to ask questions surrounding if any new violence and abuse that the gatekeeper was not aware of had occurred. In asking such questions, it minimised the chance of additional harm to the parent, and also better prepared the gatekeeper to provide appropriate support and guidance for the participant. Additionally, participants were briefed, in a sense to refresh their memories of what the study entailed, and the right to withdraw from the study. Participants were always thanked for their time in the first instance, and then a brief re-cap of what the study was about, and if they still wished to proceed.

### *Participant Confidentiality and Anonymity*

Confidentiality and privacy are vital in any research project, but when researching violence and abuse, these elements become even more essential in the design of a study to protect participants (Beaz, 2002). As Surmiak (2019) argues, "*Confidentiality represents a core principle of research ethics and forms a standard practice in social research*" (p. 221).

The practice of confidentiality safeguards participants and builds trust during the interview process, enabling them to describe their experiences freely (Finch, 2001). A lack of confidentiality can also harm the reputation of the researcher and their institution (Israel, 2004). However, as this study explores violence and abuse, complete confidentiality cannot always be guaranteed. This is primarily a safeguarding concern for participant safety, criminal activity, or harm to a child or young person. Systems were established to address such situations should they arise, beginning with escalating the concern to the gatekeeper. Additionally, it might have been appropriate to escalate the concern further to the Local Safeguarding Agency, if necessary. All participants were informed beforehand that if any safeguarding concerns were to arise, confidentiality could not be guaranteed. This applied to both the parental and practitioner groups.

Within the current study, anonymity was protected by assigning participants numerical identifiers. For example, the first parent interviewed was designated 'Participant 1', and so forth. The same process was followed for practitioners, such as 'Practitioner 1'. No identifying markers, including location, names, or age, were incorporated into the transcribed data. Furthermore, no markers that could possibly identify participants, or even suggest identification, were included in the data for the finished thesis.

Data was stored on the University's secure iCloud system to provide added security, anonymity, and confidentiality for all participants. Additionally, the researcher undertook supplementary training in data protection and information security essentials, available through the university. This training provided the researcher with enhanced knowledge and tools for securely storing sensitive electronic data.

## *Inclusion and Exclusion Criteria*

The inclusion and exclusion criteria within the research design process are critical factors in recruiting appropriate participants for a study, thereby generating optimal and beneficial data (Hornnberger & Rangu, 2020). It should be noted that, initially, a number of restrictions were applied to the study at the start of the ethical application process to secure a favourable ethical decision. In essence, my overall parental inclusion and exclusion criteria were guided by the ethics committee, and the ethical decision was determined by my adherence to their guidance.

However, researchers sometimes set criteria that are too narrow within the study design (Vasileiou et al., 2018), especially when including hidden or hard-to-reach populations. This was certainly the case within the current study, creating a barrier to participation. Originally, two separate inclusion and exclusion criteria were developed for the parental and practitioner elements. Broadly, all participants were over the age of 18 and lived or worked within Wales.

For the parental population, parents were only eligible to participate if they had experienced CPVA in the past. In relation to the term 'parents', this included grandparents, kinship carers, foster carers, adoptive parents, aunts, uncles, and extended family members who cared for a child. This population was also required to be part of a service provision, as this ensured they would be fully supported, not only through their experience of CPVA but also throughout the research process.

A number of families showed interest in the study but had to be rejected based on the original inclusion and exclusion criteria. The initial parental criteria (appendix 11) designed for the study indeed proved to be a barrier to participant recruitment due to its very narrow scope. This was because of several factors. Firstly, the original criteria sought to recruit parents who were 6-12 months post-violence, to avoid re-traumatisation and discomfort related to discussing the violence and abuse. Secondly, it excluded families subject to child protection orders. Thirdly, it excluded families with neurodivergent children. A second application was made to the University's Ethics Committee for a review to amend the existing criteria to include parents who were: still experiencing violence and abuse; grandparents, kinship carers, foster and adoption families, and extended families caring for children under child protection measures; and finally, to include families with neurodivergent children.

The reasoning behind these changes was partly due to the fact that the previously excluded groups are already marginalised in research projects and society itself, with their voices being notably absent in current CPVA research (Holt & Birchall, 2021; Brennan et al., 2022). Additionally, a scoping exercise to gauge interest within various family support services and organisations revealed that the populations initially excluded did, in fact, have the highest rates of CPVA support referrals.

A second inclusion and exclusion criteria for the parental element of the study was then developed to incorporate the previously illustrated groups through the University's Ethics

Committee (Appendix 12). The process of amending the initial criteria spanned over 6-8 months due to frequent meetings with the chair of the ethics committee to defend my amended application. Furthermore, the inclusion of parents with neurodivergent children became an additional area of concern for the committee. The proposal to include neurodivergent children was sent to committee members with experience in this field for further consideration and feedback. It was felt by one member that neurodivergent children should not be included in the research. However, I contested this opinion, and after another meeting with the chair, permission was granted to include neurodivergent children.

In terms of the practitioner inclusion and exclusion criteria, this was a smoother application process. Overall, there were minimal limitations placed on this ethical application. The inclusion and exclusion criteria (Appendix 13) were a good fit for the study, enabling practitioners who had supported parents experiencing CPVA, both in the past or present, to participate.

The inclusion and exclusion criteria were guided by Holt's (2016) definition of child to parent violence and abuse, and are as follows:

> *"A pattern of behaviour instigated by a child or young person, which involves using verbal, financial, physical and/or emotional means to practice power and exert control over a parent, The power that is practiced is, to some extent, intentional, and the control that is exerted over a parent is achieved through fear, such that a parent unhealthily adapts his/her own behaviour to accommodate the child"*
>
> (2016, p 1).

As previously illustrated within the literature review chapter of the current thesis, to date there is no legal definition that is applied to the phenomena (Brennan et al, 2022). Therefore, within current UK CPVA literature, Holt's (2016) definition is typically applied to UK research criteria and gives a comprehensive outline of behaviours that are required to fit the definition. Hence, the study adopted the definition for those reasons.

The language and definitions used in this thesis have been thoroughly re-evaluated. This process was driven by the rich insights from my own research. Here, the researcher will first lay out my initial understanding, then critically examine how well it held up against my empirical findings, and finally, present a refined understanding that better captures the complex realities that were observed, especially concerning neurodivergent children.

When the researcher first embarked on this study, it adopted 'Child-to-Parent Violence and Abuse (CPVA)', a term widely recognised and defined within academic circles. Drawing on Holt (2013), CPVA was broadly understood to cover any harmful act by a child towards a parent or carer, encompassing physical, emotional, psychological, or financial abuse, alongside controlling or coercive behaviours. This established framework provided a vital starting point for exploring a phenomenon known for its significant, yet often hidden, impact on families.

A crucial discovery in this research, however, was the considerable number of neurodivergent children within my participant group. Alongside this, I frequently observed that both practitioners and mothers tended to describe these challenging interactions as challenging behaviour, rather than explicitly calling them violence or abuse. This linguistic difference highlighted a critical gap: while traditional CPVA definitions accurately captured the profound impact on parents, they seemed insufficient.

They did not adequately differentiate between behaviours stemming from a child's deliberate intent to harm or control and those that, despite being deeply distressing, arose as expressions of distress, dysregulation, or unmet needs linked to neurodevelopmental differences (for example, sensory overload, communication difficulties, or intense emotional overwhelm). The common use of "challenging behaviour" suggested an intuitive recognition of this distinction by those directly experiencing or working with these dynamics, pointing to a vital 'grey area' that needed deeper exploration. Consequently, for the purposes of this thesis, I propose a more nuanced understanding CPVA. For this MPhil, CPVA is defined as:

> *"Any pattern of behaviour by a child (including adolescent children up to the age of 18) that is intended or perceived by the parent to cause physical, psychological, emotional, financial, or sexual harm, and/or to exert power or control over the parent. This includes behaviours that instil fear, manipulate, intimidate, or cause distress, recognising that such behaviours may sometimes originate from a child's unmet needs, vulnerabilities, or developmental challenges, yet still create an abusive dynamic and impact for the parent".*

This definition directly builds on existing foundational work, retaining the crucial concepts of a pattern of behaviour and power and control (Holt, 2013). It also ensures it covers children up to 18 years old (Respect, 2025). This broad scope aligns with how key Welsh organisations, such as Cafcass Cymru, approach family dynamics in their domestic abuse practice guidance (Cafcass Cymru, 2024). Importantly, the decision to keep CPVA

as the core terminology for this thesis is also heavily influenced by its use within leading Welsh support organisations, particularly Welsh Women's Aid, which actively uses CPVA in its own definitions and resources related to child and adolescent abuse (Welsh Women's Aid, 2024a). This direct alignment with the language used by services accessed by many of my parental participants provides strong contextual justification for its continued use in this research.

However, this thesis crucially integrates two key insights from my research:

Firstly, the phrase 'intended or perceived by the parent to cause harm' is vital. It acknowledges that the parent's experience of abuse is central, even when the child's intent is not clear. This helps me grasp why parents might struggle to label these actions as abuse, often due to the profound shame and isolation associated with parental victimisation (Gallagher, 2008). Ultimately, their perception of being harmed or controlled is what truly matters.

Secondly, and perhaps most significantly, the definition directly addresses the widespread use of challenging behaviour by many mothers and practitioners. It explicitly recognises that a child's behaviour might stem from their unmet needs, vulnerabilities, or developmental challenges (as discussed by organisations like Mencap, 2014, and NHS England, 2023). This is also acknowledged within broader Welsh public health approaches to adverse experiences (Public Health Wales, 2020). Crucially, though, it maintains that regardless of the child's underlying reasons, these actions yet still create an abusive dynamic and impact for the parent. This nuance is essential; it bridges the gap between understanding the child's needs and validating the parent's experience of abuse, demonstrating that these two perspectives are not mutually exclusive.

By employing this definition, this thesis aims for a robust and sensitive exploration of CPVA, acknowledging its complex origins while firmly keeping the lived reality of abuse for parents at its core.

In the above section, the inclusion and exclusion criteria applied to the research design was discussed. The chapter will now move on to the recruitment process and sample characteristics.

## RECRUITMENT PROCESS

As CPVA is usually framed within a domestic violence perspective (Holt, 2009; Wilcox, 2012), it seemed logical to approach domestic violence and abuse statutory support organisations and charities as a starting point to inquire about potential participation. Additionally, as described within the literature review, high numbers of CPVA cases have been identified within various statutory services in county councils, such as child disability social services (Ibabe, 2020; Thorley & Coates, 2017, 2018), adoption and fostering social services (Selwyn & Meaks, 2015), youth offending services (Condry et al., 2020), and lower-level support services like Team Around the Family (Gallagher, 2008).

The recruitment process for this study was conducted in two stages, mirroring the phased ethical approval. Stage one focused on securing practitioner participants and gatekeepers. Stage two then involved the recruitment of parents through these established gatekeepers.

### *Recruitment Process Stage One: Practitioners*

The recruitment of practitioners and gatekeepers was purposeful and spanned over 18 months due to low initial interest in the project. The study initially sought to recruit practitioner participants and gatekeepers within organisations, statutory services, and community services, as this offered an access route to the parental population. Once ethical approval for this stage had been granted, recruitment commenced. As previously mentioned, the process began with a scoping exercise involving a generic email (Appendix 14) that introduced the proposed study. This exercise inquired whether services had experience with CPVA cases, and if they would be interested in becoming a gatekeeper to access parental populations, as well as participating themselves.

The role of the gatekeeper is a varied one. Gallo et al. (2016) argue that gatekeepers not only help researchers access hard-to-reach populations that would otherwise be unattainable, but they also oversee the best interests and well-being of participants during the research process. Furthermore, this approach places the parental participant within an 'it is your choice' framework, ensuring the participation process is entirely voluntary (Gallo et al., 2016). Once interest was shown, another generic follow-up email (Appendix 15) was sent to interested services, outlining the favourable ethical approval and reiterating the study's purpose.

Subsequent Teams or Zoom meetings were arranged with practitioners to discuss the study further, clarifying the responsibilities of both gatekeepers and participants. Services were then free to choose whether they wished to take part in the research. Further contact from prospective practitioner participants and gatekeepers was made via email to confirm interest, together with participant and gatekeeper consent and information sheets, which included sample questions (Appendix 7 & 5).

As participation interest remained extremely low, a generic email (Appendix 15) was sent out to additional organisations and voluntary services over the 18 months. These included:

- Young person's homeless charities and organisations.
- Statutory children's services across Wales.
- Voluntary and charity family services across Wales.
- Child and adolescent mental health services across Wales.
- Police forces across Wales.

In addition to these attempts at recruiting practitioners and gatekeepers, consented practitioners voluntarily distributed emails across their working departments to gain further practitioner participants. However, the study did not gain any further interest through this method.

Through the process of presenting my research amongst potential gatekeepers and practitioner participants, I was invited to attend an NVR (Non-Violent Resistance) programme within a local authority not directly connected to this research. This provided valuable insights into how the programme is delivered and allowed for a deeper understanding of NVR's principles.

### *Practitioner Sample Characteristics*

As mentioned previously, the practitioner interview sample was purposeful, determined by services that were currently or previously supporting parents experiencing CPVA. All practitioners met the inclusion and exclusion criteria and possessed extensive experience

in providing support to families affected by CPVA. From the interest shown within the study, practitioners were recruited from three regional areas of Wales. The final sample consisted of 12 practitioners working across statutory domestic abuse services, statutory children's services, and community psychological services. All practitioners were currently employed within Wales.

The sample consisted of a diverse population that supported: 'both parent and child', 'parent only', and 'child only'. Table 4 outlines the number, source, and role of the participants within the service.

**Table 2. Source of practitioner participants**

| Organisation | Role within the Organisation | Number of participants |
|---|---|---|
| Statutory domestic abuse service | NVR facilitator. | 2 |
| | CPVA intervention facilitator | 1 |
| Voluntary Service | Manager | 1 |
| | Case worker | 4 |
| Community psychologist | Child disability team | 1 |
| Statutory children's services (YOT) | Social worker | 1 |
| | Victim/parenting worker | 1 |
| | Family support worker | 1 |

### *Recruitment Process Stage Two: Mothers*

The recruitment process for the parental element spanned over two years, primarily due to an exceptionally low response from potential parent participants. The parental participants were recruited by the gatekeepers in line with the reconfigured inclusion and exclusion criteria (Appendix 12).

In line with the ethics committee's request, all practitioners were requested to advertise a project flyer within their premises for the initial recruitment of the project (Appendix 16). From there, if parents showed interest, then practitioners would provide a parental information sheet with sample questions (Appendix 4) that detailed the study. This meant that suitability was adhered to in terms of participant safety, and that participants decided to take part voluntarily without pressure from the practitioner and researcher. From there, the gatekeeper arranged suitable times and dates for the participant to attend the interview.

Further to this, over the two years, gatekeepers kept the project flyer active within the premises, which eventually secured one additional parental participant for the project. During the recruitment process, an incentive was offered to all parents – a gift card, and reasonable travel costs. This was to thank the parents for their time and as a gesture of appreciation.

### *Parental Sample Characteristics*

Parent participants were recruited from community domestic violence organisations throughout Wales. This was due to a lack of parental interest within the study from other sources such as Youth Offending Teams, Social Services teams, Criminal Justice teams, Child and Adolescent Mental Health services, and Children's Services. As such, the pool of participants was confined to a domestic violence service that was keen to participate within the study.

The interview sample was purposeful and determined by domestic violence organisational gatekeepers. The final interview sample consisted of six participants who were mothers that either experienced CPVA in the past, or currently. Through reviewing interview data, all six mothers reported CPVA that was in line with the adopted research definition of CPVA, meaning there was a pattern of behaviour and not a one-off incident. The children spoken about within the interviews consisted of four females aged between 12 and 20, and two males aged between 11 and 15. The current sample is particularly unique in that the majority of children that demonstrated CPVA were female. However, this could be due to the low participation rate within the research. That said, it does provide an insight into a less represented population of children and young people that use violence and abuse within the family home.

**Table 2. Parental Participant Characteristics**

| Participant | Gender | Sample | Employment | Additional children | Adversity |
|---|---|---|---|---|---|
| 1 | Female | DA service | Full time mother | 1 | DA/post separation abuse |
| 2 | Female | DA service | Academic | 2 | Childhood trauma<br>DA/post separation abuse |
| 3 | Female | DA service | Service manager | 2 | D/post separation abuse |
| 4 | Female | DA service | Service manager | 2 | Childhood trauma<br>DA/post separation abuse |
| 5 | Female | DA service | Therapeutic counsellor | 1 | DA/post separation abuse |
| 6 | Female | DA service | Social Services | 1 | DA/post separation abuse<br>Post separation abuse |

**Table 4. Child Characteristics**

| Child | Gender | Age | Relation to | Target of CPVA | Adversities |
|---|---|---|---|---|---|
| 1 | Male | 11 | Participant 1 | Mother | Witnessed domestic violence/abuse<br>Physical chastisement from the father<br>Witnessing post separation abuse |
| 2 | Male | 15 | Participant 2 | Mother | Witnessed domestic violence/abuse<br>Traumatic family court whiteness proceedings<br>Witnessing post separation abuse |
| 3 | Female | 14 | Participant 3 | Mother<br>Siblings | Death of paternal father<br>Witnessed domestic violence/abuse<br>Traumatic family court whiteness proceedings |
| 4 | Female | 14 | Participant 4 | Mother<br>Siblings | Father in and out of prison<br>Witnessed domestic violence/abuse<br>Witnessed brother physically hurt by father<br>Experienced fathers dangerous driving<br>Witnessed post separation abuse<br>Moved home repeatedly to get away from father<br>Best friend moved location |
| 5 | Female | 12 & 16 | Participant 5 | Mother | Witnessed domestic violence/abuse<br>Witnessed sibling being force fed as a baby |
| 6 | Female | 16 & 20 | Participant 6 | Mother | Father abandonment<br>Witnessed post separation abuse |

All participants had experienced CPVA, both in the past and current. To add to this, participants met the criteria for the project's inclusion and exclusion criteria and fitted the definition of CPVA within the research.

Presented above is the projects recruitment procedures and participant characteristics. The chapter will now move on to the studies interviewing processes.

## PARTICIPANT INTERVIEW PROCESS AND LOCATION

To capture interview data, an Olympus DM-770 Dictaphone was used, complemented by written notes. These notes served to record interesting and unusual nuances within conversations, and to capture emergent ideas and thoughts that could be utilised during data analysis.

Data was obtained through a semi-structured interview method, guided by broad and open-ended questions in line with the project's interview schedules (Appendix 17 & 18). This approach allowed the researcher to minimise preconceived perceptions from previous findings and enabled participants to speak freely about their experiences (Creswell, 2005). When discussing various aspects and methods of interview questioning, Giorgi (1997) argues, "Questions are generally broad and open ended so that the subject has sufficient opportunity to express his or her viewpoint extensively" (p. 245). In addition, Bevan (2014) describes interviewing as a leading method for data collection, noting that there is no prescribed way in which an interview should be carried out. Benner (1994) also states that researchers should base questions in the participant's language and vocabulary.

As previously mentioned, many parents remain silent about experiencing CPVA (Holt, 2013), and it is a highly personal issue. Indeed, the nature of the current research surrounded areas of personal relationships and experiences of violence and abuse. By

choosing the semi-structured interviewing method, it enabled participants to open up about highly sensitive issues at their own pace, which produced rich and detailed open-ended responses.

Through the guidance of the Ethics Committee, the initial idea to conduct parental interviews at home via Zoom or Teams was rejected due to concerns surrounding participant safety, confidentiality, and privacy. To ensure a safe research environment and protect privacy, parents were asked to meet at their service provider's location. If this was not possible, a private and secure confidential room would be hired within a local voluntary community service. However, the option of a secure community room was not needed, as all parental interviews were held at the service provider's location.

To enable participants to reveal their experiences of CPVA as openly and fully as possible, it was important that the researcher demonstrated tact and empathy (Cropley, 2023). Cropley (2023) also describes the importance of building a researcher-participant partnership atmosphere within qualitative interviewing. Therefore, a brief background about the researcher was given to the participants, covering identity, place of study, and information surrounding the research idea. Alongside this, a very brief indication was given relating to the researcher's personal experience of CPVA, aimed at building rapport with participants.

Interview length for the parental sample ranged from 40 to 90 minutes. Parents were offered the option of a separate follow-up interview at a later date; however, no participants wished to do so. This could be due to the interviews being held at the service provider's location and associated inconvenience, which will be discussed in the limitations section later within the thesis. Interviews were guided by the participant interview schedule (Appendix 18).

Comfort breaks were offered in all parental interviews to ensure participant comfort. Furthermore, if a participant became distressed, the interview would be stopped immediately, and gatekeepers would be called to provide support. This proved to be a beneficial addition to the interview process, as one mother did become distressed. The interview was stopped immediately for support to be given; however, the participant wished to continue after receiving support, and the interview proceeded.

Additionally, the researcher underwent further training in areas such as adult safeguarding, risk assessing, and the University's research integrity training. This provided critical tools for the research to be conducted in a sensitive, risk-aware, and compassionate manner (Hoyle, 2008). A risk assessment was also carried out beforehand by the researcher (Appendix 8) to further ensure the safety of both participants and the researcher.

To ensure participant well-being post-interview, gatekeepers were asked to conduct a comfort telephone check-in with all participants (this was included within the risk assessment form, Appendix 8). This was to ensure that parents had not been emotionally or psychologically harmed in any way through the interviewing process. Additionally, a debrief sheet (Appendix 9 & 10) was designed for the end of the interviews which included signposting to further support services if required.

For the interviewing of the practitioner group, I proposed conducting interviews via Zoom/Teams at the practitioner's place of work. This was for convenience and to accommodate time constraints for practitioners. However, the ethics committee raised concerns regarding interviewing within the workplace, citing possible conflict between practitioners and management, and therefore posing a confidentiality and privacy risk. To

mitigate the committee's concerns, I requested that all practitioners be interviewed within a private and secure room.

As specified in the ethics approval, practitioner interviews lasted between 40-60 minutes. This was to ensure mindfulness of the practitioners' time. However, many practitioners expressed a desire to speak for longer but were unable to due to the timescale set by the ethics committee. Interviews were guided by the interview schedule (Appendix 19). Practitioners often expanded on certain questions more than others, which could be attributed to the importance they placed on particular aspects of the schedule.

Comfort breaks were also offered to the practitioner sample, but these were not needed. At the end of the interview, both parents and practitioners were debriefed (Appendix 9 & 10) regarding the information they had provided, data storage, and anonymity. Participants were also asked: "How do you feel after speaking with me?" This was to inquire if the participant required additional support after the interview. Parental participants were given clear guidance on who to access if support was required post-interview to ensure their well-being. Gatekeepers were also requested to be at hand if a parent required immediate support throughout the research process. Furthermore, practitioner participants were given signposting within the information sheet, should they require support after discussing their experiences in supporting families (Appendix 5).

## *Data Analysis and Rationale*

For data analysis, this study rigorously employed thematic analysis, primarily utilising the flexible, six-phase approach outlined by Braun and Clarke (2006, 2019). This method was selected for its profound suitability in addressing the study's core aim: to explore and understand the nuanced, diverse experiences and perceptions of both mothers and practitioners regarding CPVA. Given the qualitative nature of the research questions, which sought in-depth insights into lived experiences rather than statistical generalisations, thematic analysis proved to be the most appropriate analytical tool.

Thematic analysis is particularly well-suited for exploratory and interpretive qualitative research. As this study sought to delve into the nuanced perspectives of two distinct groups – mothers and practitioners – it allowed for a rich, detailed exploration of their qualitative data, primarily derived from in-depth interviews. The method's strength lies in its ability to identify, analyse, and report patterns (themes) within data, which was crucial for uncovering commonalities, differences, and unique insights across participants' narratives concerning CPVA. The inherent flexibility of thematic analysis was a significant advantage, allowing themes to be inductively derived directly from the data. This inductive approach ensured that the findings genuinely reflected the participants' voices and experiences rather than being forced into pre-conceived categories, vital for capturing the complexities of lived experiences and professional insights. Furthermore, thematic analysis facilitates a systematic and transparent approach to interpreting qualitative data. Its structured yet adaptable phases provided a clear roadmap for the analytical process, enhancing the trustworthiness of the findings by ensuring themes were robust and supported by compelling textual evidence.

In this study, a semantic approach to thematic analysis was adopted, where themes were identified within the explicit or surface meanings of the data, without looking for

interpretations beyond what was directly stated by participants (Braun & Clarke, 2006). The analytical process adhered to Braun and Clarke's (2006) six-step framework: familiarisation, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. While software (NVivo) was initially considered, the generation of codes and themes was ultimately completed manually, a process better suited to the researcher's neurodivergent cognitive processing, which involves careful, iterative engagement with the data through repeated listening to audio recordings, manual transcription, and handwritten note-taking to ensure accurate and efficient organisation of emerging patterns.

Once all the data had been transcribed, the process of reading and re-reading the transcripts began. Further notes were taken and mapped alongside the original notes that were taken at the start of the process. This was followed by a re-visit to the project research questions, whilst re-reading transcripts one by one. On the final read of the transcripts, codes were developed and highlighted by pen whilst revisiting the handwritten notes. In doing so, this provided a reminder of the initial codes and patterns that were developing within the data. Once coding had been achieved, and after a re-visit to emerging patterns, the process of developing themes commenced. Themes were then defined, along with any subthemes. For example, within the parental data there was a consistent use of the term "scared" through many contexts. This was then coded, was informed by an EoC perspective and developed into a theme, which was defined as "living with the fear" as presented in Diagram 1 below.

**Diagram 1; Example of Developing Parental Themes.**


### *Limitations of the Analytical Approach and Implications for Claims*

While thematic analysis is a robust and appropriate method for this study, it is critical to acknowledge its inherent limitations, particularly given the small sample sizes of six mothers and twelve practitioners. A clear understanding of these boundaries prevents over-claiming in the presentation and discussion of findings.

The most significant limitation stemming from the small, purposive sample is the absence of statistical generalisability. Participants were selected for their specific relevance to CPVA experiences, not for statistical representativeness of wider populations. Therefore, this study cannot claim that its findings are representative represent of the experiences or views of all mothers or all practitioners within a broader population. Instead, the findings

provide in-depth, valuable insights into the experiences and perspectives of the specific mothers and practitioners who participated in this study, revealing patterns and themes present within this particular dataset. Any statements made about experiences or beliefs will be attributed directly to "the participating mothers," "the interviewees," or "the practitioners in this study." The intent is to offer a rich understanding of a specific context rather than to provide universal truths (Patton, 2015; Stake, 1995).

Secondly, as noted, there were barriers to recruitment, not least due to the strict inclusion /exclusion criteria. Inevitably, with such small sample sizes, it is highly unlikely that full theoretical saturation was achieved, a concept more strictly applied in methodologies like grounded theory. This means we cannot definitively state that all key themes or all possible experiences related to CPVA have been exhausted by this analysis. However, the data collected allowed for a rich and detailed exploration of participants' prominent experiences and perceptions. The analysis aimed for thematic sufficiency, ensuring themes were well-developed and supported by evidence from the collected data, providing substantial insights into the core research questions. It is acknowledged that additional data from a larger or different sample might reveal further nuances or less prevalent themes not captured here.

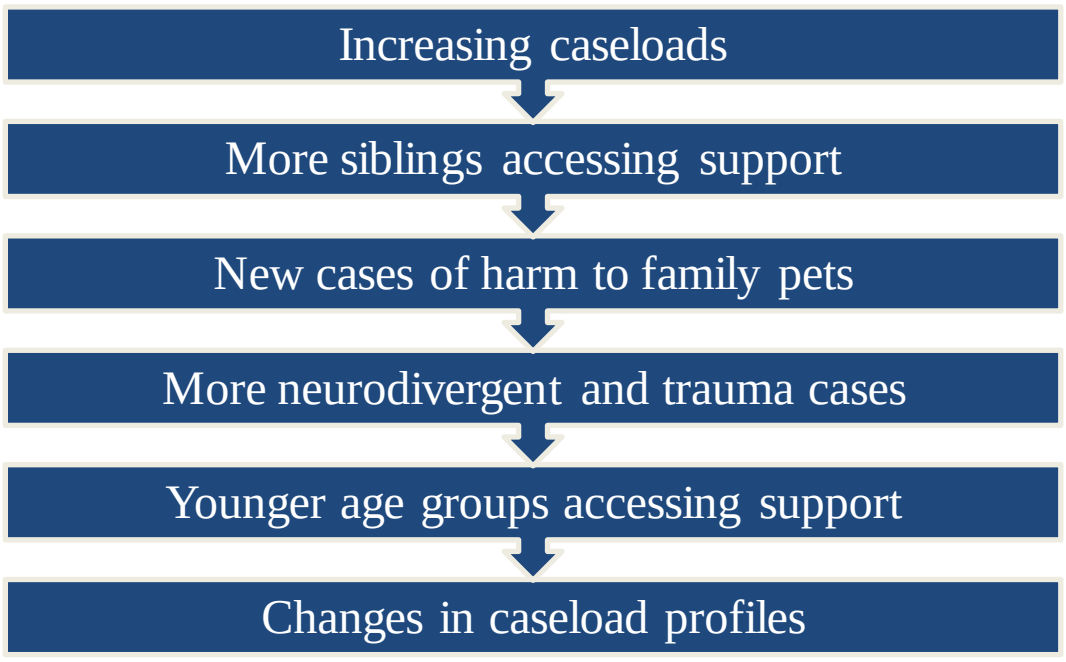
As with all qualitative inquiry, thematic analysis is inherently interpretive. The researcher's background, theoretical lens, and analytical choices inevitably influence the identification, naming, and interpretation of themes. Thus, the themes presented are not objective truths untouched by researcher influence. Instead, the analysis represents a rigorous, systematic, and transparent interpretation of the data. Efforts were made to enhance trustworthiness by following Braun and Clarke's (2006, 2019) detailed phases and maintaining an audit trail of decisions.

Finally, thematic analysis is primarily a descriptive and interpretive method, excellent for understanding what people experience and how they make sense of it in relation to CPVA. It is less suited for establishing definitive causal relationships. Therefore, this research cannot definitively prove that one factor causes another (e.g., "a lack of awareness causes mothers to struggle"). The study illuminates patterns, commonalities, and differences in experiences and perceptions. It can suggest associations, highlight the nature of experiences, and identify potential contributing factors as described by the participants. Findings will be framed using cautious language such as "suggests," "indicates," "participants described," or "a recurring theme was."

By operating strictly within these acknowledged boundaries, this study aims to provide a credible, insightful, and nuanced understanding of CPVA from the perspectives of the participating mothers and practitioners, thereby contributing valuable qualitative data to the existing literature without making unsubstantiated claims.

In terms of the practitioner data, the same analytical process was followed as for parental data. Practitioners reported an increase in referrals for family support post-pandemic. However, within these increases, visible patterns of change were observed in the profiles of families accessing help. For example, caseloads now included families specifically accessing services for sibling support. This observation was then coded as 'change', interpreted within an ecological systems framework (Bronfenbrenner, 1979, 1994), and subsequently defined as 'changing profiles within caseloads', as presented in Diagram 2 below.

**Diagram 2. Example of Developing Practitioner Themes**




Presented above is the overall design, procedure, and methods that the current study adopted. The chapter will now conclude with a brief recap of the methods used within the current research.

## CHAPTER CONCLUSION

Overall, this study employed a qualitative approach, using semi-structured interviews to gather in-depth insights into the experiences of practitioners and parents regarding CPVA. While ethical approval, particularly for parental recruitment, presented challenges due to strict inclusion/exclusion criteria and interview methods, the study successfully interviewed 12 practitioners and 6 parents.

Discussing such a sensitive topic necessitated a tactful and empathetic researcher approach to create an environment where participants felt comfortable speaking freely. This fostered a partnership atmosphere, yielding rich data. The data was analysed using thematic analysis, and specific codes were interpreted through an EoC perspective. Although the small sample size limits generalisability, the findings offer valuable insights into the experiences of practitioners and parents within Wales. The chapter will now proceed to the practitioner findings of the study.

# CHAPTER FIVE PRACTITIONER FINDINGS

*95 percent of families we work with, there's a lot of love within that family, it's not that they don't care about each other*

(Extract taken from Practitioner 3)

## INTRODUCTION

This chapter introduces the participants, detailing service provision for families experiencing CPVA and practitioner working practices in Wales. This offers a foundational understanding of service processes. While some initial analysis appears in the findings chapter, unanticipated findings will be further analysed in this discussion through an Ethics of Care perspective. Informed by these insights and relevant literature, the following is situated within an ecological lens to identify practitioner challenges and opportunities for support.

The chapter will now overview current support for Welsh parents. Subsequently, the main themes will be presented and explored, including changing caseloads, the risks of living and working with CPVA, parental barriers to support, and practitioner challenges in supporting families

## WHAT SUPPORT IS AVAILABLE IN SOME PARTS OF WALES FOR FAMILIES?

In Wales, while a few local authorities have developed regional response guidelines for CPVA (Cysur.Wales, 2022), some interviewees in this study did not fall within these areas. Practitioners were recruited from diverse sectors, including statutory DA services, voluntary sector community services, youth offending teams (YOT), and community psychology, with a total of 12 participants in the study.

The data highlighted that each local authority approached CPVA differently, leading to general inconsistency in intervention programmes offered to Welsh parents. Similarly, inconsistencies were observed in working practices and how CPVA is understood and conceptualised across these differing local authorities. These findings align with literature by Holt (2013) and O'Hara et al. (2017). For instance, one practitioner noted that the conceptualisation of CPVA directly influenced the type of support offered to families.

> *I have zero confidence that professionals understand or know about CPVA. A lot of CPVA is dealt with in completely different ways, depending on who takes the phone call or referral*
>
> (Practitioner 1 Statutory DA Service)

For many of the respondents (7 practitioners), all CPVA cases received support through the Non-Violent Resistance (NVR) approach to parenting, which was adapted by their respective services.

Interviews with practitioners revealed that services had adopted the core principles of NVR but had made subsequent additions to the intervention. Consequently, at the local level, services were developing their own distinct programmes based on NVR principles. This ad hoc approach is consistent with existing studies on practitioner accounts of CPVA (Holt & Retford, 2013). Additionally, in one local authority, both NVR and another well-known intervention programme were available to parents, though the latter cannot be named for anonymity.

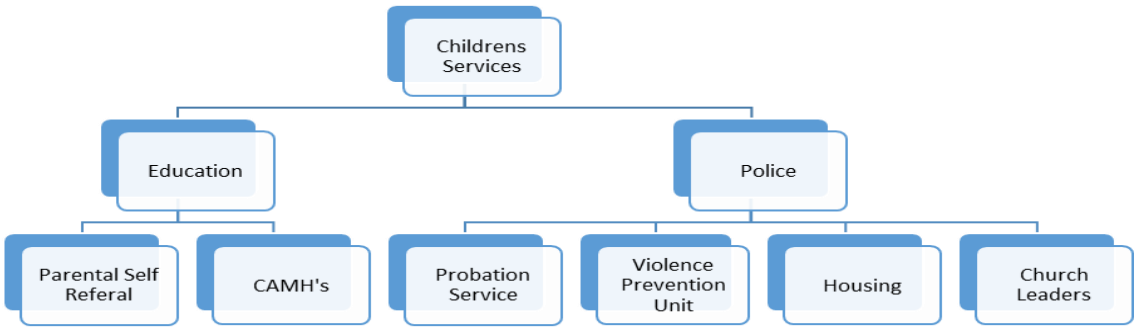
When practitioners were asked about the type of support they offered families, the sample, with the exception of one practitioner, showed a strong focus on the NVR programme and NVR principle-based interventions. NVR is known for its roots in socio-political arenas, aiming to change family relationships through a process of peace-making and a commitment to non-violence (Holt, 2013). However, two practitioners expressed concerns regarding NVR's effectiveness in CPVA cases. This aligns with research by Holt and Lewis (2021) and Mills et al. (2023), where practitioners similarly questioned NVR's effectiveness within neurodivergent and complex needs populations. For instance, Practitioner 10, a clinical psychologist, voiced concerns about using NVR with children who have additional needs.

> *I think my argument with the NVR, where a child has additional needs and they can't tell you what they are feeling, it's too cognitive based. I felt too cognitive for me, it felt too based on reason and rationale for me. But we're talking about children who struggle to relate to others, and who are probably totally dysregulated and overwhelmed. And you've probably got parents who are tinkering between those two themselves. So how is anyone in their right frame of mind, stable and regulated enough to be able to engage in cognitive thinking based processes?*
>
> (Practitioner 10 Clinical Psychologist)

Beyond the varying implementation of NVR and two other anonymous intervention programs, interviewees also used diverse terminology when discussing the subject. This aligns with the literature, which notes at least 15 different terms (e.g., Bettinson & Quinlan, 2020; Calvete et al., 2014). For instance, some services used "child to parent violence," others added "abuse," and one group of practitioners specifically used "adolescent to parent violence and abuse" (APVA).

External agencies referred families to the intervention organisations, offering initial insight into which services were aware of the interventions. Primarily, children's social services and teachers were the top referrers. Diagram 2, presented below, illustrates the types of organisations that participated in this research and the services mentioned by interviewees as providing the most referrals, in chronological order.

**Diagram 3. Routes of Referral into Services.**



Generally, services accepted referrals for family support only from external practitioners such as social workers, school staff, and the police; no parental self-referral pathway existed. Just one service offered parents the option to self-refer into their programme.

All practitioners were asked about the referral process for families. Voluntary service practitioners explained that an initial assessment was crucial because many families struggled to differentiate between normal adolescent behaviour and abusive behaviour. These findings support O'Toole et al.'s (2022) research on parental difficulties distinguishing between turbulent adolescent behaviour and CPVA. Therefore, the practitioner's assessment aimed to determine if the family was experiencing CPVA and if the NVR approach would be beneficial, or if a different child and young person's programme would be more suitable.

However, Practitioners Nine and Ten, working in youth offending teams, noted that this assessment also provided opportunities for additional parental support. Further concerns could be identified, and necessary support arranged. Interviewees stated that this offered families a comprehensive approach to support, as the following excerpt indicates:

> *It will mean we will do an assessment on them and see what needs to be done. Maybe parenting needs to be put in, maybe they need help in getting them to school, maybe they [child/young person] need to talk to our drugs worker, erm, what else have we got? Possibly activity workers, like take them to rugby, take them to be part of a football team.*
>
> (Practitioner 9, Victim/Parenting Worker, YOT)

Typically, NVR suitability assessments were carried out at the family home, with the child or young person absent, to prevent further conflict between parent and child. As

noted in Chapter Two, Omer (2016) identifies this as a danger zone requiring careful consideration, as children or young people may react negatively to external agencies assisting with parental resistance to violence and abuse. Practitioners explained that the home assessment visit involved discussing risk assessments and safety plans with the family. These plans included ensuring parents' mobile phones were always fully charged for emergencies and mitigating further risks to both parents and siblings.

Across all practitioners, a consistent message was conveyed to parents during safety plan discussions: interviewees actively encouraged parents to contact the police if violence or abuse escalated to critical levels, aligning with Myer et al.'s (2022) study discussed in Chapter Two. This message also aimed to alleviate parental guilt and shame by emphasising the importance of protecting the entire family. As Practitioner Three noted, parents' emotions could sometimes hinder their ability to prioritise their own protection.

> *Much of that safety plan is that it's okay to ring the police. If you or your children are at risk, it's okay to ring the police, reinforcing that they are not bad parents, they are not failing. It's around protecting themselves and their children, and that is basically what the first safety plan is about.*
>
> (Practitioner 3, Voluntary Service)

## *Length of Support*

Post-assessment, parents would engage with the NVR course. The length of the NVR course varied between 7-10 weeks. One-to-one sessions were also available for parents in the service provider's location or a community-based location. Many practitioners felt that

a highly effective implementation of NVR was through a peer-to-peer supported environment. Together with the group-based programme, one practitioner stated that one-to-one support was offered when there was parental disability or in complex cases. This was because the practitioner felt the NVR course needed to be tailored to the parent's pace to make effective changes within the family, as shown below:

> *But for the 1 – 1 work, which is often with more complex cases, so especially where parents may have a learning disability themselves, or parents may have ASD [autism spectrum disorder]. In my experience, you can't make those changes in 9 sessions because they need to be able to get their head around what we do, and support them through the changes that they need to make, and that takes longer, at times double or more.*
>
> (Practitioner 2, Statutory DA Service)

The length of support offered to children and young people, for Practitioner 12, the duration of available intervention programmes was not conducive to effective change within families. They felt that longer duration programmes were needed:

> *A lot of programmes that children and young people do are very short, and that's not long enough to make a positive change.*
>
> (Practitioner 12, Statutory DA service)

Another practitioner indicated that the NVR approach would have to be implemented by parents for far longer to produce positive effects. Once the NVR approach programme had been completed with the facilitator, it was the parents' responsibility to implement the strategies at home. The following practitioner provided an account of how parents needed to be realistic in their hopes that their child's behaviour would change. The achievement

of a peaceful coexistence within the family required substantial perseverance in the approach from the parents:

> *We make it very clear that we're not magic. It may not be instant; hopefully, they will notice little changes. But you've got to persevere really; it could be months, or a year later.*
>
> (Practitioner 4, Voluntary Service)

For some services, there was an open-door policy for parents accessing future help and support if required. This was framed as a refresher course in NVR and available to parents if the behaviours had escalated or remained the same post-completion of the course. As one practitioner stated: *Like I said, you shouldn't go on a programme just once*. (Practitioner 12, Statutory Service)

For one service, analysis indicated that there was only one opportunity for parents to access the course. As the practitioner describes, there was a general feeling amongst the practitioners within this service that further enrolment on their NVR course would likely not provide additional benefit to families. Although, telephone help and support would be offered if required:

> *But because we're voluntary, we say anytime in the future, they're not probably going to benefit from our course again. But we could still offer them advice and support over the phone.*
>
> (Practitioner 4, Voluntary Service)

### *How Services Support Families in Wales: The Delivery of the Intervention Programme*

In delivering the NVR programme, there were some variations amongst practitioners in that some supported the parents only, and others supported parents, children, and young people. As Omer and Lebowitz (2016) argue, this is because the programme is designed to work alongside other interventions and/or services (Omer & Lebowitz, 2016, cited in Holt, 2016). If the service did not support the child or young person, then external agencies would fill in the gap to support the child/young person. For most services, a family-focused approach was taken in a group setting.

The adeptness of the approach means that the basics of NVR can be incorporated into the practitioners' existing practice of therapy and can be rolled out through a variety of settings such as the community, institutions, and within the home (Omer & Lebowitz, 2016, cited in eds Holt, 2016). One practitioner described how they deliver the NVR programme in the home context and would visit the family home on a weekly basis to support parents through the NVR method. This support was parent-focused, not child/young person-focused. Alongside this, the practitioner acted as an advocate for parents that included attending school and social services meetings, whilst providing moral support for the parents through a listening ear. In the case of this practitioner, the language surrounding supporting parents was crucial in building positive and trusting relationships.

The consciousness of discussing the NVR approach in a manner that would not reinforce negative images of violence for the parent was a critical element within the support. Bonnick (2019) states that choosing language carefully when supporting parents is vital, given how language plays an integral part in how individuals form ideas. Through using a

different term, the practitioner felt that it was more parent-focused and encompassing of the nature of support that was available to families:

> *So, what I offer families is based on the NVR approach. I never use the term NVR to parents; I always use the term Connected Parenting.*
>
> (Practitioner 8, Family Support Worker)

Researcher: "Why is that?

> *It's got the term violence in the start of it, and I'm thinking it's conjuring up images of violence. I don't want to do that. I want you to gain some tools. There are hundreds of things that you could try, but this is just one approach. We are there to advocate for the parent.*
>
> (Practitioner 8, Family Support Worker)

Through choosing different language when introducing the support, the practitioner demonstrated sensitivity towards the parental experience. As argued by Holt (2013), many families consider the terms 'violence' and 'abuse' unpalatable when applied to children and young people. The terms can also further feelings of isolation and shame for parents, which can create feelings of negativity towards intervention (Holt, 2013).

Unlike the previous participants, one practitioner solely worked with children and young people and did not deliver intervention programmes. Practitioner 11, a social worker working within a YOT team, typically provided support for children and young people within the criminal justice field. Practitioner 11's caseload demonstrated instances where Youth Offending Team (YOT) cases overlapped with CPVA. This observation resonated

with patterns described in the literature, such as those highlighted by Brennan et al. (2022). Within this context, Practitioner 11 emphasised the availability of multi-agency pathways for supporting young people displaying CPVA. Notably, the analysis of practitioner 11's account, when compared to other practitioners, illuminated two areas of support that appeared particularly prominent within this local authority.

Frequently documented in CPVA literature is a co-existence of mental health conditions alongside violent and abusive behaviours (for example; Simmons et al., 2028; Calvete et al., 2015). In this respect, the following practitioner provided an account surrounding the instant access of a CAMHS nurse working within the team that provided additional specialised support for the children and young people:

> *So, it's good for us because the young person may not have a direct link with CAMHS, but we have that link with CAMHS in order to help them.*
>
> (Practitioner 11, YOT Social Worker)

Furthermore, the second area of support identified involved the child and young person's community organisation, Barnardo's. Practitioner 11, a YOT Social Worker, observed what appeared to be an overlap between CPVA and CCE within their caseload. This observation aligns with existing literature from England (Bates et al., 2023; Brennan et al., 2022; O'Toole et al., 2022), as discussed in Chapter Three. Practitioner 11 highlighted the challenges of CCE within local caseloads and shared experiences related to gang involvement, criminal exploitation, and CPVA. In addressing these complex issues and their perceived effects on children and young people, the practitioner emphasised the value of multi-partnership working within the community, particularly their relationship with Barnardo's, for offering what they considered much-needed support in a timely fashion:

> *We have huge problems with criminal exploitation within [Welsh local authority], and the other thing that this youth justice has, that others don't, is that we have a good relationship with Barnardo's. So we're again, able to have a really good relationship with Barnardo's. So again, we're able to have immediate conversations with Barnardo's, especially around harmful sexual behaviours and exploitation work as well. So, if there's sexual exploitation, or criminal exploitation, we can have consultations with staff members from Barnardo's who carry out one-to-one work and have specialised staff members. So again, we have that instant access to that, which is very useful when you have a young person who's showing those behaviours, or who is possibly being exploited themselves.*
>
> (Practitioner 11, YOT Social Worker)

In the case of Practitioner 12, working within the local authority DA service, prevention and intervention programmes were available for children and young people who had experienced DA. Such programmes fall within the Welsh Government's Social Services Well-Being (Wales) Act (2014), as discussed in the literature review.

Practitioner 12 highlighted how children's understanding of DA evolves significantly with age. Through the developmental stages, there were differences within the understanding of the child and young person, which required flexible intervention working practices. The practitioner worked to develop an understanding of what domestic violence is in children and young people. This is captured within the following quote:

> *Because they don't understand it, until you're an adult and you have your own children, they don't really understand it. So, at different stages within their lives, they're going to need different interventions. Because at different stages,*

> *their understanding is a bit more of what's happened to them, and they get to 13/14, that's when their hormones start to change, that's when they'll start getting angry about it, and start fighting back, maybe start taking control, because it makes them feel safe when they're in control. They'll try and control you, because they've seen that you've been controlled before.*
>
> (Practitioner 12, Statutory DA Service)

Therefore, by helping children to identify abusive behaviours in themselves, has the potential to reduce the possibility of further perpetuation of violence and abuse. This is reflected in studies from Kennair and Mellor (2007), Ibabe and Jaureguizar (2010), Ibabe et al. (2013), and Contreras and Cano's (2014) application of Bandura's (1973) social learning theory. That is, through the observation of parental DA, children and young people learn that violence and abuse is an acceptable way of solving issues. In the current study and in terms of prevention programmes, these were open to children from four to twelve years old and implemented within a therapeutic framework and the auspices of the Welsh Government's Working Together to Safeguard People Strategy (Welsh Government, 2022), prevention and early intervention programmes for children and young people who have or were experiencing domestic abuse.

The anonymised programme aimed to reduce the potential for aggressive behaviour within children and young people who have experienced domestic abuse (Calan DVS, 2020). Spanning over an 8-week period, sessions include understanding emotions and what domestic abuse is. Further sessions were implemented around developing child-centred safety plans for use in the home during a domestic violence incident and identifying anger and healthy friendships/relationships. For the older age group (12-25), sessions surrounded providing information surrounding the complex lives of some children and young people that the service supported.

As Practitioner 12 states below, there is an importance placed upon children and young people in fully understanding their experiences of domestic abuse, to understand negative emotions such as aggression. This was facilitated by adapting the programmes to accommodate the opportunity to discuss life stories:

> *So, when it's up to 12, it's quite therapeutic. The twelve to twenty-five is more information-giving than anything. We're having conversations but we're having grown-up conversations. It's about sexting, consent, healthy relationships, unhealthy relationships, and exploitation. All the things that teenagers can fall into. Sometimes, we will think if they haven't had an opportunity to tell their story, or look at their story, then we will make the [6 - 12 programme] a little bit older, but then still go on to this [12 – 25 programme]. So, it is really building on healthy and positive relationships, and understanding your emotions.*
>
> (Practitioner 12, Statutory DA Service)

## THEME ONE CHANGING PROFILES AND INCREASING CASELOADS POST PANDEMIC

The chapter now moves on to unearth the changing patterns within CPVA practitioner caseloads post-pandemic. All participants were asked if there had been any noticeable changes within caseloads. Changes included: increasing caseloads of females, requests for sibling support, adoption, foster and kinship placements, neurodivergent and trauma cases, and younger children accessing support. In general, practitioners stated that current

caseloads comprised of children who had experienced ACEs; this correlates to findings mentioned within the risk factor section in Chapter Two (Beckman et al., 2021; Biehal, 2012; Booth et al., 2023; Boxer et al., 2009; Gabriel et al., 2018; Kennedy et al., 2010; Livingstone et al., 1986; O'Toole et al., 2022; Papamichail & Bates, 2022). Furthermore, practitioners stated that a high number of open cases related to children and young people who were also neurodivergent, or on the clinical pathway to a diagnosis. This is in line with previously mentioned studies within Chapter Two (Family Lives, 2022; Pegs, 2021; Thorley & Coates, 2017; Simmons et al., 2018).

### *Gender*

Overall, practitioners indicated that CPVA was gendered in nature. Profiles of family composition tended to comprise of single parents, with an over-representation of mothers as seen within studies in Chapter Two (Agnew & Hugely, 1989; Bates et al., 2023; Cottrell & Monk, 2004; Biehal, 2021; Gallagher, 2004; Kennedy et al., 2010; Nowakowski & Mattern, 2004; Pagani et al., 2003; 2004; 2009; Purcell et al., 2014; Simmons et al., 2018).

In terms of gender perpetration, there was an over-representation of young males against mothers amongst practitioner accounts, and this appears to correlate to findings from previous research (Bates et al., 2023; Condry & Miles, 2013; Gallagher, 2008; Holt, 2013; Howard, 2011; Kethineni, 2004; Simmons et al., 2018; Walsh & Krienert, 2007). However, as the following practitioner highlights, this is *not always the case*, and that female children are represented within caseloads:

> *Particularly, we see male against female, so young males against mums. Although that isn't always the case, 30% of our cases are females against females, and again that isn't always against mums, but 85% of our cases are males against mums.*
>
> (Practitioner 3, Voluntary Service)

Furthermore, unlike existing criminology discipline-based studies (Condry & Miles, 2013; Evans & Warren-Sohlberg, 1988; Gebo, 2007; Ibabe & Jaureguizar, 2010; Kethineni 2004; Rout & Anderson 2011; Snyder & McHurley 2008; Strom et al 2010; Walsh & Krienert 2007), that indicate an over-representation of male CPVA cases, the next practitioner found genders to be equal in terms of perpetration, as seen within findings from Bates et al. (2023). However, this could be attributed to the current sample size, as only one YOT social worker was interviewed: *I see it equal. I would say we get a lot more females coming through from police referrals.* (Practitioner 11, YOT Social Worker)

Further analysis from Practitioner 11's data highlighted differences in relation to gender and criminal justice outcomes for CPVA, consistent with Armstrong et al. (2021). That is, typically females would follow the out-of-court route. This meant that although parents had requested a police response at CPVA crisis point, females were less likely to attend a criminal court forum. Whereas males were more likely to face a criminal court outcome. On one hand, this could indicate the various levels of violence and abuse between genders, and the gender of the target of CPVA (Armstrong et al., 2021; Bates et al., 2023). On the other hand, the discrepancy could indicate that females may experience more leniency due to their gender and prevalent assumptions regarding female displays of violence and abuse (Armstrong et al., 2021). As Baker points out, conventional societal and professional perceptions of femininity play an integral role in how females are constructed in relation to violence and abuse (Baker, 2012). Therefore, this can result in the varied differences which both genders experience within legal arenas. The following

practitioner's quote points to the difference in severity of the violence between genders that created differences within criminal prosecution routes:

> *I've found it different. I'm just trying to think through my female cases. Most of them have hit mum, they've hit dad, they may have hit siblings as well, and that's triggered the parents to ring the police, and they tend to come through the out-of-court route as well. So, they don't necessarily end up in court, but there's a police outcome usually. I see a difference in that girls, it's more of that punch or hit in terms of with mum or dad, like it's escalated to a point to where they have just lashed out.*
>
> (Practitioner 11, YOT Social Worker)

In respect of CPVA cases involving males within practitioner caseloads, this research identified that within youth justice arenas, practitioners observed that males appeared to display greater levels of physical and verbal abuse than females. This supports findings from previous research around the severity and nature of CPVA amongst genders (Armstrong et al., 2021; Bates et al., 2023). That said, these findings contrast with Simmons et al.'s (2018) comprehensive literature review, which found no gender differences in terms of severity of the violence. However, the current study's findings need to be taken with caution due to the non-probability small sample size and the limitations on generalisability. Nonetheless, the levels of young male physical violence in comparison to females within the previous quote, highlights possible reasons for criminal prosecution, rather than the out-of-court route. Practitioner 11 provided insight surrounding the nature and severity of young males displaying CPVA that ended in court action:

> *So being violent, being aggressive, telling their caregivers to 'fuck off', or 'I hate you', or punching holes through doors. One of mine is a serial ripping doors off its hinges.*

> *That is the main response they have, trashing rooms, throwing things. One of my young people, when they are feeling unsafe, they go for a knife from the draw. The one who grabs the knives? He can be really, really vile to his mother, and extreme in the things he says, you know in front of people. He's got no qualms in saying; 'go fucking kill yourself, go die. I wish you'd get cancer'. What else has he said? 'I wish someone would come past and throw acid in your face'.*
>
> (Practitioner 11, YOT Social Worker)

### *Increase within Caseloads Post-Pandemic*

Within some practitioner accounts, there were reports of a sharp increase of external agencies referring families for help and support post-Covid pandemic. This chimes with Condry et al.'s (2020) study in which sixty-nine percent of practitioners reported an increase within caseloads during lockdown (Condry et al., 2020). The current study demonstrated that caseloads were still on the increase 3 years post-pandemic, with practitioners stating caseloads were still rising. Interviewees agreed that because of families spending considerable amounts of time together, the violence and abuse had come more to the surface of family life and a steady increase of caseloads. This was apparent across all services involved in this research, as the practitioner states: *Oh, there's a whole lot of cohorts coming through after Covid, there's a whole bunch.* (Practitioner 10, Clinical Psychologist).

For this next practitioner, there was a correlation between the lockdown, the Covid pandemic, and an increase of referrals from educational settings. These findings support Condry et al. (2020), which found practitioners anticipated an increase in referrals for support post-lockdown. Interestingly, for the same practitioner, there was a difference in terminologies used in speaking about the behaviours displayed within CPVA. This is also noted within the literature review chapter (Rutter, 2023) in which the two terms (CPVA and challenging behaviour) overlap and can sometimes merge into the same conceptualisation. Although the discussion surrounded CPVA, the following practitioner preferred to use the term 'challenging behaviour':

> *I think the pandemic has brought out a lot of behaviour issues in schools. So, some children that were managing to cope, and mask while they were in school, and then go home, and go crazy at home, are now displaying challenging behaviours in schools, and they [Schools] are now seeing the challenges parents have.*
>
> (Practitioner 1, Statutory DA Service)

Similarly to Baker's (2021) findings, practitioners stated that during school term time, families typically tended to gain some support from education settings surrounding the child's behaviours. This support was practical in the form of respite from the violence and abuse during school hours, and the referral to intervention programmes. In the next extract, the practitioner describes how these factors had created a noticeable increase within caseloads:

> *Yeah, so in my time I've definitely seen that we get a lot more cases around the kinda holiday periods. I find, and when Covid hit, there was definitely an influx of cases. There's definitely a point when young people aren't in school or education, like the 6 weeks holidays, or Christmas holidays that things start to exacerbate.*
>
> (Practitioner 5, Voluntary Service)

### *Increases in Sibling Referrals*

As mentioned previously, there is very little data surrounding accounts from siblings regarding their experiences of CPVA (Holt, 2013; Morrill et al., 2018). However, existing findings from practitioner and parental studies (Biehal, 2012; Brennan et al., 2022; Calvete et al., 2014; Coogan, 2013; Cottrell, 2001; Haw, 2010; Holt, 2011; Papamichail & Bates, 2022; PEGS, 2021) highlight that siblings are often the targets of violence and abuse. Practitioners from the voluntary service in this research provided details of the effects of CPVA on siblings. Similar to Bates et al.'s (2023) practitioner findings, there were notable increases in referral requests to support siblings. However, most services engaged within the current research did not support siblings.

Two interviewees from the voluntary service, but working with different caseloads of families, discussed how amongst the growing caseloads, were increasing numbers of siblings accessing help and support because of experiencing CPVA from a sibling. For the next practitioner, a contextual account was given surrounding how some siblings experience CPVA:

> *There's definitely a cross vibe in siblings a lot as well in families. They [the parents] are having to get in the way to stop their kid [the sibling] getting physically hurt, and they [the sibling] are actually getting physically hurt.*
>
> (Practitioner 6, Voluntary Service)

Similarly, Practitioner 12 had seen rising cases of siblings requiring support. Unlike the previous participant, the following practitioner supported siblings through an early intervention programme. Although the programme was originally designed to support children experiencing parental DA, this was extended to accommodate siblings of CPVA. When asked about siblings in the context of changing caseloads, the practitioner provided the following:

*Yes, we do. So that's when I identified that a child at an early age needs some support. We have a lot of older brothers who are violent and aggressive. So, I would recommend that the younger brother or sisters come on this programme to talk about it. Only because the more you talk about it, the more you can understand it. Because they don't understand it, adults don't understand it. You try and find your way through it, like what's going on, and it's the same for the child. So, for a child, it's got a name to it, it's a thing, it's not you, it's the most empowering thing for a child. I think it enables them to work through it weekly, and to trust, and to know that this isn't the way you should behave.*

(Practitioner 12, Statutory DA Service)

### *Increases in Adoption, Foster, and Kinship Family Referrals*

Across practitioner accounts, there were several adoptive parents, foster parents, and kinship carers within caseloads. Papamichail and Bates (2022) and Biehal (2012) highlight an increased risk of CPVA within adoptive and foster families. Both Selwyn and Meakings (2016), and Thorley and Coates (2017) demonstrated an increasing level of foster care, and adoptive families experiencing CPVA. This could be related to attachment issues from early experiences of neglect, abuse, and abandonment (Bowlby, 1969; Martinez & Cano-Lozano, 2023; Windom et al., 2017). However, Holt and Birchall (2021) argue that this area of CPVA appears to be significantly under-researched. Therefore, the following findings add to the minimal body of knowledge.

Two practitioners from the sample spoke about the increasing numbers of referrals from foster and adoptive families. One interviewee stated that for their service, there were considerable numbers of foster families and grandparents amongst current caseloads. Alternatively, for the second practitioner there was an increase in adoptive families seeking support, which resulted in a commonality between increasing caseloads, and the care service:

> *We have a lot of children from foster care, and children may be with grandparents. For example, they may have been taken from their parents and placed with grandparents.*
>
> (Practitioner 2, Statutory DA Service)

> *I've definitely seen young people coming through the adoption services. There seems to be an overlap there from the care service.*
>
> (Practitioner 5, Voluntary Service)

In terms of kinship caring and CPVA, this is an under-researched area. Currently, very little is known surrounding the experiences of grandparent carers and CPVA in the context of grandchildren (Holt & Birchall, 2021). Similarly to Holt and Birchall's (2021) findings, this research has identified that grandparent carers can frequently be targets of violence and abuse from their grandchildren. Practitioners stated that grandparents providing full-time care for grandchildren appeared to be at greater risk of experiencing CPVA, with the violence often presenting with higher severity. They identified that this was often attributed to the challenges of instilling rules, boundaries, and stability for the young person, which the grandchild might resist. Such severity levels of violence are also seen within grandparent findings from Holt & Birchall (2021). This is something that the

grandchild would push back against, and the situation would escalate into CPVA. Further practitioner explanations were given about escalating CPVA related to parental contact with the child. This is also reflected within Holt and Birchall's (2021) grandparent findings, in which parents were in and out of the child's life and created difficult navigation for the grandparent.

Another interesting finding is that of grandparents providing respite for grandchildren who perpetuate CPVA towards parents. Grandparents who provided respite, were framed by the young person as a place of de-escalation as seen within Baker's (2012) findings. In this instance, as grandparents were only respite carers for a brief time, the rules, boundaries, and stability setting had already been put in place by the parents. Therefore, similarly to Baker (2021), this research identified that the grandparents were purely seen as providers of an environment to separate from parents and create temporary distance from perpetration of CPVA. This dual, and sometimes complex, involvement of grandparents was captured within Practitioner 11's interview:

> *I think there are a lot of grandparents involved, and if they are not full-time carers, then they are very much involved within respite care with these young people and providing a lot, and I think it depends on the relationships you have. This young person is aggressive towards Nan, then others find safety within grandparents because it's a way of taking themselves out of that situation at home they're being violent and aggressive in as well.*
>
> (Practitioner 11, YOT Social Worker)

### *Increases in Referrals for Trauma and Neurodivergent Children and Young People*

Research suggests that an increasing number of children and young people who are neurodivergent, and experienced trauma are accessing support (Bates et al., 2023; Brennan et al., 2022). Holt (2023) highlights that Holt (2023) highlights that neurodivergent adolescents and young adults may be at a disproportionately higher risk of experiencing trauma. Within this research, the increasing caseloads meant that the vast majority of practitioners stated that the number of neurodivergent children and young people being referred for support had also increased. (Bates et al., 2023).

Nearly all practitioners reported that a significant proportion of supported children and young people were engaged with child and adolescent mental health services. A considerable number of open cases primarily involved children diagnosed with or on the pathway to diagnosis for ADHD, ASD, ODD, other mental health conditions, or those who had experienced trauma. Cases also included children who were on the neurodivergent clinical pathway to diagnosis or had additional learning needs but who had not received an official diagnosis. This is in line with findings from Bates et al. (2023); Contreras and Cano (2015); Family Lives (2021); Thorley and Coates (2017; 2018); Pegs (2021). However, practitioners did not frame CPVA as deriving from neurodivergent conditions. Rather, practitioners framed CPVA as a result of ACEs, in particular witnessing DA and childhood neglect.

For practitioners working across a statutory domestic abuse service, there had been a significant increase of neurodivergent children referred into the service. This translated into only twenty percent of caseloads that included children and young people with no diagnosis, or undiagnosed. Additionally, the following interviewee described that because

of the increase in neurodivergent children, this had changed the type of referrals they receive as an organisation:

> *The referrals for us, as an organisation, that's changed, there's been an increase of young people who are neurodiverse, to the point where I would even say now that 80% of my referrals are for children who are neurodiverse, either with ASD, ADHD, or both, or other things like oppositional defiance disorder, and all of those traits, so yeah, that's been a significant change.*
>
> (Practitioner 2, Statutory DA Service)

### *Increases in Children Experiencing ACEs*

Together with the increases in neurodiverse children, findings indicated that a significant number of neurodiverse children within caseloads had also experienced trauma. This aligns with research suggesting that children and young people with neurodivergent differences may be at a heightened risk of experiencing trauma (Holt, 2023). Moreover, (as mentioned previously) practitioners gave accounts of how the children and young people had witnessed DA in the past, therefore mirroring findings from previous CPVA research (for example, Bates et al., 2023; Beckmann et al., 2021).

However, there were some variations in the nature of the trauma the child or young person had experienced. The following practitioner provided an account of how developmental trauma featured within caseloads through neglect and abuse (Holt & Lewis, 2021). Together with this, was the added complexity of how trauma had been passed down through the family's generations resulting in transgenerational affect that created complications within providing therapeutic support for the child and parents:

> *Often the children I saw had developmental trauma, or there was a transgenerational nature to the trauma and the circumstances that they were experiencing, that really complicated things.*
>
> (Practitioner 10, Clinical Psychologist)

Due to the high numbers of families who had experienced trauma, all practitioners adopted a trauma-informed practice. For all practitioners CPVA was understood as a result of trauma related to ACEs, which is reflected within previously mentioned studies in the literature review chapter (for example, Beckman et al., 2021; Boxer et al., 2009). As cited within Chapter Three, research also indicates that childhood trauma in various forms can result in expressive violence (for example, Gallagher, 2008), and a coping strategy to deal with adverse experiences (for example, Baker, 2021).

In addition to this, one participant explained how ACEs could be attributing to the child's behaviours, therefore acting as a risk factor to CPVA. One practitioner provided a snapshot of how experiencing a high amount of ACEs created unmet needs, and ultimately translates into CPVA:

> *Every child that comes to us we look at with a trauma lens i.e. that the child may have suffered some trauma, or a significant number of ACEs, which means there could be problematic behaviours based on unmet needs, and repairing the trauma.*
>
> (Practitioner 3, Voluntary Service)

In conceptualising CPVA as a result of past traumas, there was a consensus amongst nearly all practitioners that addressing the root cause of a child's trauma reactions was crucial for parents to effectively manage behaviours.

Similar to Bates et al.'s (2023), practitioners stressed the importance of considering the various reasons for the child's behaviours when working with parents. In that CPVA did not occur within a vacuum effect. For one practitioner in this research, this meant taking on the role of helping parents understand the relationship between trauma, and CPVA behaviours. Through unravelling the child's abusive, or violent incidents with the parents in sessions, practitioners were able to foster a wider perspective of understanding the behaviours for families. Therefore, the connection between trauma, and CPVA provided families with the tools to identify trauma-related triggers for the child. One practitioner provided information surrounding how this fostering of understanding is put into practice:

> *Trauma is a massive thing, massive, massive! I don't know, I was talking to a parent last night, and she was describing what happens, the young person, before bed, has to create chaos, you know which normally ends up being abusive and violent, and quietness, and stillness is a real trigger. So, I said, and I know she was in a particularly abusive relationship, um, when the children were very, very young. I mean it's been about 6 years since they have been separated. So, I said, I wonder if anything happened while things have been quiet. And um, she never really answered me, but as we were driving home, I said, are you alright? She said, I'm just thinking about if anything happened*

> *when it was quiet, because she'd never really thought about it being quiet scary?*
>
> (Practitioner 1, Statutory DA Service)

Peer influence has previously been associated with the onset of CPVA (Bates et al., 2023; Cottrell & Monk, 2004; Family Lives, 2022; O'Toole et al., 2022; Stewert et al., 2007). For two participants working within the YOT, criminal exploitation, in particular gang involvement with county lines, was cited as a reason for CPVA within the home. This corresponds to Bates et al.'s (2023); Brennan et al.'s (2022); O'Toole et al.'s (2020) findings amongst police and youth justice practitioners, of which there is anecdotal evidence relating to financial abuse and gang membership and CPVA. With Baker's (2021) mixed-method parental and young people findings suggesting that adolescent emotional stressors outside the home can construct parents as a safe target. In contextualising further, the practitioner provided the following account:

> *So, like if we're talking about exploitation, there's these pressures from outside of the house, that they bring into the house, taking it out on the caregivers because that's the only way that they can kind of release this angst, anxiety and fear of what's happening in the outside world.*
>
> (Practitioner 11, YOT Social Worker)

In this statement, the practitioner reflected on their practice prior to the interview commencing. From their perspective, the inability for young people to self-regulate, which they linked to experiences of neglect, was identified as a key risk factor for CPVA. As the interviewee explained their insights:

> *What I see constantly is the factor of neglect within these young people's backgrounds. So, for me, the young people*

> *I've worked with have either been on the child protection register for neglect, or there are current issues of neglect in their lives. I've been thinking about it, before speaking to you about it why that may be the case, and I guess it's coming down to not being able to regulate, because they've not been shown that. That violence and aggressive behaviour is something they've learned because they have been neglected. Any attention is good attention. So yeah, neglect is the major thing that I see in my cases*.
>
> (Practitioner 11, YOT Social Worker)

## *Increases in Referrals for Younger Children*

Many practitioners stated that the age range of children and young people had changed within caseloads. The age range had fallen from middle adolescence to primary school age. In line with Merseyside findings from Bates et al. (2023), findings from practitioners in the current study identified that there was an increase within a younger cohort of children accessing help and support from services in Wales, than that in comparison to studies discussed within the literature concerning onset of age of CPVA (for example, Ibabe, 2014; Ibabe & Bentler, 2016). Findings from practitioners in the current study, in line with Merseyside findings from Bates et al. (2023).

Typically, practitioners highlighted that the age of the child, or young person was decreasing. The age range of supported children varied between practitioners. Amongst practitioners within the statutory DA service, the age range had dropped from eight to twenty-five years old, to six to seven years old. As the practitioner states, the age range is in a steady decline. Whilst another interviewee from the same service recalling that the youngest child within caseloads being 6 years old:

> *The age that they are coming through gets younger and younger, to the point where I have had a referral for a 6 year-old not so long ago. They have been gradually coming down a bit younger. Before that it was a 7 year-old, and before that it was an 8 year-old. At the moment I have a 5 year old on my caseloads*
>
> (Practitioner 2, Statutory DA Service)

Practitioners working within voluntary services within Wales provided a different account of the age range within caseloads. Becoming more common, were the increasing referrals for three to four-year-olds. As the anonymised intervention programme was initially designed for 8 – 25 year-olds, and based on the principles of youth work, the programme was not suitable for the younger age group. This highlights a potential gap within service provision for 3 -8 year-olds. The lack of services for the younger age group caused difficulties in the way the practitioners were able to respond to referrals, and how best to accommodate the families requesting support. The lack of suitable services for this younger age group was perceived by practitioners as causing emotional difficulties when turning away families requesting support. As the following practitioner describes:

> *We get calls sometimes about really young kids, about three or four years of age. We've had a referral for a three- or four-year-old. Yeah, and at that point it can be really difficult, because what we can accommodate in terms of age, you know, our course is very much based in youth work, and it's difficult, so yeah.*
>
> (Practitioner 5, Voluntary Service)

In variation to the previous quote, working within the same service, but within a different area of Wales, the following practitioner was experiencing increasing referrals from a different age group. Within this practitioners' caseloads, the age range was in line with the previously mentioned figures (for example, Ibabe, 2014; Ibabe & Bentler, 2016), relating

to age of onset of CPVA. As the participant states, increasing caseloads were attributed to the age range of 11 – 13 years of age:

> *I would say the referrals start coming in once they get to comp [comprehensive school] so around the age of eleven. I've got one 16 year-old on my caseload, and the rest aged between 11 – 13 years old.*
>
> (Practitioner 7, Voluntary Service)

### *Practitioner Understandings of Increasing Caseloads*

This subtheme reflects practitioners' understandings for the increasing caseloads. Reasons for the increases were varied across the sample, although for the most part, practitioners spoke about a growing societal and professional awareness of CPVA that contributed to the increase in caseloads. In supporting Bates et al.'s (2023) practitioner findings, practitioners described CPVA as an issue that was attracting some societal and professional awareness. This then led to the visibility of intervention services amongst external family services, which created opportunities to support families.

One service had actively promoted awareness, and the availability of help and support for parents. This tended to create an influx of referrals from external services. Other organisations within the sample generally advertised intervention programmes amongst external statutory services in Wales. Whilst working with differing external agencies, the following practitioner described how this led to an increase in referrals for the service:

> *So, they [caseloads] have increased, but I think that's down to the visibility of the project, i.e., if we go out to a different social work team then we will be inundated with referrals.*
>
> (Practitioner 3, Voluntary Service)

These findings support Edenborough et al.'s (2008) study that noted a lack of societal awareness surrounding CPVA contributes to parental silence when seeking help. This research demonstrates that positive outcomes in terms of help-seeking can be achieved through utilising multiple public access platforms.

Alternatively, for another practitioner working in the YOT team, the increase was a direct cause of higher numbers of parents reporting the violence and abuse to police. This was a surprising finding in relation to the moral dilemmas parents face when deciding to involve the police within the literature review chapter (Bobic, 2002; Burt et al., 2019; Edenborough et al., 2008; Holt, 2009; Miles & Condry, 2015). Practitioner 9 felt that for some parents, reaching crisis point was the deciding factor in calling the police:

> *I think now there's more parents reporting to the police than there was before, and I wonder if it's because parents are at the end of their tether, and I can't be dealing with this any longer, the way I'm trying to deal with it isn't working.*
>
> (Practitioner 9, YOT Victim/Parenting Worker)

### *Trying to Meet Demand: The Impact on Services Post-Pandemic*

In the following subtheme, the difficulties that arise from increasing caseloads will be explored. All interviewees spoke about the consequential impact on current services as a result of the high number of referrals and caseloads. Practitioners concluded that the increase in demand for support was related to high prevalence rates of CPVA. With this came a difficulty in meeting the demand for intervention programmes. All practitioners stated that families were placed on a waiting list until availability became possible. These findings correlate with results from practitioner interviews within Bates et al. (2023).

Similar to Bates et al.'s (2023) Merseyside findings, practitioners in this study perceived a limited number of services addressing CPVA in Wales, alongside an overwhelming increase in demand. Consequently, as practitioners reported, parents often encountered waiting lists when trying to access intervention programmes. Reported wait times generally ranged between one to three months for support. This perceived influx of cases and the associated waiting lists placed significant additional pressure on services, leading practitioners to express concerns that they were unable to offer truly meaningful or lasting levels of support. These factors strongly indicated the critical need for more robust CPVA intervention services in Wales. Practitioner 1, working within a Statutory Domestic Abuse Service covering a large inner city area in Wales, highlighted the intensity of this demand, noting their service was staffed by just two practitioners to meet it:

> *It's purely me and [colleague], we regularly chat, we've not got the time to do the stuff that we really want to do with the families, because we're having to take on more families than we should do because of the waiting lists so, we don't like having waiting lists. So as soon as we've finished a case as soon as we can, you know, we're trying to pick up a case as soon as we can, and that means you don't get the extra leeway to do a one-off session if a family's had a crisis, and you go out unplanned. You know, it's not a planned thing, and you get to do some sequence analysis with them, what was happening before, what was*

> *happening during, what was happening after. You get to build a parent back up again, because they're often feeling absolutely crap, and there's no point, it's all gone wrong again. Like literally our calendars are so jammed packed full, it's the luxury of being able to do that, yeah, it's hard, yeah just demand isn't it.*
>
> (Practitioner 1, Statutory DA Service)

The perceived need and demand for CPVA services was consistently highlighted across interviewee accounts. However, several practitioners suggested that services often operated in isolation, with limited awareness of the working practices of other existing services. This indicated a perceived gap within collaborative working amongst existing services in Wales, as exemplified by one practitioner who stated: *I know more about what happens with NVR in England than what I do in Wales.* (Practitioner 1, Statutory DA Service)

In summary, post-pandemic, practitioner caseloads have increased, particularly for children and young people who have experienced ACEs, are neurodivergent, or are involved in child criminal exploitation. Although services are overwhelmed due to high demand, there is a clear gap within collaborative working across existing services. The following theme provides an account of practitioners' experiences of risks for families living with CPVA.

## Theme Two: Risk to the Family, Child, Young Person, and Practitioner

The chapter now turns to discovering the multiple familial and hidden professional risks of CPVA. When discussing the question surrounding the level of risk in terms of families living with CPVA, different areas of risk were identified across the data. These risks were

situated at individual level, and microsystems and included: parents and siblings; child and young person; and practitioner.

The practitioners within this research brought to light different areas of risk when living with CPVA. The immediate risks for parents centred on physical, verbal, and property damage, which is reflected within current research findings (Bates et al., 2023; Family Lives, 2022; Pegs, 2021). For one practitioner in particular, there was an immediate risk to parents surrounding physical violence and the use of weapons. For two practitioners working across different organisations in Wales, there was a difference between the levels of violence they had experienced whilst supporting families. The following interviewee highlights the variation of physical violence that is used against parents: *"It can go from anywhere like a push, to the likes of being stabbed with a knife, or a pair of scissors."* (Practitioner 8, Family Support Worker).

For the next practitioner, the immediate risks to parents took on an even more severe connotation within the families that they supported: *"Having a parent murdered, having a parent severely injured."* (Practitioner 3, Voluntary Service).

Together with physical violence, there were accounts of financial control, property damage, and verbal abuse from children and young people (Baker, 2021; Bates et al., 2023; Family Lives, 2022; Pegs, 2021), all of which are in line with the amended definition of CPVA used within this research. Surprisingly, verbal abuse was not as concerning for families as in comparison to physical abuse. This finding correlates with Simmons et al.'s (2019) study surrounding parental abuse thresholds, of which physical abuse is determined as more problematic than verbal abuse. As the next practitioner demonstrates, verbal abuse is the most commonly reported form of abuse, second to physical violence and abuse, with property damage becoming a financial burden for parents:

*There's a lot of verbal, verbal abuse as well. Our families would say that's second. A lot of damage to property as well. A lot of our families will say they don't bother decorating anymore. They don't replace broken wardrobes, doors being removed.*

(Practitioner 9, Voluntary Service)

## *Siblings and CPVA. The Wider Context of Harm*

Alongside these immediate factors, further secondary risks were uncovered that related to siblings. Practitioners provided accounts surrounding how CPVA impacts siblings within the household through physical and emotional harm, which supports existing research around the effects of CPVA on siblings (Baker, 2021; Biehal, 2012; Haw, 2010; Holt, 2009; Laurent & Derry, 1999; Papamichail & Bates, 2022). This is also reflected within Pegs' (2021) parental survey, whereby siblings were sometimes the target of physical and verbal abuse. One practitioner working across the same statutory domestic abuse service gave differing accounts as to the secondary risks surrounding siblings and CPVA:

*There's the risk to other siblings, who are being emotionally damaged because if you have a younger sibling, what they are seeing is the older sibling in the house who's kicking doors through, and smashing things up, throwing things around and using expletives, then that's the same situation as a child in a house with a domestic violence perpetrator. So, for the younger ones, it can be very emotionally harmful.*

(Practitioner 2, Statutory DA Service)

This research suggests that for some siblings, living with CPVA can incur similar emotional harm to living with parental DA, as highlighted by one participant who drew parallels with the effects of children living with adult domestic abuse.

As a result of harm directed at a sibling, the next practitioner states the consequences of siblings in the wider context of harm and the child being subject to child protection orders (Biehal, 2012). This may translate into the sibling who is experiencing harm being removed for protection through safeguarding measures (Children Act, 1989; SSWBA, 2014; Welsh Government, 2014). The threat of removal becomes exceptionally difficult for both parent and practitioner, with families trying to protect siblings whilst caring for an abusive and violent child:

> *What's really, really difficult is when a child is abusive, and hurts and harms siblings. In social services arenas, sometimes, it's things like you're not able to protect your younger child. You're at risk of losing them and we need to go down the child protection route, and all that language is branded around.*
>
> (Practitioner 1, Statutory DA Service)

### *The Risks to the Child or Young Person*

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>
> (Practitioner 2, Statutory DA Service)

### *The Risks to the Child or Young Person*

There was a general concern for the outcome of the young person engaging with CPVA behaviours amongst all participants within the research. Concerns ranged from the risk of over-criminalisation of the child, criminal exploitation, and the child's future relationships. Practitioners stated that conflating CPVA with DA can and has had negative criminal consequences for the young person. This area of concern is also supported by Bettinson and Quinan (2020) and Rutter et al. (2022), as highlighted in Chapter Two.

In terms of criminalisation, even though the behaviours experienced by practitioners could be on the extreme end of the term violent, the young people they supported were still viewed as too young to be criminally prosecuted. This finding is also supported by Condry

and Miles (2021) who argue that children and young people who harm parents are still children. There were also added concerns surrounding the vulnerability amongst the children and young people they supported and questions about the appropriateness of a criminal prosecution (Condry & Miles, 2021). This is supported by Bettinson and Quinan (2020) and Rutter (2023), as seen in Chapter Two. Practitioners reported having little confidence in the positioning of CPVA within a DA framework (Home Office, 2013), and how the framework can cause further negative implications for families.

Even though the Welsh Government's definition of domestic violence only applies to children over the age of 16 (Welsh Government, 2015), one practitioner highlighted that in some instances, children as young as 15 are being dealt with through adult perpetrator guidelines such as MARAC (Brennan et al., 2021; Holt & Retford, 2013). This is reflected within a practitioner's quote that highlights the seriousness of risk concerning criminal prosecution through the Government's inclusion of CPVA within a domestic abuse framework:

> *There are lots of young people that will end up down the criminal route because they physically hurt the parent, you know, the older teenagers, knives, threatening, stealing money, all that kind of thing. It's come up time and time again within our MARAC. Recently, two cases came through to our MARAC, child-to-parent domestic abuse; the perpetrator was 16! And one of them was 15! So we're all a bit aghast really, because we don't, I don't believe that's the forum that they should be dealt with.*
>
> (Practitioner 1, Statutory DA Service)

Within the Youth Offending Team, practitioners provided anecdotal evidence surrounding criminal proceeding outcomes for CPVA. Typically, practitioners articulated concerns that the criminal justice system often fails to adequately contextualise the lives of children and young people in terms of outcomes of CPVA incidents. Even though the system recognises complex lived experiences (i.e., trauma, neglect, neurodiversity), Practitioner 11 felt that

what is missing from current policy is suitable consequences for the behaviour that reflects the difficult lives that some children and young people have lived. This could be because CPVA is now set within a DA framework, with decades of public and political attention on police forces to prosecute violence against women and girls (Armstrong et al., 2021). This area of youth justice was a concern for the next interviewee:

> *I think the criminal justice system is very black and white. It's really difficult because a lot of it comes from that trauma response, and whatever pressure it is.*
>
> (Practitioner 11, YOT Social Worker)

One practitioner highlighted that CPVA could be better placed within a therapeutic framework as opposed to a domestic violence framework, as noted by Bettinson and Quinan (2020). In reducing the risk of criminal prosecution, practitioners stated that this would provide a more effective way of supporting the large numbers of neurodivergent and trauma-related caseloads, without negatively labelling the child or young person as a 'domestic abuse perpetrator' (Bonnick, 2019). When asked about the current positioning of CPVA within a domestic abuse framework, the following interviewee describes that this has been a topic of discussion within the service:

> *I definitely can confirm that we often have similar conversations in our team, and it comes up time and time again between us about whether we are situated in the right place.*
>
> (Practitioner 1, Statutory DA Service)

Within the sample, the legal responsibility differences between adult domestic abuse and CPVA created concerns around the approach to supporting parents. Consequently, because

of applying CPVA within a DA framework, one practitioner provided an example of how this positioning causes complications and implications within providing support to families. This finding mirrors Bettinson and Quinan's (2020) argument surrounding current CPVA policies ignoring the unique factors within the parent–child relationship.

The next practitioner stated that CPVA would be better suited within a social work framework. Furthermore, as the practitioner states, the current positioning of CPVA within a domestic abuse framework may not adequately recognise the legal responsibilities parents have:

> *In a domestic abuse role, you're enabling, or empowering your client to walk alone, or leave their partner, and things like that, but you're not going to do that if it's a child.*
>
> (Practitioner 8, Family Support Worker)

While it was agreed by all practitioners that the behaviour was not acceptable, the need to look beyond the behaviour to uncover the source of CPVA was crucial in preventing children and young people being labelled as violent and abusive perpetrators, as echoed by Baker (2012). As Interviewee 1 states, the labelling of children and young people within society can have a long-lasting negative impact that can follow them into later life:

> *So, the risk I guess is being demonised, you know. I'm trying to think of all the cases I have worked with. I think, there has always been, and please don't think I'm making an excuse, or excusing the behaviour, but there has always been something behind what's going on. It just does not, in any way, shape or form, take away that violence is ever acceptable. There's never a reason why it's OK, but if you can sort through and meet that need, then changes are possible. But if that child is viewed as a perpetrator, you*

> *know, bad kid, unmanageable, and people don't see behind things, then the danger is that they can get lost in that, and they stay on the abusive path I guess.*
>
> (Practitioner 1, Statutory DA Service)

### *The Need to Address CPVA Behaviours Early*

A further risk to the young person was identified as a lack of early intervention in addressing CPVA behaviours. Positioned in the intergenerational transmission of violence theory (Baker, 2021; Calvete et al., 2015; Contreras & Cano, 2016; Margolin & Baucom, 2014; Myer et al., 2022; McCloskey & Lichter, 2003; Simmons et al., 2018), some practitioners felt that one significant consequence of not addressing the child or young person's reasons for the behaviour could be the continuation of the behaviours into adult life.

While trying to uncover the root causes of CPVA behaviours and challenging attitudes surrounding the violence and abuse, practitioners spoke about the need to support the child into developing positive coping strategies that promote a healthy change in managing behaviours. This would then reduce the risk of any future inter-partner violence and abuse within the child's adult relationships and reduce future numbers of DA incidents overall. The following quote from an interviewee identifies the importance of challenging negative behaviours at an early stage, therefore providing the child or young person the opportunity to gain effective tools to sustain healthy future relationships:

> *I think what we're going to see is that violence is a precursor to getting what you want, and at some point, unfortunately it's going to come out in inter-partner relationships. So, when they get older, fifteen, sixteen, seventeen, we're probably going to see more violence in partners. So, when they get a partner, domestic violence will increase because they haven't had the chance to change those behaviours, or haven't been challenged on the behaviours and look at different coping strategies*.
>
> (Practitioner 3, Voluntary Service)

It was apparent that the practitioners consistently expressed a great urgency to address behaviours early in the child's life that may minimise the negative impact it had on the family and the young person themselves. This reduced the risk of violent and abusive behaviours spilling over into other areas of the young person's life. This was reflected within the early intervention and prevention work carried out by Practitioner 12: *you have to have those conversations really early* (Practitioner 12, Statutory DA Service).

For those who did not provide early intervention and prevention support, practitioners felt that timing was a crucial factor in preventing further risk, such as violent incidents at school and within the wider community. Many interviewees spoke about school exclusions in relation to behaviours spilling over into education settings. This then meant the children were left without a structured day and in a vulnerable position whereby the possibility of falling in with the wrong crowd was a real possibility.

The area of CPVA and peers has been discussed previously in Chapter Three, where existing research suggests children and young people who demonstrate CPVA are more likely to associate with or find friendships amongst other violent peers (Cottrell & Monk, 2004; Kennedy et al., 2010).

Notably, in discussions pertaining to children who were perceived to be associating with negative peer groups, two practitioners expressed their belief that a lack of support through intervention programmes could exacerbate risks, potentially leading to CCE. Although criminal exploitation has been previously mentioned within this chapter (Bates et al., 2023; Brennan et al., 2022; O'Toole et al., 2022), the following provides a different context in which exploitation is situated.

Through supporting two young people on separate occasions, one practitioner stated that CCE had been a feature. However, the subsequent practitioner described a progressive accumulation of issues, which, in their view, increased the possibility of a child experiencing child criminal exploitation due to unaddressed behaviours early in their development:

> *I think the biggest risk to them is that they think they can possibly go through life carrying on like this, and it's spilling out into other areas like school, or in society. I think that's the biggest risk, if it's not dealt with sooner, and I think the young people we have, fifteen, sixteen, seventeen, are possibly showing signs of problems with relationships, friends, social groups, erm yeah, and who knows where that could lead onto. It could lead onto other violent acts; it could lead on to exploitation and all these things.*
>
> (Practitioner 4, Voluntary Service)

### *The Risk of Relationship Breakdown*

In conjunction with the risk surrounding the young person's future relationships, practitioners spoke about the risk to current relationships. Due to the nature of CPVA

behaviours and the strain this places on family relationships, an additional risk was identified as child-to-parent relationship breakdown, which supports findings from Biehal (2012); Bates et al. (2023); Cottrell and Monk (2004); Haw (2012); Sheehan (1997). The risk of entering the care system due to relationship breakdown through CPVA was also identified within this research, as seen within Biehal's (2012) study. This also applied to adoptive, foster family placement breakdown as seen within Selwyn and Meakings (2016), Thorley and Coates (2017), and kinship family's research from Holt and Birchall (2021), in which there was a re-entry to the care system. The data indicated that there was a definitive drive to keep families together within a peaceful coexistence, with an emphasis on parental and child connectedness. However, two interviewees signified that on some occasions keeping families together is not possible. The next practitioner provided an account that demonstrated this:

> *I've had a couple recently, and they have been really sad cases. One mum has taken an injunction out against her child, I [the mother] will never have this child in my house again!*
>
> (Practitioner 9, Victim/Family Worker YOT)

In line with adoption placement breakdown findings from Selwyn and Meakings (2016), there was an emphasis on the creation of instability for the child if the foster, adoption, or kinship placement failed through CPVA. This would ultimately lead the child or young person within kinship families entering the care system. For children within adoptive families and foster families, this signified a risk surrounding a return to the care system. Relationship breakdown was framed within feelings of parental defeat for the following practitioner:

> *One of the biggest risks we come across is the risk of family breakdown, or placement breakdown. The children*

> *may be with grandparents for example, because they have been taken away from their parents, so those grandparents really can't cope with those children, and there's a real risk of those children going into care. We have children in foster care system, where there's a risk of that placement breaking down, and that leads to more instability for the child.*
>
> (Practitioner 2, Statutory DA Service)

Such parental feelings have been documented previously (Cottrell & Monk, 2004; Miles & Condry, 2015). Through remaining silent for several years about the violence and abuse, parents had reached a point in which it was affecting feelings for the child. The practitioner discussed how some parents emotionally distanced themselves from the child because of the CPVA. This correlates with findings from Baker's (2021) study, in which parents created an emotional distance within the relationship as a way to protect themselves from the CPVA. As one practitioner describes, this translated into the parent and child relationship breaking down, which had effectively broken the connectedness of that relationship:

> *A lot of parents who come through have been dealing with this for years and years. By the time they get to us they are very broken, and feel like they can't go on, and that they can't deal with it anymore, and they've often got to the point where they dislike the child very much, and they don't want to spend time with the child, and they don't want to be around the child, and they want as little contact as possible. They have been through it for so long that the relationship is the worst it could be.*
>
> (Practitioner 2, Statutory DA Service)

### *The Risks to the Practitioner*

The following subtheme explores the risk to the practitioner whilst supporting families through CPVA. This area of risk to practitioners was an unexpected finding. Within current CPVA literature, there appears to be a modest silence surrounding the direct risks of violence and abuse that practitioner's face when supporting some young people and children.

For some practitioners included within this research, the risk of violence and abuse towards themselves was considered minimal. This was because interventions were amongst parents, and not the child or young person themselves. However, for one frontline practitioner within the YOT team, the risk of violence perceived as elevated. Although Omer (2016) discusses elevated risk in terms of the young person resisting interventions, the current data shows the following practitioner caught within the crossfire within a CPVA incident in the home. This brings to light a different side to CPVA research, in that predominately it is the parents providing accounts of incidents and the risk of injury or emotional harm. Additionally, data indicated that the interruption of the episode by a person that was not connected to the family home, brought an instant de-escalation of behaviours. The following practitioner provided an account that highlights the sometimes-delicate situations frontline practitioners find themselves in:

> *I've seen it with this young person. I've been in the house multiple times when he's lost it. Throwing glass bottles at Nan. Smashed the house up, and I thought if I just don't do anything, like I've already called the police at this point, but I thought if I don't do anything now, then where is this going? So, I stepped in front of that young person, and I was like Enough! Enough! Done! And it was an immediate switch, it was an immediate; Oh, it's you, it's not my caregiver, it's not the people I'm angry with and it completely de-escalated it. In that moment, my body reacted more than my head.*

(Practitioner 11, YOT Social Worker)

The last section discussed concerns of practitioners regarding risks associated with demonstrating and living with CPVA. It highlighted the risks to parents, siblings, and the child themselves. The following section will present findings on barriers to support for families.

## THEME THREE BARRIERS TO SUPPORT

In the proceeding theme, the issue around effective and timely help and support for families will be covered. All interviewees were asked; *what are the barriers to support for families in Wales?* Barriers to support were common amongst families accessing support. These barriers were situated within the meso, macro and microsystems, and varied across the sample. Practitioner examples were given as; parental understandings of CPVA; parental lack of knowledge surrounding who to call for help; police and social worker responses to CPVA incidents; reluctance to involve police. The following theme explores the findings relating to barriers to support.

### *Parental Understandings of CPVA as Barriers to Support*

As described within Chapter Two, violent and abusive behaviour is socially constructed and defined by the individual experiencing it (Meuhelnhard & Kimes, 1999), with practitioners stating that parents typically failed to realise they were living with CPVA. This correlates with findings from Bates et al, (2023); Bettingson and Quinan, (2020); Holt, (2013); O'Hara et al, (2017); O'Toole et al, (2022). As seen in the next quote, distinguishing between normal, and abusive behaviour created a barrier to support;

> *I think it's a bit of a mystery to some parents as well. I think a lot of them are not sure what CPVA is, and that they actually experiencing it. They don't know how much they are supposed to absorb as a parent. When does normal become not normal?*
>
> (Practitioner 4 Voluntary Service)

Interviewees noted that the lack of awareness of constituting abusive and non-abusive behaviours amongst parents created internalised feelings of self-blame, which in turn created a barrier to help seeking. Such feelings are also noted within the study of Williams et al, (2016).

Practitioners stated that parental self-blame played out in connotations of perceived feelings of 'bad parents', 'good parent' dichotomies as described by Patterson et al, (2002) and the continuing silence of parental experiences. Accounts were provided surrounding how creating a sense of understanding that parents were not alone within their experiences of

violence and abuse from their children, reduced levels of parental isolation, and self-blame (Bates et al, 2023). Such accounts were captured within the following quote;

> *It's an element of people just don't know CPVA is a real phenomenon that happens in society. It's not about them and their experiences of them saying oh I'm a bad parent, my child's a devil, all of that is around them understanding that oh my god! I'm not the only one, and that realisation*
>
> (Practitioner 3 Voluntary Service)

Commonly reported by practitioners were the parental feelings of self-blame, and shame surrounding the violence and abuse, of which has been previously covered within the literature review chapter (Edenborough et al, 2008: Farber & Azar, 1999: Holt, 2011: Howard & Rotterm, 2008: Jackson, 2003: Laing, 2014).

Practitioners spoke about how such parental feelings were intertwined with the self-perception of poor parenting skills. This poor self-perception is a theme in Williams et al's (2016) study. Similarly to Eckstein and Brule, (2016), a common thread amongst the sample was that of how parents doubted their parenting skills, and negatively impacted help seeking. For some families, these feelings meant that a barrier was created, and help was never sought. On the other hand, other families had remained silent for quite some time for varying reasons, before reaching out for help thus validating findings from previous research (Agnew & Huguley 1989; Coogan, 2014; Cottrell & Monk, 2004; Jackson, 2003; Hunter et al, 2010; Patterson et al, 2002). As one practitioner describes, both scenarios created a perceived barrier that was difficult to overcome for some families;

> *I think people, because of the shame, they don't, they keep it in for a long time as well. So, they don't actually ask for help at all. A lot of parents think that they are to blame,*

*like it's my parenting skills that's done this, and it's not that at all*

(Practitioner 6 voluntary service)

Jackson (2003) highlights how some mothers have internalised feelings of self-blame through societal, and professional discourses when failing to fit within normative mothering practices. This research also found that society tended to blame parents as a result of a lack of awareness around the complex nature of CPVA. Practitioners felt that a contributing factor in creating barriers to support for families came from external professionals in the form of parent blame because of parental responsibility (Holt, 2011; Holt & Retford, 2012). In drawing on the positioning of blame within adult domestic abuse narratives, the following interviewee gives a description of experiences of professional parental blaming practices;

*For example, when I tell people what I do, they ask, that really exists? And they always blame the parents, why? You don't blame the woman who's being abused, you don't blame her for the abuse, so why would you blame a parent for their child abusing them?*

(Practitioner 8 Family Support Worker)

## *Responding to CPVA: Barriers to Support*

This research suggests that the perceived lack of recognition of CPVA as a societal issue contributed to further barriers to support. This was particularly evident in the limited visibility of intervention services amongst parents, a finding supported by Bonnick (2019). Many parents lacked awareness that services specifically addressing CPVA had been established within Wales. This aligns with international and national findings from Bates et

al. (2023), Edenborough et al. (2008), Gabriel et al. (2017), Miles and Condry (2015), and Toole-Anstey et al. (2023). This lack of awareness translated into what practitioners described as a difficult help-seeking journey for parents, with the majority reporting unsuccessful attempts to find support. Practitioners noted that many families had approached various statutory services before enrolling in intervention programmes (Bates et al., 2023; Toole-Anstey et al., 2023). Analysis indicates that social workers and the police were typically the initial points of contact for families, which correlates with findings from Condry and Miles (2015) and O'Toole et al. (2022).

However, practitioner accounts frequently highlighted the absence of clear safeguarding procedures for both the child/young person and the parent themselves, consistent with findings from Holt (2009) and Heslop et al. (2019). While interviewees acknowledged the need for and guidance from the UK Government's CPVA information guide for practitioners (Home Office, 2015), a safeguarding response was rarely actioned. As one practitioner stated: *it very rarely happens on the ground (Practitioner 1, Statutory DA Service)*.

Literature by Myer et al. (2020) notes a general lack of help-seeking pathways for parents. Consequently, all practitioners in this study advised parents to call the local police service during times of crisis to protect families from significant harm. In Wales and England, this is often the primary or most readily available route for parents, reinforced by CPVA's inclusion within domestic abuse frameworks and criminal justice responses (Welsh Government**,** 2014). Practitioners reported significant parental reluctance to involve the police due to fears of criminalising the child. This echoes findings from Condry and Miles (2015), Condry et al. (2020), Cottrell (2002), Cottrell and Monk (2004), Holt (2009), O'Toole et al. (2022), and Patterson et al. (2002). For some practitioners, this reluctance was seen as a barrier to support. One practitioner expressed confusion regarding parents' hesitation to call the police, describing the sentiment as: *if you need someone there, then you have to ring the police* (Practitioner 7, Voluntary Service).

Conversely, another practitioner articulated that parental reluctance to involve the police was deeply intertwined with the admission of violence and the societal imputation of blame, which, in turn, created additional barriers to support:

> *Ones that are not willing to involve the police and they don't want to admit it. They feel like if they admit it, because of society's views, they'll be seen as a bad parent, it's their fault.*
>
> (Practitioner 8, Family Support Worker)

Practitioners demonstrated a heightened awareness of the sometimes-negative responses families encountered when seeking help, a pattern observed in findings by Bates et al. (2023), Condry and Miles (2015), and O'Toole et al. (2022). Consistent with Myer et al. (2020), this negativity was exacerbated by parents' initial reluctance to involve police and social workers in crisis situations, only to be met with parent blaming or child stigmatisation upon approaching frontline services. This supports findings from Condry and Miles (2015) and O'Toole et al. (2022) concerning negative frontline responses to parents in crisis. Such experiences further entrenched feelings of self-blame and future reluctance to involve the police and social workers. As one voluntary sector practitioner explained, this reinforces the self-perception of being a bad parent:

> *Parents don't want to call the police on their child. Some of that is because they don't want to stigmatise their child, they don't want to stigmatise themselves, they're already blaming themselves that somethings not right, they've done something wrong for their child to be doing this to them, then to have that extra pressure that if they phone the police then they are a bad parent.*
>
> (Practitioner 7, Voluntary Service)

Interviewees reported that families sometimes felt humiliated by the responses received when seeking help. After numerous unsuccessful attempts to find support, parents often perceived that their voices were only truly heard once a child protection safeguarding response had been actioned by the police or social services (Holt, 2009).

Practitioners indicated that this led parents to feel help was being imposed upon them with negative connotations, thereby creating further negative internalised feelings for families. Furthermore, if families are not already engaged with social services or other family support agencies, seeking help can become even more challenging (Toole-Anstey et al., 2023). As one practitioner highlighted, a segment of parents does not receive help and support precisely because they are not involved with external support agencies:

> *I think the other interesting thing is that many of our parents say that they actually asked for help, whether they've had an incident and called the police, or whether they have had social services, or somebody involved, if the family aren't working with another support agency, and they've had an incident and phoned the social worker themselves, they're asking for help, and because they're not on the system anywhere, they don't get it. And when that incident happens, and there's a safeguarding concern, or the police are involved, they're told, well you have to have help, and then they feel judged, and more shamed, and more embarrassed, and more humiliated because they say, well I asked for help, and now you're forcing it on me, and I was asking for help anyway. I think it's a catch-22 for some families.*
>
> (Practitioner 4, Voluntary Service)

Practitioners suggested that negative help-seeking responses from social services and police forces in Wales stem from a lack of clear government policy, response guidelines, training,

and clarity regarding which agency holds primary responsibility for CPVA. Currently, across the UK, there appears to be a lack of a single, clearly designated agency that holds overall responsibility for CPVA in terms of a co-ordinated response (Bates et al., 2023; Bonnick, 2019; Holt, 2013; O'Toole et al., 2022). This inherently creates confusion among responding social workers and police regarding who is best placed to intervene in incidents (Bonnick, 2019).

Interviewees across the sample provided practical examples of how such confusion manifests. One practitioner recounted a family with potentially heightened risks to parental and sibling safety who called the police for assistance, which resulted in an unhelpful response:

> *I had one family, and the child was particularly violent, would grab anything to use as a weapon, would kick, punch, hit, head-butt, really violent. So when he went off, he really went off, so they'd ring the police and they'd say, this isn't a police issue, this is a social services issue, they'd ring social services, and social services would say, what do you want me to do about it? you know like, what are you expecting me to do? You need to call the police, so they'd ring the police back, and the police would send out an officer. By which time the situation had calmed down potentially, and the young person would be in bed.*
>
> (Practitioner 1, Statutory DA Service)

Practitioners also noted that parents were sometimes hesitant to involve external agencies, fearing it would worsen an already volatile relationship. This aligns with literature from Pagani et al. (2003) and O'Toole-Anstey et al. (2023**)**. Responses often left parents feeling more stressed and vulnerable, with the added risk of escalating the already violent situation. Literature commonly discusses how police responses to CPVA can exacerbate an already fractious situation (Cottrell & Monk, 2004; Holt, 2011; Holt & Retford, 2012; Miles &

Condry, 2016). Brennan et al. (2022) describes the difficulties police face in responding to CPVA call-outs positively. In this study, practitioners frequently stated that police attendance could potentially heighten violence from the young person. Practitioners attributed this to a lack of training and policy regarding CPVA responses. Participants from a statutory domestic abuse service reported how police forces often use personal discretion when deciding whether CPVA should be treated as a public matter requiring intervention or a private issue where their knowledge of CPVA is minimal (Holt & Retford, 2012; Miles & Condry, 2016; O'Hara et al., 2017), thus potentially creating a barrier to support:

> *You'd either get the authoritarian where, you know, you're gonna end up in the cells, do you want me to take him away? Put him in the back of the van, handcuffs and all that jazz, which never works. Or you'd get you know, they've been forced to come out, they don't really know what they're supposed to do. So, I guess just another person that's there witnessing what's going on, but not really able to offer anything helpful to the situation.*
>
> (Practitioner 1, Statutory DA Service)

However, Practitioner 11, working with children and young people within the YOT service, offered a different perspective on police responses to CPVA. This research indicated that, based on this practitioner's experiences, there had been a general positive shift in police understandings of CPVA. In this specific context, current policy framing of CPVA, rather than police response itself, created barriers to support, as reflected in findings from Armstrong et al. (2021**)**. Because CPVA is situated within the domestic abuse framework, it leads to criminal consequences for the young person (Armstrong et al., 2021). Therefore, police forces are legally obligated to address a CPVA incident as a crime, rather than solely a therapeutic concern. Despite this, analysis of Practitioner 11's account showed that although the police understand the young person's trauma background, current policy and laws mandate an arrest:

> *I think that the police are much better in kind of understanding where that young person is coming from, but at the same time it's that, a crime is a crime, and that it's more black and white from the police side of things. So, whilst there may be a kind of; yeah, we get why this has happened, but it's still an offence, so they need to be dealt with. So, you have that grey area of police officers understanding the behaviours, but then they don't necessarily change the outcome for that young person.*
>
> (Practitioner 11, YOT Social Worker)

Many respondents within the sample identified further barriers stemming from how children and young people are perceived in relation to their use of violence and abuse at home. As discussed in the literature review chapter, this often results from normative constructions of abusive relationships where the abuser possesses more physical, economic, and political power (Holt & Retford, 2013). This perception meant that children and young people were viewed as defenceless, while parents were positioned as all-powerful (Case & Haynes, 2018; O'Toole et al., 2022).

Many interviewees felt that personal attitudes and ideologies prevented social work practitioners from fully believing a child or young person could be capable of such violence and controlling a parent to an extent requiring intervention. Traditional perceptions that position the child as a victim and the adult as a perpetrator obscured external practitioners' ability to accept that a parent could be a victim at the hands of a child. This perception, therefore, only served to impede families on their help-seeking journey, as captured in the following practitioner's quote:

> *I've had this experience where the social worker, an older social worker really not believing that a child could be capable of controlling and using violence to where a parent would be in the situation where they were being controlled.*

(Practitioner 1, Statutory DA Service)

The complex interplay of parental responsibility and professional blame for CPVA has previously been demonstrated to be a further barrier to parental support (Baker, 2012; Edenborough et al., 2008; Holt, 2013; Hunter, 2010). The participants in this study largely demonstrated an understanding of CPVA as a multidimensional phenomenon, recognising that many factors can contribute to the onset of violence and abuse. Analysis highlighted that most practitioners did not implicate parents as a sole mechanism in the causes of CPVA. In fact, practitioners showed great sympathy and empathy towards the families seeking support, indicating a broad understanding of the profound impact CPVA had on family life.

Previous literature highlights how some practitioners attribute CPVA directly to poor parenting (O'Toole et al., 2022). However, one practitioner in this study experienced an internal struggle to understand the causes of CPVA, and this practitioner did implicate parents as a direct cause for the behaviours. This aligns with findings from Holt and Retford (2012) and Nixon (2012), where practitioners blamed parents for the development of CPVA.

Analysis of this practitioner's account noted that some parents had themselves come from highly neglected childhood backgrounds. This could suggest parent-child attachment issues resulting from parental Adverse Childhood Experiences (ACEs), as reflected previously in the theoretical chapter (Martinez et al., 2023). Data indicated that Practitioner 11 lacked acknowledgement of parental ACEs experiences. As Biehal's (2012) study showed, this translated into a limited understanding of parental trauma experiences that could lead to high instances of CPVA linked to family neglect (Biehal, 2012). As the practitioner describes, current social worker training is heavily focused on child protection, mirroring findings from existing research (Holt & Retford, 2013; Nixon, 2012). Consequently, there's

little scope to consider the implications of negative life stories and backgrounds of parents. This, in turn, creates a narrowly focused lens for supporting families and highlights a need for greater CPVA awareness within social worker training:

> *We are geared to understanding that behaviour within that young person and more often than not, we are taught to look at how the parents are involved in getting that to that point as well. It's hard to not be going; if you as parents didn't do X, Y, Z, maybe your child wouldn't be doing this now, and it's really hard to recognise that there's also a trauma response that's happening with the parent. I think it's easier when you get the background of parents and go; oh, hang on a minute, you've had similar experiences as your own child, and therefore it's a cycle. Because your still in that trauma response, and it can be really difficult to recognise that at the time. For me, as a professional, I'm trying really, really hard to look at parents in a different way instead of just doing; right, what harm has this parent caused that child?*
>
> (Practitioner 11, YOT Social Worker)

## *The Impact on Parental Mental Health as a Barrier to Support*

Internalised feelings of self-blame and negative help-seeking experiences exacerbated already stressful home lives, although pre-existing parental mental health issues have been identified as risk factors for CPVA (O'Toole et al., 2022). Some practitioners observed that living with CPVA had an immense impact on parental mental health, a burden further compounded by barriers to support.

One practitioners recounted instances of parental depression and a heightened sense of despair among help-seeking families. However, findings indicate that poor parental mental health itself served as an additional barrier to support. Practitioners explained that the parent-child relationship was characterised by pure love, alongside a desire to protect the child's happiness. Consequently, the parent's personal identity became deeply intertwined with the child's comfort and happiness. It was felt that this loss of personal identity affected inner parental strength, contributing to further barriers to accessing support. As the next practitioner describes, inner strength is diminished by the daily struggle of living with CPVA, which, in turn, affects parents' ability to engage with intervention programmes:

> *I think what's been lost in modern day parenting, everyone parents from a place of love. They never want their child to feel discomfort or pain, they are trying to micromanage every area in their child's life, and they get lost as a person, and they lose themselves in that, and that just makes them not strong enough to help out. They're just worrying and trying to manage every thought and feeling that goes on in that house, they are just lost.*
>
> (Practitioner 5, Voluntary Service)

To fully engage with the intervention programme and successfully implement NVR strategies, practitioners recognised that for some parents, this was impossible due to pre-existing mental health or trauma-related conditions. Similarly, Condry and Miles' (2012) findings indicate that parents are often too exhausted to effectively engage in other well-known anonymised CPVA interventions. As previously mentioned, NVR requires a considerable period to become effective, demanding significant parental perseverance and determination. However, for parents with their own trauma experiences or mental health conditions, the inner strength needed to implement this approach may not be realistic. Interestingly, interviewees discussed how these factors also created a sense of vulnerability within the families they supported. As the following quote highlights, in addition to

managing CPVA, parents commonly face their own vulnerabilities, which can reduce their capacity to engage with support services:

> *We've actually had a few parents not come on board because they don't leave the house, they don't want to go out, they don't want to work in a group. They don't want to work in a group because their anxiety is too high, or they have other trauma going on. A lot of our families have experiences with domestic abuse themselves from partners, or other problems really. So, I think that it makes them a little bit more vulnerable to abuse at home, but also, they are just in a hopeless state.*
>
> (Practitioner 5, Voluntary Service)

In contrast to previous quotes, the next practitioner discussed how parental past trauma can influence responses to CPVA. Indeed, Baker (2021) emphasises how a parental history of ACEs can shape the CPVA dynamic between a parent and child. For this participant, developing empathy for a family's situation through self-reflection made the negative impact of CPVA on parents more apparent. Recognising that past parental childhood traumas can interact with their capacity to care for the child subsequently led to a more sympathetic approach to the consequences of CPVA and poor parental mental health. The following quote describes the turning point that altered the practitioner's approach to supporting CPVA families:

> *It's interesting because NVR teaches us not to escalate that [referring to CPVA] by not matching it. But there's also, mum completely shuts down and it took me a really, really long time because I thought; oh, maybe she's using NVR? And not escalating it, not meeting her child with a similar response of going; 'oh, well I wish you were fucking dead as well'. But it took me a while to realise that she's probably shutting down in order to save herself, mentally from hearing this over and over again. It took me a really*

*long time to go; Hang on a minute, are we looking at a trauma response? Rather than actual techniques being employed here? Because it's so relentless with that young person. I think every single day there is more verbal aggression, and yeah, it did, it flipped it for me about going; What does it feel like for mum to sit here and hear that her child every single day say he hates her, and wishes she were dead, and wishes he was in foster care, and wishes he was adopted, and he doesn't want to be there and like, how hard must that be for a parent to deal with? Regardless of what's happened within their past, regardless of what mum could do to help her relationship with her son, it's just so difficult in doing that every day. How mum hasn't had a mental breakdown I don't know, and how these parents don't have a mental breakdown, I don't know.*

(Practitioner 11, YOT Social Worker)

## THEME FOUR PRACTITIONER CHALLENGES

The fourth and final theme addresses the difficulties practitioners experience in their engagement with and support of children, young people, and parents. The challenges practitioners in this research faced primarily revolved around young people's feelings of shame, their subsequent non-engagement, and parental non-engagement.

A significant challenge across the sample was parental and young people's engagement with intervention programmes. This aligns with O'Toole et al.'s (2022) findings on practitioner accounts of CPVA intervention support, which also highlighted engagement challenges concerning young people but did not specify reasons for this lack of

engagement. Furthermore, Baker (2021) suggests that parental and child non-engagement may stem from perceptions about a programme's effectiveness. The current research identified service-specific differences in the challenges related to children, young people, and parental non-engagement.

Practitioners within the voluntary sector highlighted the difficulties children and young people faced in recognising the need to change violent and abusive behaviours. One practitioner stated that children and young people had not learned healthy conflict resolution skills due to living with domestic abuse, and that CPVA had become a normalised way of life for obtaining material or financial gains. This could be linked to social learning theory (Bandura, 1977), which posits that children and young people may learn that using violence and abuse can be an effective means of achieving their wants or needs. However, within a different statutory domestic abuse service in Wales, individual and microsystem factors contributed to the non-engagement of children and young people in intervention programmes. These factors reflected the multifaceted aspects of modern life for children and young people, and how these impacted engagement. As Practitioner 12 states:

> *With the [programme], it's probably things like county lines, it's massive, it's a massive problem within [local authority]. So, county lines, drugs are a problem, mental health, all that's on top of it. Yeah, it breaks up families, getting people to engage. They don't want to talk about themselves, what 14-year-old boy wants to sit down and reflect. It is like counselling, so you have to sit down and think.*
>
> (Practitioner 12, Statutory DA Service)

Feelings of shame around harming a parent have been previously noted in CPVA literature (Papamichail & Bates, 2022; Routt & Anderson, 2016, cited in Holt, 2016). Consistent with

Brennan et al. (2022), shame and guilt were also identified as factors influencing a child's or young person's non-engagement. Interviewees stated that these feelings arose directly from difficulties in managing emotions such as anger and a subsequent loss of behavioural control. Emotional dysregulation and CPVA have been previously documented in Chapter Three as explanations for CPVA (Baker, 2021; Clavete et al., 2014; Holt, 2013; Holt & Retford, 2013; Jackson, 2003; Simmons et al., 2018). Consequently, children and young people may experience heightened feelings of shame and guilt at the prospect of others discovering their actions. Interestingly, Baker's (2021) findings highlight similar feelings among young people in the form of self-blame for the CPVA. The following practitioner describes how displaying such violent or abusive behaviours can affect the child or young person, creating a barrier to participation:

> *So obviously, when a child gets really angry and flips, and they're not in control of their behaviours necessarily, you know like the body reaction, and I think after there's this whole guilt where suddenly they realise what they have done, and there's this whole shame around it where they don't want people to find out about what has happened, and what they have done. So yeah, I think that's the biggest thing for them is the effect, yeah, the shame around it.*
>
> (Practitioner 6, Voluntary Service)

Practitioners noted varying levels of shame amongst children and young people through their non-verbal cues, demonstrating a deep understanding of the individuals they supported. Within this understanding, one practitioner (Practitioner 5 Voluntary Service) observed possible behaviours indicative of shame and guilt surrounding CPVA. This was highlighted by the following practitioner as a form of disengagement from the programme:

> *So, I don't see it as much as the young person saying I feel shameful about this. But you definitely see it in terms of disengagement, or you might have a young person who comes in and they don't want to take their sunglasses off, or I've worked with a young person before who would*

> *never take his balaclava off, he'd always have it on. So, I think definitely there's that level of shame there.*
>
> (Practitioner 5, Voluntary Service)

For Practitioner 9, working in the Youth Offending Team, there were differing reasons for parental non-engagement. The practitioner felt that parents with children involved with YOT services were less inclined to seek and engage in support compared to those engaging with other statutory and voluntary intervention services. Data highlighted that, in the experience of this YOT practitioner, there appeared to be an emotional disconnect between the parent and child. This reflects findings from Baker (2021) and Steward et al. (2007), where parents emotionally distanced themselves from children due to CPVA. This disconnect manifested as parents not appearing to care about the child's outcomes, ultimately leading to non-engagement with intervention programmes. As the practitioner describes, there was a perceived generalisation of parents who had seemingly given up on repairing the fractured parent-child relationship:

> *I feel that, and this is a bit of a generalisation this is, cause not of all of us whose children are in youth offending don't care, but a lot of parents don't care. I feel like they think, whatever happens to my child happens. The number of parents I'm trying to get hold of at the moment, who are victims of their young people, I message them and say, 'I'd really like to come and talk to you, when can I come and talk to you?' And they'll say, 'oh sorry not interested', and I'll say, 'shall I just come and talk to you?' And they'll say, 'no, not interested', and there's only a number of times that you can push that.*
>
> (Practitioner 9, YOT Victim/Parenting Worker)

However, for another participant working within the YOT service, a different reason for parental and young people's non-engagement emerged: a mistrust of social workers. This

resonates with other studies (for example, Bates et al., 2023; O'Toole et al., 2022). In the current study, feelings of mistrust towards social workers among families were a common experience for this participant. Through earlier negative interactions with children's social services, many families were suspicious and doubted the effectiveness of the support available through the allocated social worker (Baker, 2021; Nixon, 2012). These feelings of mistrust and suspicion towards social workers developed due to threats of child removal by child protection social workers. This, in turn, created a pervasive mistrust of all social workers and a reluctance to engage from both young people and parents (Bates et al., 2023). As the following practitioner highlights, the language used during the introductory period with families is crucial for securing parental engagement and building trust:

> *If families have had a lot of interaction with things like social services, and not necessarily positive engagement with services, then yeah, I think it can be a barrier. I don't usually introduce myself as a social worker, that's one of the main thing's I've learned over time is to say; I'm going to be looking after you whilst you are in the service. I think it's a more gentler way to say, and as the time goes on, especially if that young person clocks on to it and says 'Are you a social worker?' And I say 'yes, yeah, I am, but I'm a social worker in a different way to what you are used to'. You just change that narrative for them and their families.*
>
> (Practitioner 11, YOT Social Worker)

Additionally, it was suggested by Practitioner 11 that parental trust in practitioners evolved with longer case durations, meaning parents were more willing to engage with social workers and interventions. Cases open for more than twelve months allowed for the development of a trusting working relationship, not only with the young person but with parents as well. Given that earlier participants had staged interventions lasting between

seven to twelve weeks with many families disengaging, a longer intervention could potentially foster a more trusting relationship and yield better outcomes.

One practitioner highlighted that trust within the working partnership between parents and social workers was critical for achieving positive CPVA outcomes, as captured in the following practitioner's account:

> *I find that the longer you keep a young person open, the more input you start to have with the parents. Whereas if you have a short intervention, three or four months, then you don't get very far with the parents, you are just working with that young person. But I've had cases open to me now for eighteen months, and I've done a lot of work with the parents because you start to become trusted, and the parent opens up to you, and that's when you really start to see positive results then when you start working with the parents and then you can say; 'Look, would you like a parenting worker? Would you just like someone to talk to?' Then you can start making those active offers. But I find that comes with longer term support rather than the shorter-term support, they're not really open to it at that point.*
>
> (Practitioner 11, YOT Social Worker)

In this section, the findings were organised around the theme of practitioner challenges. Overall, a key area of challenge was parental and child non-engagement with interventions. Practitioners provided accounts relating to the mechanisms for non-engagement, which indicated factors within the individual, micro, meso, and exosystem; parental emotional disconnection from the child; and parental mistrust of social services and social workers. The thesis will now proceed to the conclusion.

## CHAPTER CONCLUSION

This chapter's concluding section highlights the significant challenges practitioners face when supporting children, young people, and parents affected by CPVA in Wales.

A primary challenge identified was the non-engagement of young people and parents in intervention programmes. This non-engagement is often linked to the young person's feelings of shame and guilt regarding their abusive behaviours, as well as broader factors within their individual and social environments. For parents, reasons for non-engagement often included an emotional disconnect from the child and a mistrust of social workers, frequently stemming from prior negative experiences with child protection services. Building trust through longer-term engagement was found to be crucial for positive outcomes.

The research also revealed inconsistencies in terminology used for CPVA across services, which can complicate parental help-seeking and potentially lead to inappropriate interventions, particularly for neurodivergent children. Furthermore, a noticeable pattern was the lack of consistent working practices and collaborative efforts among different local authorities, police and support programmes, contributing to a lack of awareness about available services.

Finally, the chapter points to an increasing demand for CPVA support, with a rise in referrals both before and after the pandemic, indicating a critical need for more services. Practitioners observed an increase in neurodiverse children with Adverse Childhood Experiences (ACEs) but often understood CPVA through the lens of trauma rather than neurodivergence. While some interventions like Non-Violent Resistance (NVR) are used, their effectiveness is perceived to be mixed, and they may not be suitable for all parents,

especially those with mental health issues or trauma. The chapter also briefly highlights the under-researched risk of violence towards frontline practitioners and reiterates the various barriers to support for parents, including self-blame, fear, and poor mental health. The thesis now proceeds to the mother findings chapter.

# CHAPTER SIX PARENTAL FINDINGS; A MOTHER'S STORY

## INTRODUCTION

The proceeding findings will draw on theoretical concepts such as; gender and role socialisation; social learning theory; Communication, and will be primarily organised through the lens of the EoC framework. Specifically, the findings are structured to illuminate how the complexities of care, responsiveness, and relationality manifest within families experiencing CPVA, demonstrating how these concepts help interpret and give structure to the support challenges and dynamics observed.

This chapter begins by describing the participants' backgrounds in a section titled 'This is My Story: An Introduction to the Participants'. This approach helps readers understand each mother's journey, how life events impacted their families, and why they are in their current situations. It also provides essential context for the violence and abuse they've experienced from their child, offering insight into its nature.

Next, the chapter presents findings aligned with the research questions. As with the practitioner section, the parental sample is small. Four themes emerged from the data, these are: Preservative Love; Fear in the Relational Voice: The One Caring and Moral Worth; Divided Engrossment: Help-Seeking; and Maternal Non-Violence: Peace-making, Renunciation, Resistance, and Reconciliation. These findings provide invaluable insight into the complex daily decisions mothers face when negotiating and coping with their child's behaviour.

## THIS IS MY STORY; AN INTRODUCTION TO THE PARTICIPANTS

All six of the mothers and children in this research had experienced DA, either from a partner or the children's paternal father, while caring for their children. The connection between mothers who have experienced DA and child-to-parent violence and abuse (CPVA) has been previously identified in Chapter Three (Contreras & Cano, 2015; Edenborough et al., 2008; Myer et al., 2020; O'Toole et al., 2021; Stewart et al., 2006; Toole-Anstey et al., 2023). Flatley (2018), Holt (2013), Skafida (2021), and Toole-Anstey et al. (2023) further cite that mothers who have experienced domestic abuse are more vulnerable to CPVA.

Positioned at the individual level (Bronfenbrenner, 1979), the children discussed in this research had experienced trauma. This aligns with studies previously featured in the ACE's risk factor to CPVA section (e.g., Bates et al., 2023; Biehal, 2010; Boxer et al., 2009; Calvete et al., 2015). In addition to the trauma experienced by children within the home through witnessing domestic abuse, some mothers spoke about how the children's trauma was further exacerbated by family court proceedings and subsequent forced contact with the father they had fought to leave. For some interviewees, further trauma to the child resulted from post-separation abuse by the father or partner. Furthermore, the children had not been effectively supported in resolving this trauma. This will be expanded upon in the help-seeking section of the chapter.

As discussed extensively in Chapters Two and Three, previous research has identified four possible mechanisms for CPVA as a result of childhood trauma. Amongst the sample, the children's feelings of anger resulting from trauma, specifically from witnessing DA, forced contact, and post-separation abuse, became the principal component explaining the development and worsening of CPVA episodes. While the specific interplay between

childhood trauma experiences, family courts, forced contact, and the emergence or worsening of CPVA requires further exploration, existing literature highlights connections between post-separation abuse and CPVA (Burck et al., 2019; Burck, 2021).

All participants viewed the child in question as vulnerable, echoing Condy and Miles's research (2021), and as a victim in their own right, consistent with Meyer et al.'s study (2020). They generally located CPVA as non-intentional. Although the mothers viewed the child as a victim of traumatic experiences, they articulated their experiences of CPVA with similarities to their inter-partner domestic abuse relationships. These behavioural and impact similarities of CPVA have been documented previously (Rutter, 2023). With the exception of one, the mothers did not frame CPVA as DA, which correlates with findings from Rutter (2023).

The researcher noted that the mothers primarily located CPVA within the micro-level, specifically through the social learning theoretical perspective (Bandura, 1977; Calvete et al., 2015; Ibabe & Jaureguizar, 2010; Kennair & Mellor, 2007). They observed that the children's way of dealing with anger involved modelling the violent and abusive behaviours they had witnessed in their DA experiences. Therefore, from the mothers' perspective, the children had developed maladaptive conflict resolution skills by observing the mother's perpetrator. This is also reflected in previously mentioned international and national studies discussed in Chapters Two and Three that cite witnessing DA as a risk factor for CPVA through observation and modelling. That said, analysis indicated that the children and young people discussed in this study also fit the 4 CPVA trauma-related mechanisms mentioned previously in Chapter Three.

All participants did not hold their children accountable for the violence and abuse they were experiencing, as highlighted in Meyer et al.'s (2020) study. Furthermore, one participant whose son was SEN preferred to use the term "challenging behaviour" to describe CPVA

behaviours, which again firmly locates her understanding of CPVA within the non-intentional element (Emerson & Enfield, 2014; Thorley & Coates, 2018). The researcher noted that while the mothers found power and strength to end their violent and abusive adult relationships, there was a need to remain in the relationship with their abusive and violent child, despite the extreme parental circumstances they found themselves in. With an unwillingness to sever the parent-child relationship, the mothers demonstrated ongoing care and protectiveness for the child. This finding is reflected in previous research demonstrating that parents were unwilling to sever the relationship despite the CPVA (Clarke et al., 2015; Gabriel et al., 2017; Jackson, 2003, 2004; Simmons et al., 2019; Williams et al., 2015).

The fear of losing the child was instrumental in maintaining a sense of connectedness with the children. Parental fears of losing their children in the context of CPVA have been highlighted by Patterson et al. (2002), who state that loss equates to the severing of the relationship, and therefore remaining in the relationship was a critical part of mothering. Consequently, the mothers' focus was on their relationship with their children, driven by the need and desire to seek help and support to repair that relationship.

## THEME ONE PRESERVATIVE LOVE. FEAR IN THE RELATIONAL VOICE

The following theme addresses the first research question concerning experiencing the abuse. Through an EoC lens, it was discovered that the mothers were living with various

fears surrounding the parent-child relationship. Feelings of fear within the context of living with violence and abuse have been noted, in that parents often fear a child's violent and abusive behaviour and its severity (Clarke et al., 2016; Edenborough et al., 2008; Holt, 2011; Rutter, 2020; Williams et al., 2015). However, unlike in previous studies, the current data showed that the mothers did not primarily express fear of the child's violent and abusive behaviours themselves. Instead, the interviewees demonstrated a fear of relational rupture and possible relationship breakdown. That said, the current findings do support Jackson's (2003) and Patterson et al.'s (2002) results regarding parental fears of the parent-child relationship breaking down.

Analysis indicated that caring practices within this theme formed around Noddings' conception of natural caring (Noddings, 2013), where the care provided by the mothers stemmed from love for the child, inclination, and without moral effort. Further analysis highlighted that the mothers drew upon preservative love (Ruddick, 1989), which fuelled the protection of the vulnerable child and the relationship.

The mothers discussed the mechanisms through which fear had permeated other aspects of caring practices, beyond directly facing the violence and abuse. Similar to findings from Jackson (2003) and Patterson et al. (2002), the participants' fear was contained within an umbrella effect, with one major overarching fear of the relationship breaking down. Gilligan (1995) argues that a woman's moral thinking is rooted in a relational voice, based on the foundations of relationship and connectedness. Through such a voice, interpersonal relationships can be protected and maintained (Gilligan, 1995). When the foundations of connectedness are threatened, the fear of detachment emerges (Gilligan, 1995). Therefore, analysis indicated that a rupture within the parent-child relationship signified a breakdown in inter-relational connectedness (Gilligan, 1984). From this, subsequent relational fears were identified, centred around: child and sibling removal, the child's mental health, the child's future, and effects on the parent-child relationship. This section now moves on to highlight the context of the multiple fears the mothers experienced.

### *The Fear within the Relational Voice. School Refusal and Child Removal*

School refusal and CPVA have been documented in previous literature (Bonnick, 2019; Cottrell, 2001; Family Lives, 2022; Holt, 2013; Hughes et al., 2022). Bates et al.'s (2023) findings demonstrate that children who refuse to attend school can act as a propellant for episodes of CPVA. For three participants (Participants 2, 4, & 5), getting the child to attend school regularly was difficult and had become a contentious area of family life. The women spoke about how the child's refusal to go to school created fear within them. Participants reported that the child decided whether they wanted to go to school or not. Similarly, the mothers included in this research stated that their child refused to go to school daily, which added pressures to daily life. For the mothers in this research, negative consequences included the involvement of the school's education welfare officer and possible further referrals to children's social services. This refusal often served as a trigger for a potentially explosive episode, which could include verbal, emotional, and physical abuse towards the parents.

For some of the mothers, CPVA episodes resulting from school refusal were not the sole contributing factor to feelings of fear. Similar to Bates et al. (2023) and Brennan et al. (2022), the fear was shaped by past negative experiences with social services and the threat of child removal (Elliot & Maher, 2018). For one mother, facing the involvement of social services once more due to school refusal was a powerful driving factor in reinforcing the fear of the child-parent relationship breaking down. For Participant 2, this fear had become a daily reality. Previously, this mother had been threatened with child removal if she did not comply with a family court contact order. This had a lasting impact on her fears regarding her children's removal from her care. As the next excerpt highlights, for some mothers, a child's non-attendance at school signified a heightened threat that could sever the maternal bond through child removal:

> *What I really struggled with is when my eldest wasn't going to school. There were weeks when he wouldn't go. I can't remember where his attendance was, but I was so scared, because I was threatened with removal of my children in 2019 if I didn't let the kids see their dad. So then when my eldest isn't going to school, then if it gets to a certain point, then the local authority get involved, social services and all that shit, I just went from here to here really quickly [points from bottom to top] Here's [Child one] not going to school, and here's me zoom. The thought process is I'm going to get my children taken away, does that make sense? It was zoom, straight there. This whole thing with the connection between if my kid doesn't go to school then my kids will get taken away.*
>
> (Participant 2)

As noted previously, there is minimal research surrounding the personal experiences of siblings themselves and CPVA (Holt, 2013; Morrill, 2018). That said, the following findings provide accounts from the mothers' perspective on the effects of CPVA on siblings. In the case of most participants (Participants 2, 4, & 5), the daily fear of child removal and consequential relationship breakdown filtered down to other siblings within the family home. All participants had additional children living within the family home at the time of the violence and abuse, which meant there was a risk of emotional and physical harm to the other siblings. This finding correlates with results from Brennan et al. (2022); Biehal (2012); Calvete et al. (2014); Coogan (2013); Cottrell (2001); Haw (2010); Holt (2011); Papamichail & Bates (2022); PEGS (2021), where siblings are often targets for CPVA. Consequently, parents are often faced with the additional threat of removal of subsequent children within the family home in the wider context of emotional and physical harm from sibling CPVA (Biehal, 2012; Bonnick, 2019; Holt, 2009).

For Participant 1, this fear had become a reality. The fear of relationship breakdown was framed within the father gaining custody of the youngest child in a wider context of risk and harm. Although the mother had proactively assisted in the protection of the youngest

child, this activity had gone unnoticed by the father and social services. As the mother describes, an ensuing battle had begun between the father and the local police force to keep the parent-child relationship intact:

> *The second father was trying to use the child's challenging behaviour for custody for the youngest. I was saying the child wasn't at risk, and the father of the youngest child would send the police anytime, Mother's Day, anytime because he was saying my child was at risk of the other son.*
>
> (Participant 1)

### *Fear in the Form of the Childs Mental Health. Natural Caring, Engrossment and Preservation*

This subtheme explores mothers' profound fears and concerns for their children's mental health, which mothers primarily attributed to trauma. Participants described their children experiencing anxiety, depression, and suicidal ideation. This correlates with findings from Clavete et al. (2018), Clavete and Orue (2016), Contreras et al. (2019, 2020), and Simmons et al. (2018), which indicated higher levels of psychological distress and mental health issues in children displaying CPVA. As a consequence, some of the children became withdrawn from their friendship groups. Higher rates of anxiety, depressive symptoms, suicidal ideation, and emotional loneliness have also been noted as co-occurring issues within adolescents demonstrating CPVA (Gabriel et al., 2018; Ibabe, 2014; Martinez-Ferrer et al., 2020; Thorley & Coates, 2017).

Further analysis indicated that mothers' fears were profoundly linked to the risk of the child's suicide attempts and severe mental health issues, coinciding with previous CPVA

research at the individual level (Clavete et al., 2018; Clavete & Orue, 2016; Contreras et al., 2019, 2020). Mothers in this research discussed their children experiencing varying levels of mental health issues, which they framed as a direct response to trauma. This led mothers to perceive that, alongside the trauma, their children's mental health challenges created another layer of vulnerability. The analysis suggested that all mothers exhibited what Noddings (2013) refers to as engrossment, actively feeling the child's distress and becoming a "duality" with them, thus demonstrating an EoC perspective (Noddings, 2013).

Many women spoke about their profound fear of losing the child displaying CPVA due to these mental health issues. Analysis indicated that this perceived risk of loss prompted mothers to draw upon an EoC mode of thinking. This can be directly linked to Ruddick's (1989) concept of maternal practice, where the primary aim is a commitment to preserve the child's life and protect their inherent vulnerability. In essence, mothers developed a heightened awareness of their child's fragility and prioritised preserving their life (Ruddick, 1989).

For two participants (Participant 2 and Participant 5), this fear of loss specifically related to the child's suicide attempts, or perceived attempts. Participant 5 described how CPVA episodes were entwined with her child's suicide attempts, which had occurred multiple times since the age of nine. Analysis suggested these factors coincided with the onset of CPVA. The interviewee articulated how her daughter's suicide attempts could signify not only the end of her daughter's life but also the end of their child-parent relationship:

> *She has a lot of anxiety, and suicidal tendencies. So, you know, the violence is one thing, the suicidal things have happened since she was nine. She's tried to hang herself with a shower curtain.*
>
> (Participant 3)

In a similar vein, Participant 2 discussed how her son's mental health was a cause for deep concern, demonstrating a mother's engrossment. Her intense worry translated into a fear that her son would take his own life, thereby breaking the parent-child relationship. She described an urgent sense of needing to create connection, even by lying next to him out of fear:

> *I just remember feeling really scared, is he going to do something? Will he take his life? I literally thought that, because he had this really weird thing where he'd just lay in bed, I can't explain it. It was really weird where I just thought, I've just got to lay next to him, I dunno if he's going to do something, it was awful.*
>
> (Participant 2)

When asked if this was a mother's intuition, Participant 2 responded with profound affirmation:

> *Aw honestly! It was like, yeah, I can't explain it to you, but it was really, really scary.*
>
> (Participant 2)

As mentioned previously, participants linked the emergence of CPVA to the child's anger, resentment, and blame stemming from traumatic experiences of DA, and secondary trauma through forced contact with the mother's perpetrator and post-separation abuse. Participant 5 provided an account of the impact of this secondary trauma on her child's mental health and her fear of losing the child. Caught between losing her child to suicide resulting from trauma and the threat of child removal through family courts, the mother drew on an EoC

perspective. In this instance, the data suggested the mother used both engrossment (Noddings, 2013) and preservative love (Ruddick, 1989) to protect her children:

> *She believed that if she died, then daddy wouldn't kill mummy or [Child two] so it's quite heavy thoughts for the child at the age…. Well, it was fed to her from the age of six. He got out of prison, she wasn't even 7 and she was witnessing all of this, but basically silenced as well, And it was always me being the bad person, but she started to get vocal when he [Child two] was being hurt, and he threatened to take him down the shed and kill him, and tried to crash the car into a wall when they were all in there at sixty miles per hour, and she knew the speed. So it got to critical point where I'm either going to end up with a dead child, or I need to stop contact, and I did stop contact, and there was chaos! I mean I had nails in my tyres, I had smashed doors, we moved five times, and he kept on finding us, and he said you'll never escape me. Then the SARC [The local referral organisation for sexual assault] unit took away all of their (Children's] devices, and there were 16 different tiny particles that were monitoring where we were going and what we were doing. So, it wasn't just one form of finding us, it was sixteen different devices so I would never have been able to disconnect them all. So regardless of all that, it was a tough time, but I did stop contact, and I was threatened with losing my children for breaking a court order or going to prison for six weeks for each day I broke. I didn't care, I didn't care.*
>
> (Participant 5)

## *Fears for the Childs Future. Fostering Growth and Training*

In keeping with the immediate fears mothers were experiencing, there was an additional concern regarding their child's future. As Ruddick (1989) argues, the parental training of a child involves buffering them from negative influences and fostering their social

acceptability. When such efforts are perceived to fail, this can elicit significant fear for the child's future. Within this sub-theme, participants articulated their specific areas of concern for their child's future, often linking these anxieties to their child's observed behaviour. These areas of fear frequently encompassed future intimate partner relationships for the child, negative peer relationships, and potential police intervention. The following section provides further context to the mothers' profound fears regarding their child's future.

Existing research on gender and roles within CPVA, such as that by Cottrell and Monk (2004) and Stewart et al. (2007), suggests that negative but influential messages from male role models surrounding women can act as a risk factor for CPVA (Bandura, 1977). In relation to children experiencing domestic abuse (DA) and CPVA, literature indicates that the modelling of misogynistic behaviours and re-enactment of abuse within the home may also be transmitted to future intimate partner relationships (Calvete et al., 2015; Contreras & Cano, 2016; Margolin & Baucom, 2014; Myer et al., 2021; McLoskey & Lichter, 2003).

Participant 1's fears specifically centred on her son's future intimate partner relationships, as she believed they could be negatively influenced by his father's role-modelling. This fear was of great significance to the participant. Observing the father modelling what she perceived as a misogynistic masculine attitude towards women, the mother feared her son would perpetuate these beliefs into his future relationships. While holding onto hope for her son's future, the participant also maintained a sense of preparation for the worst-case scenario: her son developing into a replica of his father and repeating patterns of behaviour the mother had fought hard against and feared the most. The significance of this fear meant that, despite him being her son, if he perpetuated such behaviour towards another woman, her loyalty to him would end. An end to loyalty to her son, in this context, signified the potential dissolution of the parent-child relationship.

In line with observations by Myer et al. (2021) and Brennan et al. (2022), this mother described her profound fear as she perceived familiar patterns of adult domestic abuse now emerging in her son, creating a deep anxiety about the man her son would become:

> *I feel that with my child as well, like what can I do with him? I just hope for the best but preparing for just anything. I just hope he'll be okay, but I say, what kind of a man are you going to be with a partner or girlfriend? And I say to him, 'I hope you get a nice girlfriend from a nice family.' I try to say, 'I hope you get a stable relationship,' and the father is saying, 'Don't trust women, just have fun.' So the child is like, well, he's got to choose anyway. But the father is just like, 'Don't trust women,' and I can hear that coming out of his [Son's] mouth, so what kind of man? A son to make others suffer? I say the child is suffering, what is in his mind? God knows what he's learning. What kind of a man is he becoming, you know? I'm worried about that. He's my son, and if he's wrong, I'll never side with him. I'm able to tell the woman, you know what? Run!*
>
> (Participant 1)

Researcher: "So, it's a worry for you about what kind of man your son will be?"

Participant 1: *"Yes, completely, what kind of a man is he going to be?"*

Children who engage in CPVA are thought to be more at risk of becoming involved with peers who have behavioural issues (Calvete et al., 2011). For participants in this sample, involvement with the bad crowd was another significant fear highlighted during their experiences with CPVA.

Concerns regarding the child's vulnerability to negative peer influence, including the risk of associating with undesirable groups or becoming CCE, frequently led parents to fear the potential rupture of the parent-child relationship. This anticipated rupture was often framed as "losing the child." As Participant 3 explained:

Researcher: So, when you say you were frightened of losing her, in what way?

Participant 3: *Yeah, so she'd go down the wrong road.*

For one mother, the perceived risk of her child becoming involved with CCE had tragically materialised, as recounted by Participant 6: *I didn't know anything about it till the school phoned me. She was covered in bruises*. (Participant 6).

The fear of their child forming unhealthy friendships due to vulnerability was also evident for Participant 5. When separated from a best friend, the mother perceived her child to be seeking friendships elsewhere to fill this void. In this instance, Participant 5 recounted that her child had previous experience with drugs and alcohol, which she attributed to peer influence, and which she believed further exacerbated episodes of CPVA.

Fearful that her daughter would rekindle friendships within what she termed the "wrong crowd" of peers, this mother was also alert to social connections she perceived as encouraging suicidal ideation. This was a profound fear for Participant 5, and it fuelled her efforts to protect her child from unhealthy friendships. Although the child had become withdrawn, the mother expressed ongoing concern about the possibility that her child would return to old friendship groups that she believed had significantly shaped her child's previous behaviour. The following quote highlights the complex balance between the fears of peer influence and the desire to protect the child from negative influences:

> *She doesn't go out with friends, not anymore, no, she goes from stages, but then she'll go back to the group who do drugs and who drink, and you know, are worried that they are pregnant at 14. That to me is not the group of friends I want her to have anyway. She's got one best friend who's allowed over anytime whatever. But she moved to [Different locality within Wales] so that's caused a bigger problem. Her mum and dad died, you know she's had a hard time herself, and another girl I've had to stop her hanging around with were comparing how to commit suicide together.*
>
> (Participant 5)

For one participant, there was a growing fear surrounding the involvement of the police, a concern also documented in Chapter Two (e.g., Condry & Miles, 2012; Jackson, 2003; Holt, 2013). Parental reluctance to involve the police to protect the abusive child from criminalisation has been widely documented in CPVA literature (Cottrell, 2002; Cottrell & Monk, 2004; Holt, 2009; Patterson et al., 2000; Condry et al., 2020). Contextualising this moral dilemma, this interviewee stated that involving the police in times of crisis could negatively affect the child's future and the relationship by severing the parent-child emotional bond. In anticipation of an escalation of violence and abuse from her son, the mother had drawn a metaphorical line not to be crossed to protect the relationship. Through analysis, this line represented a violence and abuse threshold that should not be crossed and symbolised what Ruddick (1989) calls 'maternal protective work,' in which feelings, thinking, and action are linked conceptually to protect the child and the relationship. Previous research (Simmons et al., 2019) demonstrates that parents set thresholds in line with the level and severity of violence and abuse, which coincides with the current findings. In addition, Condry and Miles (2015), Jackson (2003), and Holt (2013) reported that parents typically live in a standby effect, anticipating CPVA escalation and thus reaching thresholds.

However, the data indicated that reaching the metaphorical line of a threshold presented a moral dilemma for this mother. On the one hand, there was almost an expectancy of heightened violence and abuse as the child grew bigger. On the other hand, calling the police for assistance was something that could lead to other possible negative consequences for the child, which felt morally wrong (Gilligan, 1984). Such moral dilemmas have been noted previously in CPVA literature (Cottrell, 2001; Cottrell & Monk, 2004; Holt, 2009; Patterson et al., 2002; Condry et al., 2020). This left the mother with only hope to hold onto, in that her son would not cross the conceptually developed line that had been firmly set. As Participant 1 states, the hope that her situation would improve with her son was met with the anticipation that the violence and abuse could worsen, creating a moral dilemma:

> *Then I've been thinking, if sometimes it gets escalated, what should I do? I'm not going to call the police on my son, isn't it? So before this happens, I say, 'That's it, you cannot cross that line,' and I'm expecting him to get bigger, because he's getting bigger now. I hope he'll calm down, before. But people say that it gets worse before it gets better, isn't it?*
>
> (Participant 1)

The impact of living with CPVA, as articulated by mothers in this research, was far-reaching, extending beyond the immediate experiences of violence and abuse. Consistently, mothers expressed a profound fear that the parent-child relationship could rupture, a concern they often described as more significant than the violence and abuse itself.

This fear is linked to different mechanisms such as child removal, the child's mental health, and future concerns. The next theme investigates the connection between CPVA and its consequential effect on identities.

## THEME TWO THE ONE CARING AND MORAL WORTH

As discussed previously, this section's findings will explore how CPVA can affect a mother's moral worth. The mothers in this research highlight how they fought to maintain their moral worth, as well as their maternal and personal identity, throughout their experiences of CPVA. Therefore, the main overarching theme identified was 'the one caring and moral worth'. Further sub-themes identified were: bad mother labelling; the loss of maternal authority; the impact of losing maternal authority; and the loss of personal identity. This chapter now proceeds to give an overview of how caring for an abusive and violent child can negatively affect identity and a mother's self-worth.

### *Contextualising the One Caring and Moral Worth*

All participants were asked how living with CPVA affected them. An EoC analysis revealed that parenting a violent and abusive child subjected these mothers to negative societal labels, significantly impacting their personal and maternal identity, as well as their moral worth. Hassett et al. (2018) and Kenny et al. (2017) have similarly indicated that parenting through CPVA can diminish a parent's sense of self. For the mothers in this research, experiencing CPVA profoundly affected their caring practices, moral worth, and both maternal and personal identity. The construct of maternal identity was intrinsically linked to their self-perception as women. Thus, for these participants, a perceived loss of maternal identity often meant a loss of their core essence as individuals. Indeed, Noddings (2013) argues that individuals are defined by their caring for others, and the moral worth of the caregiver is rooted in the perceived success of their caring practices.

A linear progression of loss surrounded both elements of identity. This systematic loss initially began with the perceived forfeiture of the "good mother" label, influenced by society, family courts, social services, and extended family. This then transitioned into being labelled a "bad mother," which often led to internalised blame for the violence and abuse from their children. Mother blaming in the context of CPVA is well-documented (e.g., Edenborough et al., 2008; Holt, 2013; Hunter, 2010; Moulds et al., 2016; O'Toole et al., 2020; Patterson et al., 2000), with mothers often subtly or overtly blamed for their child's behaviour, as reflected in earlier chapters. Furthermore, Chapter Three highlights the persistent culture of mother blame, often reinforced by social constructs of "right and wrong" parenting (Weingarten, 1994). Research by Lapierre (2008), Stuart and Arnull (2023), and Witt et al. (2019) suggests that mothers who have experienced DA are particularly susceptible to this blame. Additionally, Lanctot and Turcotte (2017) and Pederson (2015) note that this population is often more vulnerable to professional narratives defining "good motherhood."

Within this research, mothers perceived two distinct pathways of mother blaming. The first "bad mother" label seemed to be attached due to the child's violent and abusive behaviours within the home. Alongside this, mothers perceived a secondary label placed upon them by society and professionals for being survivors of domestic violence. This secondary perception raised professional concerns about mothers' capacity to parent effectively, particularly due to the trauma they had experienced, leading to scrutiny of their parenting skills and decision-making regarding the child.

Mothers consistently felt that blame was placed directly on their parenting skills. Holt (2013) frequently refers to these two intertwining pathways of labelling as "double stigma," where CPVA parents often experience two layers of stigmatisation: as parents of a violent child and as survivors of domestic abuse. Through internalising such labels, all mothers in

the study felt they were to blame for the violence and abuse they were experiencing from their children. Participants described how this directly impacted their moral worth as mothers, ultimately resulting in a perceived loss of their maternal identity. However, this research also found that mothers felt compelled to constantly demonstrate their moral worth as caregivers to those outside the family home. In trying to reclaim their lost maternal identity by proving they were "good mothers," they often lost sight of their personal identity, a phenomenon also observed in literature by Hassett et al. (2018) and Kenny et al. (2017).

### *The Bad Mother label*

In this sub-theme, many of the participants felt that the label of 'bad mother' had been attached to them through the family courts and the court-appointed social workers working with their families. As a result of this, one interviewee (Participant 1) felt that her parenting abilities were the cause of her son's behaviours**.** Williams et al. (2016) note that self-questioning surrounding parenting capacities is frequent among mothers experiencing CPVA. This caused conflict for Participant 1 in remembering and recognising the mother she once was before her child's violence and abuse. In describing the social labels attached to her, these labels also became the focus of her child's future. This manifested as a fear of the child's possible future criminal behaviour as a result of being a 'bad mother.' The following quote by the mother describes how this labelling negatively affected her sense of her maternal self:

> *So people with a label? Like the cuckoo one, erratic, God knows who I am, yeah? They made me into a social case, and I never expected to be in this situation. It's horrible, and I hear as well, 'Oh, your son's going to be made a criminal as well,' and 'Oh my God!' I have to listen to this,*

> *really? It's sick, so I'm trying to re-discover my potential [as a mother]. I say no! People say I'm crazy, no! People decide to follow [me]? 'She's erratic, the way she talked, blah, blah.*
>
> (Participant 1)

Among the mothers interviewed, there was a consistent thread of how the internalising of negative labels translated into having to prove moral worth and that they were good mothers to everyone who came into contact with the family. The majority of mothers experienced 'double stigma' (Holt, 2013). However, within this research, it was found that among participants, 'double stigma' only served to further embed socially constructed mother-blaming labels**.** This drove the mothers to pursue self-seeking approval from professionals as a 'good mother.' The need to maintain the image of a 'good mother' when parenting through CPVA has also been noted in Toole-Anstey et al.'s (2022) findings. In trying to maintain the image of the 'good mother,' one participant described the need to prove her worth as a mother to professionals**.** This participant spoke about how she felt that since leaving the domestic violence relationship with her partner, professionals were attaching mother-blaming labels for CPVA and for being a survivor of domestic violence. As the same participant highlights, trying to remove the negative labels by attending parenting courses for her child's behaviour and seeking approval for her caring capacities as a result of domestic violence was constant:

> *I was made to go on a seventeen-week parenting course, and that's only just ended. So it's constant, since we left, I have to constantly prove who I am.*
>
> *(*Participant 5)

For Participant 4, these "bad mother" labels originated from her two daughters, who seemed to weaponise her disability to reinforce this negative portrayal. Communication

style, specifically raised voices or shouting, has previously been cited as a possible risk factor for CPVA (Baker, 2021; Eckstien, 2004; Pagani et al., 2004). Participant 4, who is deaf, explained that it is common for deaf individuals to have unintentionally loud or raised voices when communicating, as they cannot hear their own vocal volume. This mother also acknowledged that she would shout when angry, but her daughters used this against her to portray her negatively. This personal context illustrates how her disability impacted her parenting methods, which then clashed with societal normative perceptions of maternal behaviour. This discrepancy led to constant scrutiny of her parenting capacity by professionals and extended family, with her disability-influenced parenting style becoming a source of negative labelling from her own children. Participant 4 articulated the frustration of this constant judgment:

> *So people are checking everything I am doing, telling me I shouldn't behave that way. Yeah I had a temper when I was growing up, but that was because I couldn't communicate. I had no way of getting that information out of me. I was born deaf, I've never heard sounds. They taught me how to make sounds before I could speak. So yeah, I was frustrated! Am I now not allowed to be loud at all? And the children use that information to make out I'm a bad person, and I'm a bad mum.*
>
> (Participant 4)

Internalising feelings of shame surrounding her son's behaviours led Participant 2 to anticipate negative labels from extended family members, a form of "bad mother" attribution. The concealment of CPVA from family members due to shame is well-documented (Edenborough et al., 2008). The range of emotions that negatively affect CPVA parents has also been recorded by Williams et al. (2016). Driven by shame, parents typically remain silent about the violence and abuse to avoid mother blaming (Edenborough et al., 2008; Farber & Azar, 1999; Holt, 2011; Howard & Rotterm, 2008; Jackson, 2003; Laing, 2014). Participant 2 recounted an incident where a neighbour called the police after her son became verbally abusive. This incident was kept secret from her family. Carrying

the existing burden of mother blame for her son's behaviour, this act of secrecy served to protect the mother from further judgement and scrutiny of her parenting capacity from her family. Participant 2 explained her rationale for this secrecy:

> *I felt a lot of shame you know. The police came to my house, and you know. I didn't tell my family any of that, or my ex-husband any of that, because it's fuel for them to keep on saying, yeah you're hopeless, you're useless or whatever.*
>
> (Participant 2)

### *The Loss of Maternal Authority*

This sub-theme highlights that through discourses of mother-blaming, most participants felt that during their experiences of living with CPVA, the status of 'mother' had been diminished or taken away from them by governmental and social structures. Ruddick (1989) discusses how mothers can feel powerless in the face of the 'superpowers' within policies and authorities. Although mothers may try to resist such unjust powers, mothers often succumb to despair over such losses (Ruddick, 1989). This loss of status appeared to impact the mothers' capacity to effectively carry out caring duties within the child-parent relationship (Ruddick, 1989). This led to the mothers feeling that agencies and other family members had taken over the decision-making that comes with being a mother. Therefore, for this sample, their maternal authority as a mother was perceived as lost.

For one participant (Participant 5), the sense of losing maternal authority started within the context of family involvement with children's social services. Analysis indicated that feelings of helplessness began to develop through differences in professional and parental opinions on how to keep her daughter safe. This then led to the loss of maternal authority:

> *I think you try to do good and you just end up causing more harm, and I don't see how we can ever progress when social services takes your rights away as a mum about what time they have to be in, and allow them to have their freedom when since I've let her have her freedom, their choices have ended up with her being more hurt, and I just don't see how you can parent properly when that's been taken away, or you're being threatened, and that's how I see it.*
>
> (Participant 5)

In the case of Participant 4, CPVA, parental disability, power dynamics, and the extended family were central to feelings of losing maternal identity. This research highlights the interplay of how parental disability appears to create additional complexities within living with CPVA. This is an area of research that has attracted little to no attention previously, therefore adding valuable insights. This participant was born deaf. This created challenges within the dynamics of the family and the interviewee's method of parenting concerning episodes of CPVA. Because of the mother's disability, this study found that there was a clear power divide between the mother and her daughters. Power divides within CPVA and the parent-child relationship have been described previously through cultural, historical, legal, political, and psychological contexts (Hunter & Nixon, 2012; Holt, 2013; Holt & Retford, 2013).

This study found that in the case of parental disability, the power imbalances were further strengthened by the disability**.** In the case of this participant, this imbalance extended in a

generational fashion that encompassed the participant's parents. The mother felt that her daughters tended to override her maternal authority as a result of her disability. Cottrell (2001) and Howard and Rottem (2008) have noted that in cases of CPVA, children and young people may often manipulate other family members into thinking that the abuse is the fault of the parent (Holt, 2013). The current data indicates that this appeared to be the case for this mother, which created a sense of enabling the children's behaviour further through the imbalance of power. In providing an example of how the children accomplished the manipulation of the participant's parents (the children's grandparents), the following quote was provided:

> *Yeah, so my daughter is hypersensitive to sounds. It's quite common with deaf people to have loud voices, men in general. It's a natural thing to have, and of course you can't hear your own. And when I'm cross I will shout as well, and they're [daughters] like, 'Yeah, whatever,' and they'll twist it to make out I'm a bad person for shouting, and I'm like, 'Hang on!' So, say for example, I say no to [Child two] so she'll phone my mum, and my mum will phone me and say, 'Stop shouting at [Child two], she doesn't like it,' and I'm like, 'Hang on a minute, have you heard me shout at all?' [Participant's mother] 'Oh, but I know you, and I know your temper,' and I'm like, 'Oh okay, decision made.*
>
> (Participant 4)

Due to her disability, Participant 4 reported perceiving a power shift within her relationship. This is evident in Bates et al. (2023) and Gabriel et al.'s (2017) findings that indicated setting boundaries can act as a possible trigger for CPVA episodes. Participant 4 described how she had tried to instil a night-time curfew for her daughter as a matter of safety. When the daughter failed to adhere to the curfew, the mother resorted to a form of physical discipline. However, the child used the new legislation in Wales to end physical punishment (Welsh Government, 2023b), and challenge the mother's authority and defy her rules. This dynamic underscores how the child's actions became a tool to assert power and

gain control, rather than simply an act of disobedience. This sense of child power through exerting the child's legal rights over the parent has been previously documented (Eckstein, 2004; Holt, 2013). Commonly experienced within the context of CPVA parenting are perceptions of a shift in parental rights (Holt, 2011). This occurs when parents view their rights as diminished in comparison to the child's rights (Holt, 2011). As noted by Holt (2013) and Hunter and Nixon (2012), to date, there are no parental legal rights that protect against CPVA. This then appeared to create the viewpoint that the child had more legal rights in comparison to the parents.

In this instance, the mother (Participant 4) was trying to protect her child, but this protective thinking (Ruddick, 1989) worked against her. As the participant describes, this led to a 'hands-off' approach to parenting which would avoid fuelling another CPVA episode, a phenomenon also noted in previous CPVA literature (Condry & Miles, 2015, 2020; Holt, 2009, 2011, 2013). This approach is common within parenting in a CPVA context (Eckstein, 2004). Parents typically alter their communication styles in response to a child ignoring parental rules to avoid further conflict within the home (Eckstein, 2004). However, this typically increases the child's perception of power over the parent, and in turn diminishes parental authority further (Holt, 2013). Therefore, for this participant, the maternal identity was perceived as lost through power imbalances within the parent and child relationship:

> *It's worrying how much power children have nowadays in general. Children have more power; you've really got to take a step back.*
>
> (Participant 4)

### *Diminished Moral Worth. The Impact of Losing Maternal Authority*

This subtheme explores participants' feelings of diminished moral worth as mothers, an emotional experience previously noted in CPVA studies by Cottrell (2001), Haw (2010), Holt (2013), and others (Cottrell & Monk, 2004; Kennair & Mellor, 2007; Laing, 2014). Feelings of helplessness, stemming from a perceived loss of maternal authority, significantly impacted participants' sense of moral worth. Analysis indicated that mothers' natural caring, as described by Noddings (2013), began to ebb under such emotional strain towards the child. This left many participants grappling with conflicting emotions regarding their children and the challenging situation they faced. Mothers spoke of still loving and caring for their children, yet the difficulties of parenting through CPVA created relational barriers. These findings support existing studies that highlight the conflicting emotions of oscillating between caring for and, at times, rejecting the child (Edenborough et al., 2008; Howards & Rotterm, 2008; Jackson, 2003; Laing, 2014; Patterson et al., 2002; Williams et al., 2016).

These complicated emotions were also profoundly intertwined with mothers' experiences of DA, which they carried into their mothering roles. Participants often found themselves unable to separate feelings of guilt, self-blame, and maternal failure, forming a complex emotional pattern that typically began with guilt, moved to self-blame, and concluded with a pervasive sense of maternal inadequacy. From an EoC perspective, Noddings (2013) posits that conflict and guilt are inherent risks in caring relationships when unintentional negative outcomes arise despite the caregiver's efforts. The data here suggested that participants' guilt primarily stemmed from their choice of the child's father and the subsequent violence within the home.

As discussed earlier in the chapter, mothers attributed their children’s challenging behaviour, particularly expressive violence, to the trauma of witnessing DA, forced contact,

and post-separation abuse. Consequently, these mothers often shouldered the responsibility of guilt and self-blame for their child's trauma and the resulting CPVA. This resonates with Moulds et al.'s (2016) study, which found that CPVA parents often accept responsibility for the violence. Similarly, aligning with Patterson et al.'s (2002) findings, current participants connected their feelings surrounding CPVA to a perceived inability to protect their children from the trauma they had experienced, which translated into self-blame and guilt. When asked how the violence from their child made them feel, Participant 4 provided a poignant response: *like it's my fault, like I didn't protect my children earlier.* (Participant 4).

Previous research indicates that for some mothers, the experience of CPVA is tightly woven within their own experiences of DA (Toole-Anstey et al., 2023). For Participant 1, feelings of self-blame and guilt coexisted due to an inability to separate past experiences of adult domestic abuse from the current CPVA. As the mother described, the identification of her child's perceived suffering as a result of trauma compounded these feelings of guilt and self-blame:

> *I put myself and my son in this situation. Why didn't you choose better? Or whatever, and I say I know he's suffering, and how can I help him? And at the same time I say there's nothing I can do. I feel like I've got all this emotion, I'm not a psychologist, you know? I tried to do that, but you're the mother!? I'm sorry, I didn't expect to be in this unhappy rubbish relationship, and having a child who's quite challenging*.
>
> (Participant 1)

This profound sense of guilt was often followed by feelings of maternal failure within the sample. Participants felt they had failed their children in protecting them from the trauma of witnessing DA. Among the participants, protecting their children was a seemingly central

component to successful mothering. They believed that if they had been able to shield their children from witnessing domestic abuse, they would perceive themselves as "good mothers." While the concept of "good enough mothering" and feelings of maternal failure in a CPVA context are commonly noted in research, often linked to perceived parenting deficits (Konak et al., 2006; Patterson et al., 2002), participants in this research felt they were unable to protect their children from the initial domestic abuse and subsequent post-separation abuse. This inability paved the way for their pervasive feelings of maternal failure. From an EoC perspective, Ruddick (1989) writes that feelings of failure can be enabled by the unpredictable behaviours of others. Such unpredictability limits a mother's efforts in protective thinking and contributes to feelings of maternal failure (Ruddick, 1989). However, as Ruddick (1989) also argues, examples of perfectly protected children are rare in society due to various factors that inherently limit a mother's capacity for protective thinking.

In line with findings from Jackson (2003) and Patterson et al.'s (2002) study, it was common across the sample that mothers felt if they had been able to protect their children, CPVA would not have emerged. Participants stated that this guilt and sense of maternal failure led to feelings of self-doubt within their already diminishing maternal authority. Williams et al.'s (2016) findings also note such feelings. The following quote from Participant 1 vividly conveys how maternal failure emerged through comparison to other families not experiencing CPVA, highlighting the immense difficulty in managing these emotions:

> *It's sick, and I feel like I've failed as a mother, I've failed! I've failed! I see people who are less clueless and have children, but manage to have a better child, and I really feel like a failed mother, and then I don't want to think anymore. It's really like, it's a struggle.*
>
> (Participant 1)

The complex tapestry of emotions that contributed to feelings of maternal failure ultimately led some mothers to "settle for less" regarding their children's violence and abuse. This concept of "settling for less" centred on mothers recognising even the smallest positive behaviours during the day. A small glimmer of positive behaviour then translated into a "good day" for the participants. For example, despite a child's behaviour at home, if they were well-behaved at school, this developed into feelings of maternal success. However, mothers consciously lowered their expectations of their child to achieve a fleeting feeling of being a "good mother." It was apparent among participants that societal perceptions were important to their maternal identity. This reflects Ruddick's (1989) writings on the "training" and social acceptability of the child, where mothers essentially strive for their child to be socially acceptable to others and themselves. If children fell below these criteria of social acceptability, mothers counted this as their own failure.

Mothers did face challenges in such social "training." To compensate, mothers would reflect and rethink ways to include new measures of success to reduce the cost of their perceived failure (Ruddick, 1989). In some cases, data demonstrated that secrecy was an important factor in portraying a happy family to the outside world. Therefore, for some participants, secrecy surrounded their child's behaviour at home. Concealing CPVA from everyday interactions outside the family home to protect the maternal image has been previously documented (Cottrell & Monk, 2004). As Participant 1 describes, she not only felt different from other parents at school because of her son's behaviour, but her main goal was simply for him to be well-behaved there. This meant that the academic achievements of the child were placed second to positive behaviour, as this was the metric by which her maternal success was achieved:

> *In school, for example I feel really frustrated because I couldn't ask any other mothers, oh is he giving you any problems? So I say same questions for many years, I'm limited, and all I ask if he's well behaved, and he is. So, I need to be happy with that only, and at the same time I say, you know what? I don't care anymore about the academic,*

*you just feel like what's the point? I just say, if you just behave, then I'm happy with that already.*

(Participant 1)

## *The Loss of Personal Identity*

Within the data, there was a further sub-theme exploring the transition from the loss of maternal authority and all the feelings this attracted, to the loss of a sense of self. Holt (2012) and Simmons et al. (2019) highlight how parenting through CPVA can cause a loss of the sense of self. Despite this, the mothers still continued caring and providing love for their child. For some participants within this research, living with a violent and abusive child was all-consuming. Living each day with guilt, perceived maternal failure, and violence and abuse, the mothers described how they had lost their identity within the child's increasing demands on their personal time. Admittedly, as Brennan et al.'s (2022) findings indicate, parenting is a time-consuming practice, but within a CPVA context, this adds further demands on a parent's time. This research found that for some mothers, managing their child's behaviour at home and outside the family home came at a personal cost to their sense of who they were as a woman. Holt (2013) and Simmons (2019) describe how parenting through CPVA can lead to selfless mothering and peacekeeping practices. Indeed, in Ruddick's (1989) work on maternal non-violence, she describes how non-violent fighting and peacekeeping practices are exhausting work for the mother. Even the most peaceful and non-violent battle incurs personal costs to the individual (Ruddick, 1989). It is exactly these practices that negatively impact the parent's confidence and lead to the loss of personal identity (Hassett et al., 2018; Kenny et al., 2017).

An interesting discovery within analysis is how one participant (Participant 1) described how her selfless mothering had contributed to the loss of her identity as a woman and her

sense of self. However, for this mother in particular, the power of memories of love and care and who she was before becoming a mother provided an anchor to remembering her personal identity, and therefore enabled the mother to continue caring despite the loss of the woman and mother she felt she had become. As Noddings (2013) posits, it is exactly these memories of caring and being cared for that spur on the continuation of the caring relationship. Through these memories, the participant was able to create a sense of visibility through the socially constructed cloak of the mother with a violent child. In providing context to the next quote, the mother showed a few silver bracelets on her wrist. It was these bracelets that she used to remind herself of who she once was and who she could be once again. Holding onto memories of a past life, the mother gave the following account:

> *The worst thing that could happen, as I said, I almost lost the sense of why I am here [participant shows bracelets]. This one I had twenty years ago, from a boyfriend long ago. I got it from a lady, the boyfriend's mother; she really loved me. A very nice lady, and I look at this to remind me, this is you! People see you! So it's really important that people who have memories from before; not everyone has this memory.*
>
> (Participant 1)

This section discussed how factors compromised the moral worth of mothers, impacting their identity and authority. It also explored the impact of CPVA on families and how mothers coped. The next theme explores the impact CPVA has on the family, caring practices, and how the mothers coped and negotiated episodes of CPVA.

## THEME THREE DIVIDED ENGROSSMENT

The central component within this theme focuses on the inequalities mothers experienced when parenting a violent and abusive child. For the mothers in this study, living with CPVA had created what they described as unfair injustices within the family home. Such injustices focused on the effect the abusive child was having on siblings within the home and the resulting unequal caring practices. This aligns with Noddings' (2013) concept of conflict and care burdens, which arise from divided engrossment due to the competing needs and demands of multiple cared-for individuals. The main overarching theme identified was burdens of caring. Further subthemes included: moral conflict, competing demands, cares and burdens, ideals of non-violence, the ethical ideal, and ethical caring.

### *Contextualising Divided Engrossment*

This theme addresses the research question concerning how mothers negotiated violence and abuse. Mothers were asked about their strategies for protecting themselves and other children in the family during episodes of CPVA. Participants were particularly keen to share experiences regarding the impact CPVA had on siblings. Furthermore, accounts were provided on how mothers coped with and managed these episodes. While research on the impact of CPVA on other children within the home is scarce (Holt, 2013), Pegs (2012) highlights that siblings are often targets in CPVA incidents. Indeed, most participants discussed how the abusive child's behaviour affected siblings. However, unlike existing literature on parental accounts of sibling experiences with CPVA that primarily focuses on the physical impact on remaining children (Pegs, 2021), this research additionally identifies the emotional impact that siblings experience.

As a result of these effects on other children, participants felt this created unequal caring practices within the family home (Brennan et al., 2020). Many in the sample tried to find a fair balance between sharing care, repairing sibling relationships, and protecting other children, which led to coping and negotiating strategies that impacted their health. Despite the perceived injustices mothers felt they had incurred, the sample demonstrated ongoing care for the children. Such care had now translated into ethical caring due to the challenges CPVA brought, as Participant 1 and Participant 4 described:

> *We don't have the best relationship, but I'm there to serve, like I'm going to give the food, and I'm going to give the things* [material items]
>
> (Participant 1)

> *We are not that close at the moment, but you just have to keep on going, because if I don't care, then who will?*
>
> (Participant 4)

## *The Impact on Siblings: Moral Conflict*

This subtheme represents discussions surrounding how living with CPVA affected the women and the entire household – a common experience among participants. This impact on other children often created a narrative of "it's not fair on them," leading to a perceived injustice within the family and a moral conflict for the majority of mothers. For most participants, the child displaying CPVA behaviours tended to rule the household through what mothers described as bad moods, verbal aggression, and physical aggression. This

resulted in other children in the household being afraid of the child in question and led to relationship breakdown between siblings. Similar to Edenborough et al.'s (2008) findings, for Participant 5, there was apprehension regarding the child's temperament in the mornings. Additionally, as the participant stated, her daughters waking in the morning would affect the family dynamic for the day, creating a sense of unfairness:

> *It's a really strange dynamic to live with, because you don't know what type of mood she's going to wake up in, and within ten minutes of her being awake you know what the day's going to be like, and you're kinda ruled by that, and so is the rest of the household I guess by her moods.*
>
> (Participant 5)

Through analysis of the transcripts, it was observed that the ruling of the household through CPVA often created different relationship dynamics between siblings. For one participant (Participant 5), the child had gained control over the youngest two siblings through acts of violence and aggression. This violence and aggression led to a relationship breakdown marked by physical distance between the youngest child and the child displaying CPVA. However, the other child (Child 2) adopted a submissive attitude towards the aggressive child. Although the mother spoke about how the child ruled her more, this research found that the effect on the remaining children was more of a concern for the mother. As seen in Cottrell's (2001) study, the following mother stated her youngest child had started to emulate the behaviours of her eldest child through modelling. From a social learning perspective, this suggests how CPVA can be transmitted between siblings as modelling behaviour (Bandura, 1977; Myer et al., 2022). Interestingly, the mother cited below felt that the emulation of behaviours in her youngest child was easier to manage. This could be attributed to the age and size difference between the two children, making the behaviour more easily managed. CPVA often becomes more unmanageable as the child grows in strength and age (Simmons et al., 2018). The following quote highlights how CPVA can be transmitted between siblings:

> *So the little one won't go near her. My boy tries to please her, she kinda rules everyone, and she tries to rule me more, but I'm more understanding of the situation I'm in now. So, she's got less control, but I'd say she controls the other two in general with violence and aggression, which my smallest one [child three], who really looks up to her is acting similar traits. But it's easier to stop that with her.*
>
> (Participant 5)

Analysis highlighted that creating a loving home with emotional warmth among the household was an important feature of their mothering practices. There was a need to address the moral conflict of "it's not fair" for the remaining children within the family. If this was not achieved, then an injustice was perceived to have developed through sibling relationship breakdown. As in the case of Participant 5, in a similar vein, Participant 3 spoke about the physical distance and relationship breakdown between her children because of the violence and abuse. However, for this mother (Participant 3), the lack of emotional warmth and physical contact between the children was of concern. The following quote provided by the mother highlights her perceived injustice. Concern grew around the lack of emotional warmth and physical contact between the children that had resulted in sibling relationship breakdown because of CPVA. The mother describes how one sibling would not 'cwtch' with the child demonstrating CPVA. To clarify, the term 'cwtch' is a typical Welsh word for showing love and affection through a hug or a cuddle. As the mother states:

> *I said [child three] don't want anything to do with you, he won't come to you, he won't cwtch you, he just doesn't bother with you, and I said [child two] when does she cwtch you? When does she kiss you? She knew exactly what I was saying, and she started to cry, because she could see it, she knew. I said what do you want? Do you want a family life?*
>
> (Participant 3)

For the next mother, there was an alternative reason for the sibling relationship breakdown. The physical and emotional distance between the siblings was created by the participant herself, as a way to protect the youngest child from the violence and the eldest child from possible police involvement. The moral conflict of which child to protect the most has been previously noted in other studies (see, for example, Clarke et al., 2016; Cottrell and Monk, 2004; Edenborough et al., 2008), with parents swaying from protecting younger children from the violence and abuse to protecting the abusive child from negative societal consequences such as criminalisation (Bonnick, 2019; Clarke et al., 2016; Cottrell & Monk, 2004). This research demonstrates that for one mother (Participant 1), the protection was not solely against the violence and abuse from her eldest son. The parental-constructed relationship breakdown often stemmed from concerns about negative consequences from the police towards the violent and abusive son. As the mother describes, there was a lengthy period during which the brothers were not allowed to play with each other. This proved difficult for the participant to manage within the family home. Recognising the children needed to be brothers, the mother facilitated the relationship but also held apprehension regarding the possible consequences for the eldest son:

> *For many years I didn't allow my eldest son to be with his brother, and then one day I couldn't anymore. You know what? They'll send the police. People put such a level of tension and pressure. I had to tell my son, you know what? This is what happens, they send police because they think you are going to do something to your brother.*
>
> (Participant 1)

### *Unequal Caring Practices. Competing Demands*

The next sub-theme further explores the effects of CPVA on siblings, which created a moral injustice within the sharing of caring practices equally amongst all of the children within the home. Existing research demonstrates that other children within the family are often unwittingly forgotten about because of the intense nature of parenting within a CPVA context (Brennan et al, 2022). Data highlighted within this research also showed that the mothers within the sample tended to put all their emotional, psychological, physical, and caring resources within the abusive child. In providing more care towards the abusive child, the mothers saw this as a further moral injustice that required re-balancing. All of the participants stated the parenting through CPVA required a constant focus on the abusive child**.** This meant that the other children were missing out on the mother's care and attention that they required. The remaining children within the family developed other ways to gain the participants attention, of which would mimic CPVA. However, as explained by the mothers this was to gain attention, and not cause harm to the mother. This is captured within the following quote from a mother in which she described how the violence and abuse has not only emotionally 'drained' the reminder of the children, but are also starting to act out to gain attention;

> *I just feel like they are drained. You know my son; I just remember him crying. He just cried, and said I'm so angry, [mother] why? [Son] I dunno, he can't answer me, and my daughter will have these little temper tantrums, which are brand new, and she'll say well [child 1] gets attention. It's like a cry for attention, that I guess she does take up my time for the wrong reasons*
>
> (Participant 5)

In the case of the next participant the mother felt that the middle son had lost out through the competing demands of the eldest son's behaviour, and the drain on the mothers caring

resources. In noticing the imbalance within the competing demands, the mother wanted to rebalance this unequal sharing of care and attention. As the interviewee states, in creating caring justice within the family, this would rebalance caring practices equally for the children;

> *In a way I'm trying to find more justice within the family, because my middle one has suffered a bit.*
>
> (Participant 2)

## *The Impact on Mothers. Cares and Burdens*

This subtheme centres on how re-balancing caring practices impacted the sample. In dealing with the competing demands of CPVA within the home, the effects on siblings and creating justice within the family home had impacted the participant's health. Noddings argues that in natural caring, when the one caring becomes overburdened with caring practices, then caring takes the form of caring burdens. Which carries the risk of becoming the one in need of care (Noddings, 2013), many of the women had discussed they felt physically, and mentally drained through living with CPVA, as seen within existing studies (Brennan et al, 2022; Kennair & Mellor, 2007; Toole-Anstey et al, 2021). One participant (Participant 3) spoke about how battling with her daughter on a daily basis had affected her ongoing physical health issues;

> *Some days it would be arguments before school arguments when she came home, it would be arguments in the night, it would be arguments all weekend, and it was at the point where there was no downtime, and I'd be losing weight because I got a problem with my stomach, and it's triggered by stress, so I couldn't eat. It was at the point*

*where I was fighting court, and fighting my daughter basically, there was a battle there*

(Participant 3)

Alternatively, for another mother (Participant 4), there was a decline in mental health due to the pressures that living with CPVA brings. In describing how there was a domino effect to living with CPVA, the following participant (Participant 4) explained how this affected her whole household, and her capacity to care about her home in general. When asked the question how the violence and abuse has impacted you, the mother provided the following account in how she masked her true emotional, and mental state;

*In a huge way, I'm trying to put a brave face on it. I get through the day with a smile and a laugh, people think I'm coping, but inside I'm not. I'm falling apart inside, and last week, oh my goodness, I've been so depressed, and low down, and it affects my household, and my house in general. Because I can't be bothered, it's in a state of disarray. It's a mess, a huge mess*

(Participant 4)

## *Coping and negotiation. Ideals of Non-Violence*

The subtheme of coping and negotiating whilst living with CPVA derives from the previous theme, and impacted three mothers (Participant 1, 2, & 3). All but one participant stated that living with CPVA was not fair on them. This is because the interviewees took on the sole responsibility of trying to successfully cope and negotiate life with CPVA as

mothers. This could be a way to possibly move away from the bad mother labels they had acquired mentioned previously within the chapter and maintain the image of a good mother (Toole-Anstey, 2022). Alternatively, the sole responsibility of navigation and coping through CPVA can be pinned to the culturally gendered nature of mothering a troubled child. As Holt, (2009) highlighted, additional parenting responsibilities fall to mothers because of the positioning of residence with the child, even within two parent households.

As viewed within existing CPVA literature (Holt, 2011; Toole-Anstey et al, 2023), the women used their own personal resources in order to cope and manage the violence and abuse. Analysis through Ruddick's (1989) writings showed that the mothers drew upon non-violent strategies in the form of personal resources as a way of coping and negotiation (1989). These resources centred on informal structures such as extended family, friends, and employment as noted within findings existing research (Edenborough et al, 2008; Toole-Anstey, 2023). There were variations within how the three different interviewees coped with living with a violent and abusive child. For the first mother (Participant 1), there was an internal conflict within coping with her son's abuse. In recognising that there were very little support options available to her when she felt unable to cope, there was no alternative that to ask the son's father for support.

As mentioned previously, the co-parenting relationship had broken down due to ongoing post separation abuse. This left the mother in a morally conflicted position, and also recognised that her son was caught within this conflicted situation. In emotionally buffering the internal moral confliction the mother was experiencing, there would be sense of denial surrounding the violence and abuse from her son. Cottrell and Monk (2004) noted that initially, parents would deny the issue of CPVA as to avoid negative consequences. However, analysis demonstrated that for this mother, denial was used to cope with a moral dilemma as a way to prevent feelings of injustice of involving the father. In explaining her situation, the participant further describes how she had adopted what Ruddick calls multiple

non-violent coping strategies (Ruddick, 1989). When asked the question, *how do you cope with the violence and abuse*, participant 1 provided the following;

> *Sometimes, if things get worse I will have to phone the father. Can you come and talk to him? So, the father say, blah, blah, blah, you respect your mother. So, he's contradicting himself, respect the mother!!? Then he show disrespect himself, so the poor child going through this. I can't anymore, so I loose completely because I have to ask the father, because I'm tired, I'm finished now, finished today, and sometimes I give in as well. Yes, yes, ok take it, take it, because I can't take it anymore, or I'll want him to stay in his own space, so I leave. Or I'll be in denial, I'll go in the kitchen and start distracting myself. So it's more of a denial thing and looking for information on the side. I'm struggling with that, denial, that's my main thing denial, what's happening to me?*
>
> (Participant 1)

Another mother described how she would use her place of employment as a coping strategy. For this participant, work was used as a break away from the constant behaviours she was experiencing from her daughter. As she describes, after dropping her children off to school and crèche, this meant there was some downtime in living with CPVA that provided some relief from her situation at home;

> *I'd be putting up with it before I took her to breakfast club in school. I'd be putting up with it, take her there, go to crèche, and then straight to work, and I'd be ahh. I'd go to work for a break, it was just getting too much*
>
> (Participant 3)

In the case of participant two, personal resources for coping translated in occupying her time to the fullest. On one hand it provided the mother with little opportunity to think about

her situation with her son. On the other hand, it provided a route of respite from the abuse. When asked the question *how do you cope?* The interviewee provided the following;

> *Meditation, exercise, gone back to the gym, bike ride, painting, I'm an artist. I've studied for the past two years, and that was amazing, so I keep myself busy*
>
> (Participant 2)

In terms of how the women negotiated episodes of CPVA, some of the women described how they created space between themselves and the child. The space and separation provided the mothers with the opportunity for the episode to resolve itself, without the need to intervene and possibly further escalating the violence and abuse. In line with literature from Bonnick, 92019) and Holt, (2013), this was also a negotiation strategy to protect themselves and the other siblings within the household.

Amongst the mothers, there were different emotional outcomes for this style of negotiation. For one mother (Participant 2), creating space and negotiation meant removing herself from the situation and sitting in the family car until the son had calmed down. This was shortly followed by resuming mothering with no emotional impact.

As with findings from Micucci, (1995), for the following participant, there was a clear impact on maternal feelings for the child that had created emotional distance. Demonstrating how the impact of the negotiation of episodes resulted in a lack of maternal warmth for her son, the next mother highlights the conflicting feelings of hurt, and the resuming of caring practices. The complex fluctuation of alternating between resentment and caring for a violent child has been demonstrated previously within this chapter (Edenborough et al, 2008; Jackson, 2004; Laing, 2014; Patterson et al, 2002; Williams et al,

2016). When asked how do you manage to protect yourself and the rest of the family? The mother spoke of how this protection strategy played out in a further injustice through an emotional cost to both the mother and the child;

> *Separated for sure, yeah separated, and like I say, I will try to right ok! You stay there and I'll stay here. For sure it's strange, because maybe we need that space, or give him that space. But sometimes I struggle not to be upset, or like after I will be quite cold. That's not good either, because I feel hurt, so I won't be warm with him. It's crazy, because I know he's a child, sometimes I forget he's a child, and will be very upset. So, I'll be like giving him his food or whatever, but I mean I'll not be myself, and I'll be in another room to him. It's not healthy at all*.
>
> (Participant 1)

## *Complex Emotions. The Ethical Ideal and Ethical Caring*

The following sub-theme demonstrates the range of complex emotions CPVA parents often experience whilst caring for their child**.** The previous participant statements provided insight into how some mothers cope and navigate CPVA whilst remaining in the relationship. As highlighted by Clarke et al. (2015), Jackson (2004), Gabriel et al. (2017), Simmons et al. (2019), and Williams et al. (2016) in Chapter Two, regardless of CPVA, some mothers still wish to maintain the relationship with the abusive child. This research indicated that there was a moral obligation within the mothers to stay in the relationship with their child, despite the difficulties and challenges they faced. This moral obligation was fuelled by ethical caring (Noddings, 2013), juxtaposed with feelings of being unable to cope with the CPVA. This meant that caring now required moral effort because of the impact CPVA had on the mothers and siblings. Even though the mothers still cared, the

burdens had become significant, and the caring focus had shifted inwards towards themselves. Therefore, the mothers drew on what Noddings calls the ethical ideal (Noddings, 2013) to continue their caring practices. As a result of the burdens felt by the sample, most participants were asked if they ever felt they couldn't cope anymore. Nearly all mothers (all but Participant 2) stated that they had often thought about giving up on the child and leaving the relationship.

For one mother, there were thoughts of giving up on the relationship until her son reached high school. As Holt (2011) indicates**,** this might suggest the participant hoped her son would outgrow his violent and abusive behaviour and return to the family home a different person. The mother provided the following quote:

> *Sometimes I think he's damaged anyway. I want to give up at some point, and I say you know what? Go and live with your dad, then as soon as you're a teenager in high school, he's already damaged, it's like something is already done. He's going to think like that, and be twisted, it's damaged. So sometimes, yeah, I think like that, I can't anymore.*
>
> (Participant 1)

Another mother stated that feelings of leaving the relationship were a regular occurrence. But despite these feelings, she continued within the violent and abusive relationship with her daughter: [Laughs], *yeah I probably get like that every couple of months.* (Participant 5).

Demonstrating a complicated love, a mother spoke about how she wasn't coping in her situation:

> *But I'd do anything for them, and they know that. To other people it's like, ahh poor them, you've gotta keep smiling, you've gotta keep going.*
>
> (Participant 4)

Furthermore, Participant 5 provided an account of how despite her daughter's violence and abuse, there was a need for close connectedness within the relationship. However, this next excerpt shows the added complexities of parenting a child post-adult domestic abuse in the form of memories, and the psychological triggers this may cause the mother. Despite this, the following quote demonstrates how the mother re-establishes the conditions that enable the caring relationship to thrive (Noddings, 2013):

> *Even though she can be crazy and hit out, and like reminds me of him, and what he says, I still wanna just hug her.*
>
> (Participant 5)

Through an EoC perspective, it was often observed that small tokens of reciprocation from the child enabled the ethical caring relationship to continue for these mothers (Noddings, 2013). Many mothers spoke about the infrequent kind words, as one interview states:

> *There are very small moment where he would say… oh mum are you ok? But it's very small moments, or he'll say… lets go and do something, but it's very small moments.*
>
> (Participant 1)

Another mother spoke about the actions the children demonstrated that reminded the mothers of gentler times. She reflected on memories of the child before the CPVA began

and the caring relationship that surrounded that period. As Participant 5 stated: *when she's calm, she's that inner child again*. (Participant 5)

The previous theme highlighted the impact of CPVA on families, with unequal caregiving practices causing moral conflict. Participants shared coping strategies and the erosion of natural caring. Next, help-seeking pathways and experiences will be examined.

## THEME FOUR HELP SEEKING - MATERNAL NON-VIOLENCE

The next theme explores the mother's journey in seeking help and support for the child. All participants were asked about the reasons and circumstances that led them to seek formal help and support**.** The women demonstrated that seeking formal help and support translated into ending a battle through peace-keeping amongst fractured relationships. Analysis indicated that this meant seeking external help and support to renounce and resist the violence, and the reconciliation of sibling relationships as seen in Ruddick's concept of maternal non-violence (Ruddick, 1989). Therefore, the overarching theme was identified as maternal non-violence. Further sub-themes were identified as: renunciation; child non-engagement in support; help-seeking pathways; not knowing how to help the child.

### *Contextualising Help-Seeking - Maternal Non-Violence*

As stated previously, the children had not received adequate trauma help and support, which supports previous findings around the mechanisms of childhood trauma through parental domestic abuse and the emergence of CPVA (Baker, 2021; Booth et al., 2023; Ibabe, 2014; Papamichail & Bates, 2020). What follows are some insights on how this mechanism was formed, and the issues that the mothers faced in seeking help and support for the children and young people through an EoC perspective.

It would appear that using outside resources was a last resort, when all personal resources had been used to provide strategies for stopping behaviours. Existing research findings (PEGS, 2021) suggest that parental help-seeking pathways tend majoritively to be around schools, doctors, social services, and CAMHS. Similarly, much of the participants' help-seeking routes were formed through existing relationships with victim support counsellors, schools, GPs, and social workers. This is in line with help-seeking findings from Toole-Anstey et al. (2023) which found that help-seeking pathways can be facilitated through trusted established relationships such as teachers, GPs, and other services already involved with the family. However, none of the participants indicated an awareness of local existing CPVA services. From the data, it was discovered that for these mothers, and in line with Ruddick's (1989) ideas, help-seeking was an act of peace-making amongst family members, with a focus on preserving and repairing the relationship.

As with previously mentioned literature (Bates et al., 2023; Holt, 2013), all of the participants had stated that they had reached crisis point before seeking external help and support**.** For this sample, crisis point was three-fold that surrounded moral dilemmas that had created a non-violent battle, and as Ruddick posits, required renunciation, resistance, reconciliation, and peacekeeping (Ruddick, 1989). Firstly, crisis point was reached when the mothers were faced with feelings of giving up on the relationship with their child which

demanded the renunciation of the CPVA. Secondly, the impact on the other children within the home and the moral conflict this caused within the mothers, which required reconciliation between siblings. Finally, unequal caring practices that parenting through CPVA had produced needed to be rebalanced through resistance. Through analysing these findings using Ruddick's maternal non-violence and peace-keeping, it can be interpreted that the mothers were creating a home environment in which all family members could live together peacefully and fairly (Ruddick, 1989).

Previous literature has noted that parents find difficulties in distinguishing a threshold of what could be considered normal teenager behaviour and CPVA (Bettingson & Quinan, 2020; Hollenstein & Lougheed, 2013; Holt, 2013; Kennedy et al., 2010; O'Hara et al., 2017; O'Toole et al., 2022). For this sample, there was a clear ability to distinguish between CPVA and normal teenager angst**.** Additionally, Simmons et al. (2019) noted that it was the severity and level of violence and abuse that determines a parent's threshold. Findings from O'Toole et al.'s (2023) study highlights that for some mothers there is an inability to distinguish between normal teenager behaviour and abusive behaviour. In addition, their findings state that mothers find difficulty in drawing a line between when enough is enough in terms of CPVA behaviours (O'Toole et al., 2023). Interestingly, for the mothers within this research, there was a definitive threshold of when enough was enough, and when to seek outside help.

This threshold encompassed many of the factors within themes addressed so far within the current chapter. Through an EoC lens, these factors mainly concentrated on the relationship breakdown between the parent and child. Additionally, another factor that contributed to help-seeking was that of the relationship breakdown between siblings. This was followed by the injustices of unequal caring practices amongst the children that the violence and abuse created within the home. The readiness to seek help could also be explained through the mothers' past experiences with domestic abuse, and a recognition of modelling behaviours from the child from the father or partner. As Brennan et al. (2022) states,

mothers that have experienced domestic abuse are more likely to seek help for CPVA. This gives the impression that the women recognise familiar patterns of behaviour between the adult abusive relationships, and the CPVA relationship (Myer et al., 2020), therefore, creating the ability to distinguish between normative developmental behaviour and CPVA.

This research indicated that help-seeking played out within three stages amongst the majority of the sample. Stage one consisted of the mothers taking low-level help-seeking steps themselves amongst a variety of community-based trauma therapy organisations and telephone support organisations. The second stage formed around formal support such as: schools; GPs; social workers. The final stage (stage 3) was a direct result of ineffective help and support. This end stage consisted of participants at a loss as to how to help their child.

### *The Beginning of the Help Seeking Journey. Resistance and Renunciation*

The next theme explores the mother's journey in seeking help and support for the child. All participants were asked about the reasons and circumstances that led them to seek formal help and support**.** The women demonstrated that seeking formal help and support translated into ending a battle through peacekeeping amongst fractured relationships. Analysis indicated that this meant seeking external help and support to renounce and resist the violence, and the reconciliation of sibling relationships as seen in Ruddick's concept of maternal non-violence (Ruddick, 1989). Therefore, the overarching theme was identified as maternal non-violence. Further sub-themes were identified as: renunciation; child non-engagement in support; help-seeking pathways; not knowing how to help the child.

Analysis in this study showed that mothers used help-seeking as a way to renounce the violence they faced, typically at a self-defined crisis point. While existing literature on help-seeking often focuses on barriers and the effectiveness of interventions (Toole-Anstey et al., 2023), this research, to the best of the author's knowledge, uniquely highlights the significance mothers placed on "resistance, renouncement, and reconciliation" (Ruddick, 1989) within their relationships, specifically by seeking help when they reached their crisis point.

The connection between reaching a crisis, deciding to renounce the violence, and actively seeking help is clearly captured in participants' comments. When asked if they ever felt they couldn't endure any more of the violence and abuse, Participant 3 reflected:

> *I felt it, but I knew I had to, so it was a very… I can't take any more of this, and I've got to sort it out, how do I sort it out?*
>
> (Participant 3)

Similarly, Participant 5 expressed a persistent struggle:

> *I always feel like giving up on her because I feel like she's lost, it gets too much sometimes. But you just have to keep going and looking for help.*
>
> (Participant 5)

For many of these women, the internal question of *how do I sort it out?* marked the beginning of their journey to find help for their child. Given that CPVA help-seeking pathways have been minimally researched (Toole-Anstey, 2023), this study offers crucial insight into the types of services parents approach for support with their child's behaviour.

### *Issues with Engaging the Child in Support*

Although the mothers had renounced the CPVA through seeking community-based therapeutic counselling help for their children, this was met with resistance from the child to engage with the therapy. Intervention engagement issues amongst children and young people are featured within practitioner findings from O'Toole et al. (2022) and young people's findings (Baker, 2021). It was common across the sample that the children did not want to speak about their experiences of trauma, even with the mother's support**.** This reluctance to discuss past experiences and engage with therapy is captured within the following quotes from Participant 3, 4, and 5:

> *I said I'll support you through whatever you need [Child] oh I don't want to talk to anybody, I just don't want to talk to anybody.*
>
> (Participant 3)

> *My oldest daughter? Just completely not willing to engage, not even willing to get involved counselling.*
>
> (Participant 4)

> *She refuses counselling.*
>
> (Participant 5)

The children's unwillingness to engage in counselling could be framed in the mistrust of support services. This mistrust could be based on a non-established trusting relationship with services, meaning that the children were not familiar with practitioners from counselling services, therefore the working relationship had not been established and led to non-engagement. On the other hand, as mentioned previously earlier within this chapter, the children had been involved with government structures such as family courts, where the children had witnessed the mothers fighting for custody of the children. Some of the children having been part of courtroom discussions, police interviewing, and possibly feeling traumatised as a consequence. Therefore, placing trust in support, even informal support organisations such as low-level counselling, may be too difficult for the child to effectively engage. As Bates et al. (2023) points out, families who have had negative experiences with services can shape future engagement. This was captured in the quotes provided by Participant 1 and 5:

> *So, I try and get some counselling thing. It was via phone as well. How can you get counselling over the phone? The child won't trust you straight away.*
>
> (Participant 1)

> *She pulls back from telling anyone anything. She knows that services have the power to remove children. It what she's been frightened of since she was six, and she's scared they're going to take her away*.
>
> (Participant 5)

### *The Help-Seeking Pathway Two: Schools, GPs, CAMHS, Social Workers*

As most mothers (with the exception of Participant 5) had existing relationships with an allocated social worker through the family court and child protection services, this was utilised as a further help-seeking route. Within the mothers' experiences of help-seeking amongst social workers, it appeared that a pattern was evident relating to how social workers were sometimes unaware, or unsure of how to help the mothers. Highlighted within this research, there appeared to be a lack of widespread awareness amongst professionals relating to specialised CPVA intervention programmes for families across Wales. The current findings support Bates et al.'s (2023) results in that there is sometimes an unfamiliarity amongst some practitioners of CPVA services, and how to support families effectively through a lack of understanding of CPVA in general.

One mother gave an account of how a social worker was at a loss of how to help the family. With only a trauma counselling offer of support from the social worker, the mother declined as this form of therapy had been ineffective in the past. In this case, Participant 3 stated that the violence and abuse was impacting the rest of the family, especially her youngest daughter. Although the UK Government advises a safeguarding response for the child in question (Home Office, 2015), this was not always implemented. The mothers stated there were social work interventions, but they were not always enabling supports to the mother and whole family system. For this sample, safeguarding responses for the remainder of the family, as outlined by SSWA (2015) were also not always implemented. The mothers' growing concerns surrounding the lack of help from social services, and the hidden harms extending to the younger children are captured within Participant 3's quote:

> *Well, I was in contact with CAFCASS [Children and family court advisory and support service], so there was a social worker that was working hand in hand, and I started explaining to her. I contacted her and said look, I don't know how else to deal with it, and she said what have you*

> *done? So, I said to her that I used all the techniques that I'd been on courses in work, you lower your voice, you answer a question with a question, loads and loads of things, and she said to be honest, I can't really advise anything because you've done everything. [Mother replying to social worker] I know, but I can't keep on going on like this. It's not fair on her brother and sister, cause [Child two] was seeing it, and she'd start shouting at me, and she still shouts at me now, but I think she's copying [Child one]. So, the social worker was like, oh what about counselling? [Mothers response] But she's refused counselling!*
>
> (Participant 3)

Alternatively, the next mother gave a different account of how children's social services had responded to requests for family support. In this instance, Participant 5's child's school had made a substantial number of safeguarding referrals to the local children's services. With failed attempts at safeguarding referrals, school concerns were growing around the child's mental health, and CPVA within the family home. However, Participant 5's child had made a counter allegation at school. Counter allegations are common within CPVA families (Bonnick, 2019; Holt, 2013). This is when a child makes an allegation of parental violence. Typically, in the act of parental self-defence against CPVA, the child will use this negative response to make an allegation toward the parent (Bonnick, 2019; Holt, 2013). It was only at this point when child protection safeguarding procedures were escalated, whereas previous attempts at triggering a safeguarding response had failed. This could be a reflection on the demands and pressures children's services are facing (Holt, 2013), or CPVA not being considered as a form of abuse (Holt & Retford, 2013).

The perceived inadequacy of safeguarding responses for some families experiencing CPVA may be partially attributed to the current positioning of CPVA within UK governmental procedures. As highlighted in the literature review chapter, there is currently no specific statutory response to CPVA; rather, practitioners rely on Home Office guidance (Home Office, 2015). However, experiences shared by participants in this research suggest that

existing safeguarding procedures were often perceived as insufficient or not consistently applied within a CPVA context in their local areas. For instance, Participant 5 recounted her profound frustration when dealing with not only CPVA but also her child's mental health concerns, which left her feeling that her concerns were not taken seriously. Illustrating her perception of a lack of priority given to families living with CPVA by relevant safeguarding services, Participant 5 stated that she had made numerous safeguarding referrals specifically to children's social services:

> *I had sixteen in one year. Social services declined every time, and I'm like, when are you going to take this seriously? Sixteen referrals is pretty bad. Then there was a big referral [Child] had said something, then they [School] misinterpreted it, or said it in a different way and then they [Social services] called me in.*
>
> (Participant 5)

For some of the women, even when there were established relationships with child social workers, this was not always beneficial to the family when requesting support. For example, Participant 6 provided an account in which she felt she was treated differently by social workers because of the post-separation abuse she was experiencing:

> *I think they [social workers] treated me differently because of the DA. They were more focused on my coping strategies rather than looking at the DA, DV, and coercive control I was experiencing [post separation]. It was awful, they had no education or awareness of CPVA. They told me to behave in a way that meant listening to my ex-husband after separation [To reduce the CPVA episodes]. Social services lacked experience, empathy, and were very quick to judge…. Victim blame and not deal with it professionally. They didn't understand what was going on, and blame shifted onto me.* (Participant 6)

Participant 4 spoke about how the allocated social worker's expansive caseloads meant that there were few visits made to the family. As with the previous parent, no supports were implemented. This research identified that although there was a child protection social worker involved with the children, there appears to be a gap around the support and response to the mother and whole family system. For this mother (Participant 4), with a disability, a protected characteristic within the UK Government's Equality Act (2010), and care and support needs outlined within the SSWA (2015), which requires a safeguarding response. However in the case of Participant 4, there was often no such response. This could the participant at greater risk of harm, as documented by Heslop et al. (2019). Furthermore, Holt (2016) argues that due to limited resources and high safeguarding response thresholds, appropriate responses are not implemented. Feeling alone within her situation without consistent support, the mother felt she had not received a positive response from the social worker. As the participant states, due to high demands and caseloads amongst social workers, this meant that the mother had minimal contact with the child's allocated social worker:

> *She [Youngest child] has her own social worker, but she has a huge caseload. So, you know, she's [Social worker] is pushed from pillar to post. I have to say, hello! I'm struggling!*
>
> (Participant 4)

The data showed that despite the different avenues of help-seeking the mothers had approached, the help-seeking journey so far had not resolved the violence and abuse. This is also reflected within findings from PEGS (2021) in which survey results indicated that families felt that they did not get the support they needed. All participants were asked if there had been anything that was helpful in reducing the violence and abuse. Most of the women had responded negatively to this question**.** The mothers believed that help-seeking was a waste of time and that the CPVA and the child's mental health issues were becoming

more concerning to them. Mothers stated that they felt that they were not listened to when approaching different services for support. This is evident within one participant's quote:

> *Doesn't matter how much help you seek, they just don't listen, because if they listened then the problem would probably resolve the problem.*
>
> (Participant 5)

However, for Participant 4, there was a difference in answering this question. For a mother with a disability, parenting violent and abusive daughters had become even more difficult. This is an interesting area of CPVA research, of which very little is known. It adds critical knowledge surrounding the barriers that disabled parents face in terms of help-seeking. Recalling earlier that Participant 4 was a deaf parent to two young children, when asked the question quoted above, the mother provided the following:

> *No, because they don't know how to support a deaf parent with hearing children, they don't understand the dynamics, they don't understand.*
>
> (Participant 4)

Taking the opportunity to delve further into the unknown area of parental disability and CPVA, the interviewee proceeded to expand further. For this mother, her disability had created barriers to support because services were unfamiliar in supporting disabled parents. This unfamiliarity within support services left the mother feeling that she was not given the same level of support as non-disabled parents. This was because the family dynamics and structure of the family were different than that compared to a non-disabled family. The mother described how her disability had created an unwilling dependency on her daughters and parents to communicate with schools and services. Further to this, the school and

services were not BSL-informed; this added to the communication dependency from her family. Therefore, this family was left with no support that was beneficial in managing and reducing episodes of CPVA. The participant followed up the last quote with the following:

> *I think there needs to be better awareness. Better awareness of disabilities compared to non-disabled families. There needs to be that awareness of the structure within the household that has disabled parents.*
>
> (Participant 4)

Uniting all the children's services together as a working partnership was a crucial point made by Participant 4. The CPVA guidance document published by the Home Office (Home Office, 2015) states that all agencies that involve the care and treatment of children and young people should be working collaboratively. However, in Participant 5's case, data indicated that this multi-agency working approach was often not implemented within her locality of Wales. The mother had sought help and support for her daughter for over six years, with no positive outcome. Within this time of help-seeking, the mother recognised that there were effective services for her daughter. However, because the services were not working together, this created a barrier to effective and sustainable support. One possible explanation could be that a lack of coordination between services creates challenges within multi-agency working within cases of CPVA (Brennan et al., 2022). In providing an account, Participant 5 presented a concept of uniting services, and working within a trauma-informed practice method to repair the damaged relationship:

> *I think when it comes to a challenging child that has mental health issues, quite rightly so, but has never had the support either, and there's plenty out there, but they never link it up, and they want to correct my behaviour before helping her. And how we're both correcting and how we're triggering each other and understanding the… we're never going to solve it. You have to unite all the services*

> *together, recreate that relationship and work with them both. Not in a confidential way, but in a practical way, in a proactive way. This is what triggers her she said, this is what you've said to her. The workers then talk and think of things to bring them together. Because unless there's interventions like that, the good work's wasted because you're not establishing the root cause of it, you're just dealing with what you can see. But actually, it's engrained.*
>
> (Participant 5)

The help-seeking journey had left the following participant disillusioned and critical about the availability of support for her son, therefore, creating a sense of hopelessness around creating a positive change in behaviour from her child. Such feelings have also been noted within previous research (Cottrell & Monk, 2004; Miles & Condry, 2015; O'Hara et al., 2017). These feelings translated into empathy for other parents in similar situations to herself who may be seeking help and support: *I feel sorry for whoever thinks there is help.* (Participant 1).

### *The Help Seeking Journey Stage Three. Not knowing How to Help*

With a lack of understanding of their situation and ineffective support, mothers entered stage three of their help-seeking journey. Analysis showed this to be the final stage in help-seeking for the participants. As most participants in this research had negative experiences with the services they contacted, this left them at a loss regarding where to go next for support. Existing CPVA literature indicates that many families are unsure of who or where to access help and support in the initial stages of CPVA development, which creates a barrier to support (Bates et al., 2023; Edenborough et al., 2008; Jackson, 2003; Gabriel et al., 2017; Miles & Condry, 2015; Moulds et al., 2016). The mothers spoke about the ineffective nature of the support they received, which led to a sense of not knowing how to

help their child. This then translated into feelings of helplessness within their situation, captured by the phrase *I don't know how to help him/her.*

### *Not Knowing How to Help the Child*

The analysis of the data clearly demonstrated the internal conflict mothers experienced due to not knowing how to help their children. This supports existing CPVA research (Bates et al., 2023). This, in turn, led to parental feelings of helplessness among some participants, as seen in previous research (Cottrell & Monk, 2004; Gabriel, 2017; Holt, 2011). Feeling that governmental and societal structures had failed their sons and daughters, participants found this difficult to accept. Recognising that help was needed for the child but feeling hopeless in her help-seeking journey, Participant 1 stated: *I'm still struggling with that, because I don't know how to help my son.* (Participant 1).

Participant 5 described how previous involvement with children's services had created a degree of mistrust in future help-seeking for her daughter (Bates et al., 2023). This lack of trust in possible future support had been established through multiple failed attempts by agencies to therapeutically treat her daughter's mental health issues and resolve the CPVA (Bates et al., 2023). It was through this process that feelings of helplessness surrounding how to help her child came into play:

> *I don't know how to help, because everyone I've gone to have let her down.*
>
> (Participant 5)

In Participant 3's case, there was a variation in the experience of help-seeking. Parental feelings of not knowing how to help the child grew from the daughter's unwillingness to engage with the support offered. The mother discussed how this situation had caused further emotions surrounding despair. In turn, the mother anticipated there might be very few opportunities left to reduce the violence and abuse from her daughter. In providing an account centred on the child's non-engagement in support, Participant 3 stated:

> *Then to have all that refusal of help and support, and I was at breaking point. I thought I don't know what to do with her.*
>
> (Participant 3)

The examination of help-seeking pathways reveals reliance on both personal and formal resources, often resulting in inadequate support for mothers and their children affected by CPVA. The chapter now turns to the concluding comments.

## CHAPTER CONCLUSION

Living with child-to-parent violence and abuse CPVA is a complex journey for mothers, defined by a deep-seated fear of relational loss and a fierce commitment to protecting their children. While the physical violence is distressing, mothers' primary concern is the potential for irreparable damage to their bond with their child. This fear, often stemming from threats of child removal or self-harm, becomes a key motivator, overshadowing the abuse itself.

The experience of CPVA also profoundly impacts a mother's sense of self. Many internalise negative labels—"bad mum"—from others and even their children, leading to intense feelings of guilt and shame. This can drive them to seek validation and prove their worth as a parent. However, the internalisation of these labels can also lead to secrecy as a way to protect their maternal identity. For these women, their identity as a mother is inextricably linked to the health of the relationship with their child.

Despite the immense burdens and family divisions caused by CPVA, mothers respond with an unwavering ethical commitment to care. Their approach to help-seeking is often guided by ideals of non-violence, with the ultimate goal of mending fractured relationships. This maternal need for peace and harmony drives them to continue their complex parenting journey, fighting a non-violent battle to secure a future of family peace.

# CHAPTER SEVEN DISCUSSION OF KEY FINDINGS AND IMPLICATIONS

## INTRODUCTION

This chapter synthesises the key findings from this research into a cohesive discussion, fostering a deeper understanding of living and working with CPVA in Wales. It critically examines the identified challenges and opportunities in support provision, highlighting common barriers for Welsh families and practitioners' experiences. Crucially, this discussion is underpinned by and rigorously interprets the findings through the conceptual framework developed in Chapter 3, specifically employing a feminist theoretical lens alongside a critical Ethics of Care.

Subsequently, the discussion explores factors prompting mothers to maintain the parent-child relationship despite experiencing violence and abuse, and to continue caring within a CPVA context, drawing direct connections to the principles of the Ethics of Care. While earlier chapters presented existing CPVA literature and detailed the findings, this chapter now summarises these findings and, crucially, delves into their implications for policy, theory, and practice within the Welsh context – insights made sharper and more nuanced by the application of the theoretical framework.

### *Summary of Key Findings and Theoretical Interpretations*

This study explored the lived experiences of Welsh parents navigating CPVA and the support available, alongside the perspectives of practitioners. The interpretation of these experiences was consistently informed by the EoC conceptual framework, drawing on foundational work by scholars like Carol Gilligan (1982), Nel Noddings (1984, 2013), and Sara Ruddick (1989), while critically deconstructing the gendering of care within patriarchal structures (Rich, 1976; Tong, 1998). Four main recurring themes emerged, each profoundly illuminated by this theoretical lens:

## *RELATING POLICY AND PRACTICE: EXPERIENCING SUPPORT SERVICES*

Current domestic abuse policy frameworks in Wales, despite significant advancements like the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (VAWDASV Act 2015) and National Strategy (2022–2026), often fail to adequately account for the complexities of the parent-child relationship in CPVA. These policies, emphasising a public health and child-centred approach (Welsh Government, 2014, 2015, 2022), operate with an underlying Theory of Change (ToC). However, this study's findings reveal critical gaps in its operationalisation for CPVA.

One such gap is the absence of an explicit statutory definition of CPVA, which contributes to ambiguity and inconsistent responses, CPVA requires explicit definition within primary Welsh legislation or comprehensive statutory guidance. This would provide a clearer legal foundation for intervention, aligning policy intent with practical

application. Moreover, Practitioners require clear, shared understanding of CPVA dynamics, common language, and consistent referral pathways. This necessitates joint, mandatory training initiatives that bring together professionals from social services, police, education, health, and legal sectors to develop integrated case management strategies that transcend jurisdictional complexities (Bates et al., 2023; Wilcox, 2012).

This challenge is compounded by the nuances of devolution and the resulting blended jurisdiction, where the Welsh Government holds legislative authority over key services such as health, education, play, housing and social services, while the UK Parliament controls criminal law and policing (Home Office, 2021; Welsh Government, 2015). Consequently, the Domestic Abuse Act 2021 (UK Parliament, 2021) in England and Wales directly influences legal responses to CPVA incidents in Wales, inadvertently shaping the lens through which CPVA is often viewed. The absence of an explicit CPVA definition in primary legislation like the Welsh VAWDASV Act (2015) or the UK Domestic Abuse Act (2021) further contributes to ambiguity, despite its strategic recognition in some Welsh policy documents (Welsh Government, 2022). The reliance on criminal justice terminology like 'offenders' can limit conceptual thinking about a child's capacity for change (Bonnick, 2019; Holt, 2013), and creates unease among practitioners despite Wales' Child-First Offender-Second (CFOS) approach to youth justice (Haines & Case, 2015; Welsh Government, 2014).

To address these systemic limitations, a CPVA-specific framework and strategy is essential. This framework should prioritise family repair, de-escalation, and therapeutic interventions over punitive measures, particularly for younger children. The use of the Theory of Change should centre on the unique dynamics of the parent-child relationship (Miles & Condry, 2015), rather than replicate modules designed for adult intimate partner violence.

Consistent with feminist critiques of institutional responses (Holt, 2011), the study identified low public and professional awareness of CPVA, alongside gaps in multi-agency collaboration. This aligns with observations by Fine and Glendinning (2005) that the societal undervaluation of care work, often linked to its uncritical gendering, leads to inadequate systemic support. The study findings illustrated the limited CPVA support available to study participants and this appears to be exacerbated for disabled parents wanting to access appropriate help. To counter this, mandatory training and awareness programmes should be embedded across agencies. This training must enhance understanding of CPVA dynamics, its links to neurodiversity and trauma, and explicitly address and counter the pervasive issue of 'mother blame' (Douglas & Walsh, 2010; Lapierre, 2008; Witt et al., 2019).

## CHILD AND YOUNG PERSON'S DISABILITY AND TRAUMA

This study found amongst its practitioner and mother participants that existing CPVA interventions frequently do not meet the specific needs of traumatised and neurodivergent children and young people. Reliance on models like NVR as a primary intervention, stemming from broader strategic goals (Welsh Government, 2022), can inadvertently create additional burdens. An overlap in conceptualising 'CPVA' and 'behaviours that challenge' across agencies often leads to mis-referrals and 'siloing' of neurodivergent children into unsuitable programmes. From an Ethics of Care perspective, the lack of neurodiversity expertise and broader service shortages noted in the studies findings represent a systemic failure to adequately "care" for the nuanced needs of these vulnerable children and their families. This gap reflects a disjuncture with the relational and contextual understanding of needs that Gilligan (1982) and Noddings

(1984) advocate for in ethical responses, where the intricacies of individuals and their relationships are paramount.

To address this, dedicated resourcing for specialist services is vital. Policy must ensure adequate funding and resourcing for specialist CPVA services that are trauma-informed, neurodiversity-affirming, culturally competent, and inclusive for disabled parents (Dowse et al., 2013; Frawley et al., 2015).Without such investment, families remain unsupported and at risk of escalation.

## COMMITMENT TO CARE, AND VULNERABILITY

CPVA creates additional vulnerabilities for children, young people, and parents. While the parent-child relationship often remains remarkably intact, this endurance frequently reflects mothers' profound commitment to care – a central tenet of the EoC framework and Ruddick's (1989) concept of 'maternal thinking' (Held, 2006). This study found that parental commitment, particularly mothers', to providing care even amidst CPVA (Miller-Graff et al., 2015;; Graham-Bermann et al., 2009; Levendosky et al., 2003), may be rooted in an understanding of their child's past experiences of trauma, such as exposure to domestic abuse (DA), and a hope for future well-being. However, a critical feminist lens emphasises that this enduring maternal commitment often occurs within the confines of the 'institution of Motherhood' (Rich, 1976), where mothers' agency and choices are constrained by patriarchal prescriptions of self-sacrificing roles (Caplan & Hall-McCorquodale, 1985; Hays, 1996; Hooks, 1984; O'Reilly, 2010), and it is not inherently 'female' (Keller, 2010).

This profound commitment to care, however, does not negate the existence of other vulnerabilities for children. In fact, some of these same risk factors can also facilitate Child Criminal Exploitation (CCE). While CCE was not a universally reported theme across all interviews, it emerged as a concern in specific participant accounts (e.g., Practitioner 11 and Participant 6). These isolated, yet significant, mentions indicate its severe impact within individual cases and its potential relevance to the CPVA context, driven by shared risk factors and compounded by fragmented policy responses due to blended UK/Welsh jurisdictions (Arora et al, 2015; Constantinescu, 2022; Home Office, 2021; UK Parliament, 2021; Welsh Government, 2022).This underscores the need for an integrated 'Young Person First' policy, ensuring improved alignment and collaboration between the Welsh Government and the UK Parliament are necessary to create a truly cohesive strategy for young people involved in CPVA and CCE. Such a policy would ensure the CFOS approach is consistently applied, preventing the unintended criminalisation of vulnerable young people and acknowledging the fundamental difference of the parent-child relationship from intimate adult relationships (Baker, 2012; Bonnick, 2019; Routt & Anderson, 2015).

## TRAUMA AND THE DISEMPOWERMENT OF MOTHERS

CPVA is profoundly intertwined with intersectional trauma and the disempowerment of mothers. Prior DA and post-separation abuse create trauma pathways that increase the risk of CPVA, demonstrating the cumulative nature of gender-based violence (Holt, 2011, 2012a). Research consistently shows that mothers are disproportionately the primary targets of CPVA (Coy & Kelly, 2016; Gallagher, 2004; O'Hara & Walsh, 2022;

Respect, 2024). This is often linked to traditional maternal roles, the erosion of their authority, and expectations of emotional labour (Radford & Russell, 2009).

The family court system often inflicts additional trauma, particularly through forced contact with abusive parents (Dalgarno et al., 2023; Orr et al., 2023; Tickle, 2023). This directly correlates with the emergence or escalation of CPVA (Griffiths et al., 2022; Holt, 2015; Hunter et al., 2022; Shorey & Baldram, 2023). This systemic action represents an institutional failure of 'care.' Persistent 'mother blame' from professionals and societal expectations further compound these challenges (Holt, 2017; Lapierre, 2010), aligning with interpretations of 'failure to protect' (Witt et al., 2019) despite the aims of the Welsh VAWDASV Act (Welsh Government, 2015).

A key finding of this study was that most of the mothers strived to be seen as 'good mothers.' This reflects the wider literature where mothers' pursuit of the "good mother ideology" (Williamson et al., 2023) despite systemic blame (McGhee & Waterhouse, 2017; Reich, 2002) highlights their disempowerment and protective efforts (Chaote & Engstrom, 2014; Hong & Park, 2012; Juan et al., 2020). This aligns with the framework's critique of an uncritical gendered 'ethics of care' (EoC) (Fine & Glendinning, 2005; Tong, 1998) and the impact of societal and internalised misogyny (Bartky, 1990; Broxtowe Women's Project, 2024; Cherry, 2018; Evteeva et al., 2024; Ging & Coman, 2019; Gill & Orgad, 2015; Nakamura, 2013; Richards, 2020; Srivastava et al., 2017; Szymanski et al., 2009).

To counter these entrenched dynamics, training and awareness programmes must explicitly address and challenge 'mother blame' and recognise maternal trauma. Practice guidelines should promote an understanding of mothers as victims and key allies, rather than assigning blame. Comprehensive training on the impact of prior domestic abuse, post-separation abuse, and family court trauma is essential to foster empathetic support, acknowledging the "burdens of caring" (Noddings, 2013) and the psychological impact of interventions (Brennan et al., 2021; Samuel et al., 2022).

### *Understanding of Post-Separation Abuse in the Context of CPVA*

This study strengthens the understanding of CPVA not merely as a standalone issue, but as a significant manifestation or consequence of post-separation abuse and trauma. The findings underscore the family court system's pivotal, and often detrimental, role in exacerbating this dynamic. The 'pro-contact' culture and perceived bias within court proceedings inflict additional trauma on mothers and children (Dalgarno et al., 2023; Orr et al., 2023; Tickle, 2023), directly correlating with the emergence or escalation of CPVA behaviours (Griffiths et al., 2022; Hunter et al., 2022; Holt, 2015; Shorey & Baldram, 2023). This was starkly illustrated by our own participants' accounts of the impact on their mental health, which included heightened anxiety, depression, and a profound sense of helplessness as they were forced to engage with their abuser through the legal system. The emotional and psychological toll was further evidenced by mothers' observations of their children mimicking the abuser's behaviour following court-ordered contact. For example, one mother (Participant 1) noted that her son began using the same demeaning and disrespectful language towards her that his father used in their presence.

This research further highlights the mechanisms by which coercive control, even post-separation, can perpetuate a climate of fear and insecurity that fuels CPVA (Burck et al, 2019). Mothers in the study recounted that the pervasive 'mother blame' represents a form of secondary abuse or systemic disempowerment. Mother blaming obscures the underlying roots of CPVA, particularly when linked to a history of domestic abuse and the trauma experienced within court processes (Holt, 2009; Koutsounia, 2023; Lapierre, 2008; Stuart, 2018; Stuart & Arnull, 2023; Weingarten, 1994; Witt et al., 2019). This understanding shifts the narrative from individual blame to a recognition of the broader systemic factors that perpetuate cycles of abuse, thereby providing a more comprehensive framework for conceptualising CPVA within post-separation contexts. The mothers' pursuit of the "good mother ideology" (Williamson et al., 2023) despite systemic blame (McGhee & Waterhouse, 2017; Reich, 2002) further highlights their disempowerment and the need for a more nuanced understanding of their protective efforts (Chaote & Engstrom, 2014; Hong & Park, 2012; Juan et al., 2020).

### *For Theory: The Ethics of Care*

This research significantly furthers the application and challenges of the EoC in the context of CPVA. The study's findings un-earthed some/ all Mothers' unwavering commitment to maintaining the parent-child bond, even amidst severe abuse and personal distress, and strongly exemplifies Noddings' (2013) concept of 'ethical caring' and the pursuit of an 'ethical ideal'. The active efforts of mother participants to preserve the family unit, despite immense systemic pressures, underscore the powerful drive to nurture relationships at the heart of EoC. This aligns with Ruddick's (1989) notion of "preservative love" and maternal thinking, where mothers prioritise relationship repair and a "non-violent peace-making" process (Ruddick, 1989, p. 65). Mothers' moral dilemmas, as described by Gilligan (1983, 1984), highlight the conflict between a justice

perspective (e.g., legal intervention) and a care perspective (preserving the relationship). For example, Participant one stated "*Then I been thinking, if sometimes it goes escalated, what should I do? I'm not going to call the police on my son, isn't it?"*

However, the findings from both practitioners and mothers also highlight a systemic deficit in the provision of care. The 'siloing' of neurodivergent children (Mills et al., 2023), persistent 'mother blame' (Lapierre, 2008; Witt et al., 2019), and prioritisation of criminalisation demonstrate a failure by the wider system to embody a compassionate and responsive EoC. This suggests that while individual caregivers may strive for 'ethical caring', the broader policy and practice environment can actively impede their ability to provide this care, leading to further disempowerment (Noddings, 1983; Toronto, 1993).

Theoretically, this calls for a greater focus on how systemic factors can either enable or undermine the practice of an EoC in complex family violence situations, extending Ruddick's (1998) notion of responding to vulnerability with care to the institutional level. The burdens of caring described by Noddings (2013) were evident in practitioners' accounts of parental disengagement from programmes like NVR (Brennan et al., 2021; Samuel et al., 2022). Practitioners noted that parents often struggled to participate due to underlying mental health issues and a deep-seated emotional disconnection from their child caused by a fractured relationship. This underscored the need for systemic support that truly embodies EoC principles.

# CONCLUSION

This research shows that child-to-parent violence and abuse (CPVA) in Wales is rooted in complex systemic issues, not just individual behaviour. It highlights how policy gaps, a lack of clear definitions, and fractured jurisdictional responses undermine effective support. Ultimately, mothers' deep commitment to their children, driven by a powerful ethic of care, is often at odds with a system that fails to recognise their trauma, leaving them disempowered and without adequate support. A compassionate, unified, and family-centred approach is urgently needed to address this hidden harm.

# CHAPTER NINE CONCLUSION

## INTRODUCTION

The aim of this study is to fill the knowledge gap around caring for an abusive and violent child, and the support options available to families in Wales. Importantly, the study has sought to add to the body of existing knowledge through providing a voice to practitioners and mothers in Wales, of which has been relatively silent. The final chapter will now aim to provide a summary of the key findings of the research, which will include concluding thoughts around current CPVA policy, raising awareness, definition and terminology complexities, CCE and CPVA, the disempowerment of mothers and childhood trauma, and parental disability. Central to understanding these mechanisms, and indeed many of the challenges identified in this research, is the complex and often ambiguous policy context surrounding CPVA in Wales. As mentioned previously within this thesis, unlike other forms of DA, CPVA lacks explicit definition within primary legislation in either the UK or Wales, a factor that profoundly shapes its visibility, service provision, and societal responses. This chapter will demonstrate how the unique legislative landscape of devolution, with its "blended jurisdiction" between the UK Parliament and the Welsh Government, directly impacts the experiences of parents and practitioners exploring and navigating CPVA support. This will be followed by a section around the studies limitation and the significance of the research, together with the original contributions to knowledge. The chapter will then end with future recommendations for research, policy makers and practitioners.

## SUMMARY OF KEY FINDINGS

What follows is an overview of the concluding key findings in thematic form. Themes will cover; policy dilemmas, vulnerability within CPVA families, frontline worker risk and CPVA, developing CPVA awareness, definitional and terminology implications for interventions, CPVA and child criminal exploitation, mother blame and trauma.

## THE PROBLEM WITH POLICY

The issues arising from placing CPVA within a DA policy and framework has been previously noted throughout Chapters Two, Five, and Seven. Based on evidence in this study, the current placement of CPVA within a DA policy is not conducive to the best outcomes for children and families. With a lack of strategic response, to negative parental experiences in times of crisis, to over - criminalising some of the most vulnerable children and young people in Wales – it is no wonder that families remain silent for many years. One of the most important points to make initially is that through analysis, CPVA is framed as expressive violence resulting from trauma and ACE'S. So, whilst policy makers represent CPVA as an issue that requires a criminal justice response, this representation sat at odds with practitioners and mothers. The central issue here is that in placing children and young people within an adult DA framework, as mandated by elements of the UK Domestic Abuse Act 2021 (UK Parliament, 2021) simply does not work. That is because when looking at CPVA through an adult focused lens, we represent children and young people as DA perpetrators that require the same response as adults.

This is a significant contradiction to the stated Welsh approach, which champions a public health, trauma-informed, and preventative response to violence. Despite the progressive intent of Welsh policy and legislation, this study found that children were still being inappropriately sent to MARAC and even arrested. This demonstrates a

critical gap between policy and practice, where an adult-focused criminal justice response is still being applied in situations that require a child- centred, welfare-based approach. In chapter Five this research identified different key areas of risk and barriers to support in which current policy is failing children, young people, and families surrounding responses to CPVA. This was particularly evident through the use of MARAC with children under 16. In chapter Five this research identified different key areas of risk and barriers to support in which current policy is failing children, young people, and families surrounding responses to CPVA.

Fundamentally, there is a collision of two competing paradigms – the justice approach vs the EoC. Contrary to Gilligan's (1984) proposal that the EoC needs the justice perspective also, this research identified that such a meshing of the two positions creates moral conflict in parental decisions to access frontline help from police forces. What is clearly visible across both data sets is that the value that parents place on the parent child relationship has not been given enough thought when subsuming CPVA with a DA policy. The mechanisms inherent in a Domestic Abuse (DA) framework, designed to facilitate separation in the context of safety (UK Parliament, 2021), directly contradict the focus on connectedness vital to some CPVA families. This tension is further exacerbated by the conflicting duties imposed on public services under the overarching National Strategy to End Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) (Welsh Government, 2015) and its supporting documents, such as the Blueprint high level action plan (Welsh Government, 2023). These documents, along with the associated Well-being of Future Generations (Wales) Act 2015 (Welsh Government, 2015) and the Social Services and Well-being (Wales) Act 2014 (Welsh Government, 2014), both of which mandate a focus on long-term well-being and individual empowerment. The current legal system's actions often fail to meet these duties, thereby complicating and compromising the care and safety of mothers and children. This then causes conflict between the mothers EoC approach to CPVA vs the criminal justice approach of the pursuit and prosecution of DA perpetrators. As noted from the mother and practitioner analysis, there is an emphasis on maintaining the relationships within the family. The mothers defined themselves within the context of

ability to care, hence the relationship between the parents, child and siblings holds foremost importance and significance in the continuation of caring practices. Help seeking was evoked through maternal non-violence, this then ultimately creates barriers to support through the moral conflict of contacting the police for help in times of crisis.

Despite the aspirational goals of VAWDASV (Welsh Government, 2022) and the associated legal framework, including the Social Services and Well-being (Wales) Act 2014, and the Well-being of Future Generations (Wales) Act 2015, practitioners and mothers provided accounts of negative encounters with social workers - both in terms of response to CPVA and relating to maternal authority, personal identity, and mother blaming. Although this research is not the first to document such areas of interactions with social workers, what is evident is that approaches to CPVA families have not improved. This was particularly evident within the mother accounts relating to CPVA within families, who have experienced DA.

The findings of this study directly challenge the effectiveness of key Welsh policies, such as the VAWDASV (Welsh Government, 2022), the Blueprint high level action plan (Welsh Government, 2023), the Well-being of Future Generations (Wales) Act 2015, and the Social Services and Well-being (Wales) Act 2014, which creates an unequal balance of risks and barriers in comparison to opportunities to support. Indeed, to the researcher's knowledge there has been no evaluation around the effectiveness, impact, and longer-term outcomes for families within placing CPVA in an adult policy framework. What needs to be realised within current CPVA policy thinking is that one considerable complex factor at play – the caring context of the parent and child relationship, of which has been overlooked, ignored, and therefore producing adverse outcomes for families. When the negatives of policy far outweigh the positives, this leaves families at more risk through remaining silent and causing more harm.

## THE FRAGILITY OF CPVA FAMILIES

From the accounts of practitioners and mothers, one of the most prominent elements highlighted within this research and existing literature is the vulnerability of the family unit, and the child/young person themselves. There were several areas of risk, which translated into the vulnerability of parents, siblings, and children, young people themselves. When reflecting on accounts relating to risk within chapters six and seven, it is clear that CPVA creates a distinct susceptibility to relationship breakdown. Undoubtedly, the data indicated that living with CPVA places enormous stresses and strains on the family unit that creates fractures within relationships. Despite the delicacy of the parent – child relationship, parents rarely wish to rupture the connectedness they have with children and young people and remain in the relationship through evoking an EoC and the reparation of family relationships. Even when caring become too much, parents call on their ethical caring to continue the relationship.

However, there are times when parents cannot continue in the relationship, as evidenced through YOT practitioner accounts of CPVA and offending outside the home. Through the EoC perspective, we can see the burdens of caring (Noddings, 2013) ultimately severing the relationship, and the focus of care turns inward towards the parent. When looking at the context of the pressure CPVA places on family relationships, grandparents and extended family were also discussed within practitioner accounts. This study supports existing research around the vital role grandparents and external family members play in caring for an abusive and violent child (Baker, 2021; Holt & Birchall, 2021). In view of the inter - webbing connections, and contextualising that takes place within human relationships (Gilligan, 1984), grandparents and other family members who provide respite for parents experiencing CPVA, reduces the risks of the relationship deteriorating further. They act as a buffer between relationship breakdown and entry or re-entry into care. On the other hand, practitioners spoke about grandparents becoming a target of CPVA in terms of child permanent residency, and the real possibility of entry to the care system. Hence, indicating that the context of the grandparent – child

relationship is a crucial factor in which CPVA plays out and the differing elements of risk to relationship breakdown, or protective factors. Despite this, extended families and grandparents who care for violent and abusive children, whether in times of crisis or permanent residency, are a population that still remain fairly silent and hidden within CPVA research.

Further vulnerabilities resulting from CPVA were identified, including potential future difficulties in intimate relationships, involvement with the criminal justice system, and negative peer relationships.

Despite the inclusion of CPVA within broader domestic abuse legislation in Wales and the UK (Welsh Government, 2015; UK Parliament, 2021) which outlines a statutory safeguarding response, the overarching VAWDASV (Welsh Government, 2022), and its associated VAWDASV Blueprint (Welsh Government, 2023), neither government has issued statutory guidelines for responding to CPVA.

Although informal, non-statutory guidance (Home Office, 2015) exists, the data indicates that professionals often do not implement it. This suggests a prevalent perception among policymakers that CPVA is not a significant issue affecting families across the UK, a puzzling and contradictory view given its inclusion in current legislation.

Notwithstanding CPVA framed as DA, there is a clear disparity within the conceptualisation of risk between parents experiencing CPVA, and families living with DA. The seriousness of risk associated with living with DA across the lifespan has gained much recognition over recent years, as reflected in the Welsh Governments

public health approach to combating DA. Even though CPVA is far from being a new issue, it has not attracted the same attention in relation to families. Furthermore, there is a distinct lack of recognition within policymaking in terms of contextualised thinking around CPVA, and associated risks compared to adult DA. This represents a significant gap in the implementation of the VAWDASV (Welsh Government, 2022) and the associated VAWDASV Blueprint (Welsh Government, 2023). This gap also undermines the broader principles of the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014, which all mandate a holistic and well-being-focused approach to public services.

One of which is the moral duty of the mother to continue within the relationship through preservative love, and the priority parents place on keeping the relationship intact. This suggests that in terms of the risk to the family as a whole through a system and EoC perspective, traditional safeguarding procedures – which at best can be considered superficial - do not reflect the nuanced complexities of families living with children and young people who are violent and aggressive. To a larger extent, there is a considerable gap in subjective knowledge amongst outside agencies and policy makers around risk in general, and one that goes far beyond the physical, emotional, and psychological violence and abuse.

## THE RISK TO THE PRACTITIONER

An interesting but neglected area of CPVA research is that of the risk to the practitioner. Such risk has been previously touched upon in CPVA literature (Omer, 2016 cited in (Eds) Holt, 2016), although not extensively. Only one frontline practitioner gave an account of the real risk of violence towards themselves when working with young

people who demonstrate CPVA. Nevertheless, this data highlights that practitioners working with young people within the home could possibly be facing more risk of physical violence and aggression than practitioners working with parents in a service premises. It is surprising however, that practitioner experiences of safety have not been captured, or explored more acutely. After all, in reflecting on existing practitioner research, and the data in Chapter Two and Five, there are voluntary and statutory practitioners who do work solely with children and young people. Therefore, the subject around practitioner safety should be a matter of concern – even at the low level of risk around verbal aggression towards parents in the presence of practitioners, there is still a risk to the practitioner of which can have long lasting negative implications.

Furthermore, situations can escalate from verbal aggression to physical violence quickly. Indeed, in drawing on the frontline practitioner's account of personal risk, there is the potential for an escalation of behaviours that may not be targeted at the practitioner, by the parents or carer themselves. As the practitioner highlighted, *getting caught in the crossfire* in order to de-escalate a potentially volatile situation, and protect a parent does happen. Although there are lone working and safety protocols for frontline employees, which usually involves the criminal justice system. Like parents, practitioners are left with only one route of help in volatile situations, and that is the police. Nonetheless, similarly to parents, within the practitioner analysis there also seems to be a reluctance to call the police for help through the criminal implications for the young person. In this instant, the determining factor appears to be the relationship between the professional, the young person contextualisation of possible negative outcomes for the young person. Hence, from that perspective, practitioners who are lone working within client's family homes are potentially susceptible to risk and harm. Having said that, it is beyond the scope of this research to recommend alternatives to lone working safety due the limited literature around the risk to practitioner. Undoubtedly, this area of CPVA requires further investigation in order to develop safeguarding frameworks for practitioners and professionals.

## RAISING THE PROFILE OF CPVA. DEVELOPING HELP SEEKING PATHWAYS AND SERVICES

Through analysis of the data and much of existing research, the lack of awareness around CPVA was a consistent theme. Of which produced challenges to support for practitioners, risks to families, parental shame, and stigma. Although CPVA has gained some recognition, there is much more work that needs to be done to raise the profile of CPVA. Most noticeably across all accounts, there are clear gaps of intervention and services knowledge amongst external professionals. There are, however, minimal services in Wales and this creates a lack of visibility within other professionals. From the practitioner accounts, it was clear that outside from working with CPVA, there was little to no knowledge around CPVA and related services and interventions. This gap of knowledge was also noted from the mother sample, which resulted in many failed attempts in help seeking, and leaving some participants without CPVA help and support.

In reflecting on previous literature (Holt, 2013) and the current practitioner findings, parents typically only seek help and support in times of crisis around the physical, emotional, and psychological aspects of CPVA. However, for the mothers in this study, crises that triggered help seeking formed around two distinct factors – the relationship breakdown between siblings, and the moral conflict within unequal caring practices. Furthermore, as the mothers within this research used help seeking to repair relationships as a way of coping with the violence and abuse, this is a critical area to highlight. Of equal significance is the need to address CPVA behaviours early to minimise the risks of relationship breakdown, difficulties within future intimate relationships and CCE. The lack of professional and parental knowledge suggests that this creates further barriers to early help and support, therefore impacting the future of the whole family.

Analysis indicated that accessing help and support in a timely fashion was a common occurrence, leaving many families seeking help multiple times without success. What can be drawn from this is that many families are living with CPVA without knowing that there are accessible services, which leaves families at more risk. This issue brings into focus the limited visibility of CPVA intervention services within certain areas of Wales, a direct contradiction of the preventative and well-being-focused duties outlined in the VAWDASV (Welsh Government, 2022) and its associated VAWDASV Blueprint (Welsh Government, 2023), as well as the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014 (Welsh Government, 2014). As seen within other CPVA research in Chapter Two and Five, this is not an issue that is confined to Wales alone. However, it does suggest that limited knowledge and visibility delays early intervention to reduce the risks highlighted in chapter Five, Six and Eight. Nonetheless, there is evidence of effective knowledge sharing through practitioners diligently advertising CPVA services amongst external children's services to promote early help. That said, there are other factors at play that reduce parental opportunities to early help which have been discussed in Chapter Two and Five, such as the stigma and shame surrounding CPVA and parents generally not knowing that what they are experiencing is actually abuse.

Speaking with CPVA practitioners and mothers, there remains a definitive social and professional negative perception of CPVA families in general. CPVA is still generally misunderstood through pathways of parental blame, which creates negative responses to parents and a silence around help seeking. This stems from a lack of professional and societal knowledge around what CPVA actually is, the complexities of this form of family violence and the life experiences of the families. For the mother population, mother blaming and judgment through experiences of DA shaped the professional negativity around CPVA. Consequently, such negativity affected maternal authority and identity, in which they sought self-approval of their mothering capabilities from social workers.

Across the sample, the data indicated that the young person's feelings of shame and guilt resulting in non-engagement of interventions. In reflecting on the high numbers of children and young people who had experienced trauma in this research, this appears to be a significant risk factor within the reluctance to engage within interventions. This poses another significant barrier to early help and support for families. Due to a lack of studies around young people's engagement, trauma, and feelings of shame, it is beyond the scope of this thesis to draw any conclusions.

As mentioned previously, there is a distinct paucity of CPVA services within Wales, which contributes to not only professional visibility but also accessing early help. All the practitioners interviewed stated that the need and demand for CPVA services was high post Covid pandemic. This signifies a rise in support referrals as a result of the close confinement of families through lockdown. Consequently, this puts enormous pressure on existing services, practitioner-working practices, and creates lengthy waiting lists for interventions that ultimately negatively impacts access to early help.

In terms of existing CPVA services, there is an apparent gap within collaborative working. The statutory and voluntary services who took part in this research worked in isolation, which indicates a lack of joined-up multi-partnership working. This will inevitably affect practitioner knowledge surrounding other possible services that could be more suited to families in general, but particularly for younger children. For example, some services only worked with children and parents from the age of 8 and had to turn away families with younger children. Whereas other services worked with parents of children who were as young as 4 years old. The lack of collaborative working suggests that some families with children in the younger age group may be left without support. The importance here is to develop strong working relationships between all CPVA services throughout Wales to facilitate service information and referral sharing for parents. This would ensure that if one particular service could not meet the needs of a family, then practitioners can refer the family into a different service who could provide support. However, as service provision is patch to say the least, this would mean that a

strategic development of voluntary and statutory localized CPVA services throughout Wales.

## DEFINITIONS, TERMINOLOGY AND INTERVENTION COMPLEXITIES

The issues surrounding a lack of universally agreed CPVA terminology and definition have been emphasised throughout this thesis. In supporting findings from existing research, this study found that the term 'behaviours that challenge' is most commonly used to represent CPVA amongst external services. Such interchangeable terminology and lack of definition has inevitably shaped the way in which professionals work with families and blurs the lines of conceptualisation around CPVA – not to mention the lumping together of neurodivergent conditions with CPVA. This has implications around the miss-referral into inappropriate services for example counselling support offered the mother population. At present, CPVA is open to interpretation and guided by how the professional personally understands and conceptualises CPVA. That said there were also terminology slippages within the mothers interviewed, with the preference of using the term behaviours that challenge. The slippage acts as a further barrier in accessing specialised help and support and indicates the difficulties amongst families in effectively articulating experiences of CPVA. There are subtle movements within UK Government policy makers to formulate a universally agreed definition around CPVA, which in theory should resolve the problematic use of inconsistent terminology and referrals to ineffective services. In contrast, the UK has elected a new Labour Government through the general election, so it remains to be seen as to if the new Government will continue its pledge to address definitional and terminology issues around CPVA.

In terms of interventions, there is slight variation in interventions and programs amongst the services included in this study, therefore emphasising an evident gap within the alternatives to the NVR intervention program. As reflected in Chapter Five and Seven, the NVR is the most commonly referred to program within this research, with only one local authority offering both NVR and another well-known intervention. This raises concerns around limiting families to one form of support. For example, in corroborating existing literature around the NVR program this research found that this form of intervention is time consuming with practitioners stating *you have to be strong* to persevere with the implementation of strategies. Conversely, findings demonstrated that there were parents who had experienced trauma and childhood ACE'S, had mental health challenges, disabilities and had additional children within the family. Equally as important are the findings relating to the high numbers of neurodivergent children and young people accessing help and support.

As this research and previous literature has identified (Holt, 2023), the NVR and the other well-known program are built on neurotypical assumptions. This signifies that the NVR is not suitable for some families due to the sheer intensity of the intervention, and the neurotypical cognitive based principles of strategies. Notwithstanding this brings to the forefront the dilemma of - if the NVR fails to effectively support families, then where, and whom do parents turn to? What can be deduced from this issue is that the current roll out of just one or two interventions is limiting the successful management and reduction of CPVA behaviours within families in general, but particularly in populations of neurodivergent children and young people across Wales. Of equal concern, the factors around the unsuitability of the NVR for some families can lead to additional feelings of failure as a parent. As evident from the practitioner and mother accounts, failure as a parent was central a mechanism in self-blame and judgment. Therefore, if the NVR does not work for some families, then this will further embed feelings of failure.

## THE BI-DIRECTIONALITY OF CCE AND CPVA THROUGH SHARED RISK FACTORS

The anecdotal evidence around the presence of CCE and CPVA has been previously documented in Chapter Two, Five, Six and discussed further in Chapter Seven. Nevertheless, this study is the first to highlight the shared commonalities within risk factors around CCE and CPVA. Based on the accounts of one mother and two practitioner participants, this research uncovered a co-occurrence of CPVA and child CCE. The participants' narratives indicate a shared context or a pattern in which these issues appear together, raising the question of a bi-directional vulnerability. Their experiences highlight the serious risks for young people when these issues are present. While this small-scale study cannot establish a causal link or a definitive relationship, it provides crucial anecdotal evidence that lays the groundwork for further research. This finding warrants a closer investigation into the relationship between CCE and CPVA.

## THE DISEMPOWERMENT OF CPVA MOTHERS AND CHILDHOOD TRAUMA

The study further illuminates the complexities within how motherhood is constructed through the legalities of child contact orders with adult perpetrators, post separation abuse, and mother blaming. Mothers are left feeling helpless and powerless against government structures through the threat of child removal, and custodial sentences from the non-compliance of parental contact. Additionally, mother blaming around CPVA was located within one mother's decision to leave a DA relationship. Although there is existing literature around mother blaming (Edenborough et al, 2008; Holt, 2013;

Jackson, 2003; Patterson et al, 2002), this study extends that understanding by focusing on a specific, under-researched area: the role and impact of 'mother blame' within this system. By doing so, it provides a novel perspective on how institutional failures compound the trauma already experienced by mothers and children in these situations.

This study calls attention to the different pathways of disempowerment and powerlessness of CPVA mothers. This is particularly relevant within the context of VAWDASV Act 2015 (Welsh Government, 2015), which, despite its protective aims, appears to fall short in practice. This is part of a wider institutional failure, as the practices of family courts and other governmental structures run contrary to the principles of the overarching VAWDASV (Welsh Government, 2022), its associated VAWDASV Blueprint (Welsh Government, 2023), and the prevention and well-being principles outlined in the Well-being of Future Generations (Wales) Act 2015 (Welsh Government, 2015), and the individual-centred approach of the Social Services and Well-being (Wales) Act 2014 (Welsh Government, 2014). Such structures only serve to silence, disempower mothers, and render them susceptible to perceptions of maternal failure. The impact of the socially constructed ideology of good mothering – particularly within a DA and family court context – results in a scrutinisation of mothering practices from professionals that leads to the perception of *bad mother* and a loss of maternal authority. As caring defines mothers (Noddings, 2013) such intense professional examination of maternal practices negatively influences a mother's self-worth. In essence, the mothers judged their caring capacities on the approval of professionals and strived to reach the professional idealistic version of the *good mother*. Hence, when this ideal is not achieved, this leads to the loss of a mother's maternal and personal identity through feelings of mother failure. That said, when applying an EoC lens, in particular Maternal Thinking (Ruddick, 1989) what transpires is a version of 'good enough mothering' through 'preservative love'. Nevertheless, it is apparent that the care and safety of the mothers and children is compromised through governmental structures. Such structures only serve to silence, disempower mothers, and render them susceptible to perceptions of maternal failure.

What is evidently clear within Chapter Six is how the legalities of child contact in the context of DA eschews the perpetrator father's actions and contributions to the intersectionality of trauma and development or continuation of CPVA. The mothers provided accounts of how children were subjected to physical violence and emotional abuse within child contact periods and post-separation abuse. This enabled the trauma to continue and affected their mental health. Moreover, the mothers pined the emergence of CPVA to the child's feelings of anger as a result of forced contact with the father. These factors give insight to the continuation of traumatic experiences for the child, despite the DA relationship ending. Mothers are helpless against protecting their children from further violence and abuse through court orders that allowed the CPVA to emerge or persist. That said, professionals did not identify the fathers as an acute cause of prolonged trauma and the effect upon children's mental health, thereby failing in their duty to promote well-being and prevent harm, as set out in the overarching VAWDASV (Welsh Government, 2022), its associated VAWDASV Blueprint (Welsh Government, 2023), and the Well-being of Future Generations (Wales) Act 2015 (Welsh Government, 2015), and the Social Services and Well-being (Wales) Act 2014 (Welsh Government, 2014). As the participants stated, there were legal ramifications in the form of custodial sentences if the mothers stopped contact. Hence, it is through these mechanisms that the mothers could not separate the CPVA from their experiences of DA (as discussed in Chapter 6). Therefore, keeping the children in a cycle of trauma, and the mothers within an emotional cycle of institutional blame, self-blame, and the perception of mother failure for both the DA and CPVA.

Existing literature has widely explored trauma as a risk factor for CPVA (Boxer et al., 2009; Calvete et al., 2015; Contreras & Cano, 2016; Gabriel et al., 2018; Holt & Lewis, 2021; Kennedy et al., 2010; Livingstone, 1986; Margolin & Baucom, 2014; McCloskey & Lichter, 2003; O'Toole et al., 2022; Papamichail & Bates, 2022). This study contributes to this body of knowledge by exploring how this risk factor manifests within specific areas of DA, such as post-separation abuse and forced contact, from the unique perspective of mothers' accounts in a Welsh and UK context. This approach provides a new lens through which to examine these complex dynamics. The findings offer a

foundation for future research, particularly studies that include children's voices, to further explore the intersectionality of trauma within a DA context.

## PARENTAL DISABILITY AND CPVA

The experiences of disabled parents living with CPVA is to my knowledge, an area that has received no research attention. Not only is this excluding a population form CPVA academia, but it also neglects the nuanced and different family dynamics that are brought about through parental disability. The current study examined data relating to practitioner's supporting neurodivergent parents, and data from a physically disabled parent. What is clear from the analysis is that neurodivergent and physically disabled CPVA parents face increased additional challenges to support compared to the rest of the population. From the interviews, practitioners provided accounts surrounding the additional time that was required to support neurodivergent parents through the NVR. This is a concerns seeing that the typical length of time needed to teach parents the intensive time-consuming strategies is 8 – 12 weeks. Although more time is given to support this population, practitioners are already facing increasing demands to close one case and move on to the next. Interviewees stated that having more time to spend with families is a *luxury*. Considering the learning differences that neurodiversity brings about, this creates an uneasiness around the sufficiency of time that practitioners can realistically give. These challenges directly contravene the principles of person-centred and needs-led care set out in the Social Services and Well-being (Wales) Act 2014 (Welsh Government, 2014), and the long-term well-being goals of the Well-being of Future Generations (Wales) Act 2015 (Welsh Government, 2015).

As current CPVA help and support interventions are based on neurotypical assumptions, this should raise questions as the effectiveness of such within this population. This

illustrates that interventions do not adequately factor in the differences of neurodiversity and need to be more diverse. Second to this is the issues around physical disability, in particular the deaf community, one deaf mother gave an interview in which she stated that professionals did not know how to support her effectively. It resulted in the mother effectively teaching the professionals in how to best support deaf parents. In conclusion, there is a unique population that are not supported effectively due to the differences that disability creates. This is mainly due to a lack of knowledge, and awareness around the unique needs lead approaches that are required when working with disabled parents. In essence, professionals and practitioners are sometimes unsure how to support this cohort of parents effectively.

This suggests that parental disability creates further barriers to support, leaving families more at risk. Considering the previously mentioned factors, this paves the way for distinct unequal power imbalances within the relationship between children and deaf parents. As the structure of a relationship between hearing children and a deaf parent creates a role reversal of dependency, this is a key area to explore.

Findings showed a distinct power dynamic in a CPVA relationship between a hearing child and a deaf parent. This dynamic arises from the lack of access to a needs-led form of support, which can lead to social inequalities and exclusions from current services for deaf parents.

Moving on from the concluding key findings section, the chapter will now proceed to lay out the study's limitations.

## STUDY LIMITATIONS

The chapter now moves on to provide a reflective account around the studies limitations. In retrospect, there are several limitations that require reflection. As stated earlier within the methodology chapter, some restrictions were imposed by the University Ethics Committee. This created methodological limitations, and consequently impacted the scope within recruitment parameters. Restrictions were placed on recruiting parents who were subject to child protection measures as a result of causing harm to the child, and left a population of parents unrepresented. What is already known is that children who harm parents make false allegations of harm against the parents through the parents defending themselves (Bonnick, 2019), subsequently, children are then placed within child protection measures (Bonnick, 2019). In another example, the study gained ethical permission to recruit parents who were engaging with services, any parents who were not attached to services were therefore not targeted as a source of participants. CPVA is a hidden issue, with parental reluctance to seek help and support, with Chapter Five and Six demonstrating the lack of visibility of services amongst parents. Hence, the probability of a large population of parents not accessing services is high, if ethical permission had been granted to target the population who do not access support, then the sample of the study could have been larger.

Both parental and practitioner sample sizes could be considered as small, furthermore, participants were taken from a narrow pool. Out of the twelve practitioners, five interviewees were drawn from a singular voluntary service. Equally all the mother participants deriving from the same DA service. In reflecting on the current data, there is a shortage of CPVA services within Wales, therefore, this results in the heavy saturation of multiple voluntary practitioners and mothers from a DA service. This limited the potentiality of the analysis in diverse ways – the voices of fathers, foster and adoption parents, kinship carers, extended family members and minority groups, in this respect gaining a sample that was substantially skewed towards mothers from a DA service was

particularly problematic. Additionally, the research lacked data from police and included only one social worker, therefore, this study cannot be considered diverse in terms of participants, and not generalisable to the wider population of practitioners. This speaks to the development of stronger relationship building with services, particularly the police. A future research consideration would be to develop established and strong communicative relationships amongst practitioners and professionals during the initial recruitment stage. To reach a wider and more diverse sample, the study would have benefited from incorporating a larger-scale survey alongside the use of the necessarily limited number of in-depth semi-structured interviews.

Mentioned in Chapter Four, the study gained ethical approval for face to face interviewing only with the parental population, this presented further recruitment challenges emerging around the location of conducting the semi-structured interviewing. Feedback from gatekeepers stated that online interviewing would have been preferable to the participants due to time constraints and a lack of public transport, which ultimately impacted participation. On reflection, requiring parents to take time out of their busy day to attend an interview (which may have included travel times to and from the location) was a large commitment for potential parental participants.

Feedback from gatekeepers/practitioners demonstrated that in terms of the low response from practitioners, time constraints and understaffing were some of the reasons given from practitioners. For example, the researcher attended six practitioner team meetings via zoom amongst various children's services departments within one local authority to introduce the study, and possibly spark interest within participation. When following up practitioners post meeting, many stated that interest was shown, however time constraints and large caseloads were a barrier to participation. Hence, a future study would require the inclusion of a combination of survey based and semi-structured interviewing methods to create a larger and diverse population.

A further element that could be considered a limitation is the fact of the ages of the children belonging to the mother population; all of which were within the range of 12 – 20 years old, therefore, the mothers of children below the age of 12 were not present within the study. This may mean that there is a possibility that mothers of the younger age group may have different experiences to that represented within the current thesis. Finally, researcher bias is another limitation to highlight. Although steps were taken to be aware of self-biases and knowledge, the conception and execution of the work has been informed by my own experiences of CPVA, and therefore, there is a possibility that the study could have been exposed to unnoticed influences. The chapter will now move on to the recommendations and potential future research section based on the analysis of the thesis findings from mothers and practitioners, and the final concluding comments of the thesis.

## SIGNIFICANCE OF THE RESEARCH

This thesis makes an academic and empirically informed contribution to the body of existing knowledge by foregrounding the experiences of practitioners and mothers. All had experiences in supporting families and were living with CPVA. Although this is not the first piece of research to explore the experiences of such populations, the study was original in three areas. First, unlike studies featured within Chapter Two that encompass a wide geographical area – that is in combining both England and Wales together and international studies, this study draws from Wales alone. Whilst larger geographical UK and international based studies are the largest contributors to existing knowledge and have shaped our knowledge within CPVA, this study offers a unique perspective from the Celtic Welsh culture. There has been a paucity of research deriving from this culturally rich background.

Additionally, the EoC was used to develop explanations around the posed research questions within the practitioner and mother population. Although this is not a new contribution to theoretical knowledge, the EoC has only been utilised once before within CPVA research (see Holt, 2023). Indeed, Holt's (2023) qualitative UK research using Gilligan's (1984) EoC perspective is theoretically groundbreaking and makes a considerable contribution in analysing caring practices amongst mothers within a CPVA context. That said the current study offers a slightly different contribution to knowledge, and furthered the analysis to encompass understandings from practitioners. Therefore, the study offers a furthering within the theoretical contribution to CPVA research based around the use of the EoC.

Thirdly, the study adopted a feminist empiricism epistemology to examine the subjective experiences of practitioners and mothers dealing with CPVA. Building on the established tradition of feminist research in family violence, this study offers a crucial refinement by using an empiricist lens to systematically explore the lived experiences of working practitioners and survivor mothers. While feminist theory has previously illuminated the gendered nature of CPVA, this research provides a more detailed understanding by prioritising the direct, empirical accounts of those most closely involved. The chapter will now outline key recommendations for policy, practice, and future research.

# RECOMMENDATIONS AND FUTURE RESEARCH

## *Recommendations for Policy and Practice*

CPVA requires a designated policy that reflects the complex nature of CPVA, and the importance parents place on staying in the parent- child relationship. A socio-ecological and EoC principled framework would reflect the multifaceted nature of CPVA, and provide a holistic approach to addressing CPVA in families. Moreover, such a framework will reduce the number of vulnerable children and young people entering the criminal justice system. Under such a framework, a CPVA response network needs to be implemented throughout Wales. This would require a specialised multiagency team comprised of social workers, health, CAMH's, education, rapid response, and family support workers to provide a while family approach. This would then reduce parental reluctance to seek help in a crisis through minimising the criminalisation of the child, whilst keeping the parent – child relationship as intact as possible. Furthermore, under this approach, more families may come forward at an earlier stage, and reduce the risks of relationship breakdown.

Highlighted throughout this thesis is the lack of awareness amongst external professionals and practitioners who work outside CPVA services, and impact early help seeking. Overall the issue of CPVA could be brought more into the professional spotlight. Specialist CPVA training to develop knowledge around CPVA in general, referral process and service provision should be developed. Through basic training and awareness raising at an early stage, for example, with student teachers, social workers, GP's will heighten the profile of CPVA, and create knowledge around how and who to

refer families to. This could also aid the early help issues raised within the current research.

It is evidently clear form this research that more CPVA services are urgently needed across Wales. This would mean greater funding from the Welsh Government is essential to expand existing services, and create future support providers. That said, there is also a necessity for specialist neurodivergent services to be established. However, firstly there needs to be a definitive CPVA terminology and definition to direct families to effective support. Furthermore, careful consideration must be given as to how effectively current interventions work with neurodivergent children and young people. This is also relevant to the disabled population of parents who experience CPVA. Noted in this research were the different dynamics and nuances of parents with neurodiversity, and physical disabilities. Future programs and interventions will need to encompass and reflect the additional challenges that such families face.

Demonstrated in this thesis CPVA families are particularly vulnerable to a wide range of risks and harms, and without effective and responsive safeguarding procedures. Therefore, more emphasis needs to be placed on safeguarding the family as a whole. Furthermore, this research has brought to light the shared risk factors between CPVA and CCE. Traditional safeguarding measures and procedures do not accurately represent families living with this form of family violence. Future safeguarding procedures should recognise the extra-familial harm that children and young people face. The development and implementation of a specifically designed hybrid of traditional, and contextualised safeguarding response is critically needed to reflect such factors.

In the mother sample, the participants felt a higher degree of blame for the CPVA because they were survivors of DA through a culture of blame, and a discourse of good mother/bad mother. This ultimately impacted their maternal and personal identity and only served to disempower them. The negative perceptions of social workers surrounding survivor mothers, especially those who are experiencing CPVA must be

challenged. Furthermore, taking into consideration the absence of considering the experiences of family courts, post separation abuse, and forced contact, perpetrator fathers are still avoiding any blame by social workers. Social workers should consider the impact that these factors have on children and mothers, and promote a culture of empowerment, not disempowerment for survivor mothers.

### *Recommendations for Parents*

Undoubtedly, there is very little knowledge around CPVA services in the parent population. This only serves to keep parents and siblings locked in a cycle of experiencing CPVA, isolation, and self-blame and continuing harm. For the mothers in this research, knowing who or where to go to get help proved an immense challenge. Even with seeking help from GP's, social workers, schools and CAMH's the mothers were at a loss as to how to help the child. Unquestionably, there needs a push towards heightening the awareness level surrounding accessible CPVA services for parents. Poster and leaflet advertising could be promoted throughout GP surgeries, schools, and CAMH's practices. But, this would also require the awareness and recognition of CPVA amongst this cohort of professionals, something that was drawn upon earlier in the section. Mainstream media, and social media can have a powerful impact on not just parents, but also young people and children themselves. Through promoting CPVA awareness, and services amongst these platforms could reach a much higher ordinance –

siblings, grandparents, extended family members, and professionals. Hence, create the opportunity to reach a population that cannot be reached ordinarily.

### *Recommendations for Future Research*

Trauma amongst caseloads, and within CPVA literature had become a major feature within this study. The issue of trauma stemming from witnessing DA, and the possible relationship with CPVA has proven to be a wider concept than originally thought. Family courts, post separation abuse and forced contact was mentioned frequently within the mother interviews. This is an area of childhood trauma that requires more attention in terms of recognition, and awareness amongst academics to develop further insights into the mechanisms of CPVA and this form of trauma.

This research provides an in-depth understanding of CPVA within the Welsh context. However, it is important to acknowledge its inherent limitations. As a qualitative study with a specific sample, the findings cannot be generalised to the wider population. The insights primarily reflect the experiences of mothers and practitioners in specific areas of Wales. A significant gap in this research is the absence of the direct voices of children and young people who have experienced CPVA. Furthermore, the study offers only limited detailed data on practitioners' experiences of risk when working with children and young people in these complex situations.

These insights and limitations highlight several key areas for future research. Evaluating the implementation of Welsh policy is essential, and rigorous studies are required to assess how the VAWDASV Act, Strategy, and Blueprint are affecting CPVA services and outcomes, especially concerning the Children and Families of Survivors (CFOS) approach. Further investigation is also needed into practitioner safety and risk to better

inform safeguarding and support for the workforce. In addition, more focused research on the intersection of CPVA and neurodiversity could inform the development and evaluation of tailored interventions. Building on the possibility of a relationship between CPVA and child criminal exploitation (CCE), future research should explore the precise causal relationships and mechanisms between the two. Researchers could investigate whether CPVA creates vulnerability to exploitation, if exploitation contributes to CPVA, or if a bidirectional relationship exists. The direct inclusion of children's and young people's voices is also crucial to gain a comprehensive understanding of their perspectives, needs, and experiences of support. Lastly, longitudinal studies are needed to track the long-term outcomes of CPVA interventions, the enduring impact of post-separation abuse on family dynamics, and the long-term effects of family court decisions on CPVA manifestation.

From insights gathered in this study, there appears to be a co-occurrence between CCE and CPVA – how causal this link is remains to be determined. Large scale mixed methods research could further the findings of this study to locate the precise mechanisms between the two phenomena. Nonetheless, this research has provided a foundation in which further research can be conducted based on the shared risk factors between CCE and CPVA. This now concludes the recommendations and future research section. This now brings the chapter and thesis to a close with a final section on the concluding points.

## FINAL CONCLUDING POINTS

The study as it is has been an attempt to understand the experiences of practitioners and families, in a way which does justice to the experiences of individuals whose lives have been shaped by CPVA. Because of the nature of the study, the findings here reflect a particular place and time. Yet they also point to features of CPVA which are likely to be shared across cultures and national contexts. While future work can valuably explore the extent to which aspects of these experiences may be 'universal', the goal of the present study has been to capture them as they are in a particular part of the UK, to highlight the ways in which existing awareness of the issues at stake, and support for families involved, might be enhanced by a greater understanding of what it is like to experience CPVA. If this study can contribute to a greater sensitivity about these issues on the part of practitioners, policymakers and in the public consciousness, then the work will have been worthwhile

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# APPENDICES

## Appendix 1. Practitioner ethical approval.

Angela Smith
on behalf of
CHHS Ethics
To:

- JENKINS L. ([redacted])

Cc:

- CHHS Ethics;
- Gideon Calder;
- Tracey Maegusuku-Hewett;
- Fiona Verity

Mon 27/06/2022 20:21

Dear Lorna,

Research ethics application reference 070622

Many thanks for your e-mail and attachments. I am pleased to now be able to provide a favourable ethical opinion in respect of your study. Please forward me permissions from the various organisations as and when you receive them.

I wish you success with this stage of your research.

Best wishes,
Cc your supervisors

## Appendix 2. Parental ethical approval.

Dear Lorna,

Research ethics application reference 040222

Many thanks for your e-mail and amended documentation. I am pleased to now be able to provide you with a favourable ethical opinion in respect of your study, subject to the following criteria:

Approvals and SOP's from GK's - please provide as and when received. Please also ensure that you liaise with your supervisors after every interview and also that you maintain regular contact with them in light of the topic area;

Section 16 – You do not appear to have included reference to the gift card or reasonable public transport costs in your documentation. Can this be included please? I do not need to see this addition (apologies, I have only just realised that this was omitted);

Appendix 4 – PIS – Exclusion criteria – you refer to those children who are and then those who are not subject to child protection measures being excluded – please clarify as they contradict. The sentence that commences with …. Research and evaluation undertaken…. refers to CHHS – please amend to SHSC. Under the heading "Data Protection Privacy Notice" you refer to the School of Health and Human Sciences – please amend to School of Health and Social Care. I do not need to see these amendments.

I wish you success with your research, and look forward to receiving your second application in due course (for practitioners)

Best wishes,
Cc your supervisors

**Appendix 3.**

World Health Organisation; putting women first; ethical and safety recommendations for research on domestic violence against women**.** Available from: https://iris.who.int/bitstream/handle/10665/65893/WHO_FCH_GWH_01.1.pdf?sequence=1

## Appendix 4. Parental information sheet.

**Participant Information Sheet**

**Child on Parent Violence and Abuse Research Project.**

**Project Title: My Flesh My Blood, and the Violence in-between: Narratives of Child to Parent Violence; A Qualitative Study.**

This Project has been approved by the Research Ethics Committee, School of Health and Social Care, Swansea University.

I am inviting you to take part in an interview for the above research project. Before you decide if you would like to take part, it is important for you to understand the purpose of the study and what the interview will involve. Please take the time to read this information carefully and please do not hesitate to ask me if there is anything that is not clear. Thank you for reading this.

**What is the purpose of the research project?**

Child on parent violence and abuse is a complex phenomenon that impacts upon the whole family.

Although it is an international and UK issue, the subject of child on parent violence and abuse has attracted minimal research attention, especially in relation to how parents cope and navigate the phenomena, and how the emotional bonds between the whole families may affect help seeking.

The research project aims to develop a better understanding of how emotional bonds feature within the decisions that parents are faced with whilst experiencing child on parent violence and abuse, and how we could use such understandings from the study to develop future holistic services and reporting pathways.

**Why am I being asked to take part?**

I would like to speak with people involved with child on parent violence and abuse, this includes parents, domestic violence service providers, social workers, family services providers, and the youth justice service. The purpose of these interviews is to engage with parents and practitioners in order to gain a better understanding of the difficult decisions parents/guardians have to make and how the parent-child relationship can affect the decision-making process in terms of seeking help and support. If you are involved in child on parent violence and abuse in any of these ways I would value your time in aiding me with this project.

**Do I have to take part in an interview?**

No. It is up to you to decide whether or not you take part. If you decide to take part we will discuss the contents of this information sheet with you further and describe the consent process; you will be asked to sign a consent form prior to the interview.

**What happens if I agree to take part?**

You will be offered to speak to me at a date and time that suits you. At the time of the interview, we will go through this information sheet and ask you to fill in a consent form, and then we will talk about your experience of the phenomena. Interviews will be face-to-face, within the services providers' location, or a secure and confidential room within the local Community Voluntary Service. Please be assured that the necessary steps have been taken to ensure confidentiality, anonymity, and that nobody will be able to overhear the interview. All premises are subject to Health and Safety policies, Safe Operating Policies, and current Covid safe working policies. Everything you say during the interview will be treated confidentially. However, in the event of a safeguarding related disclosure, then I am required to pass my concerns on to a relevant member of staff, to ensure your safety and the safety of others around you. If you agree, your interview will be audio-recorded and later transcribed. This allows the researcher to concentrate fully on your conversation during the interview. You will be free to stop and withdraw from the interview at any point during our talk. You will also have 14 days to decide if after the interview, you no longer want to continue.

You will receive a £10 gift card as a thank you for your time, and all reasonable travel costs (Bus or Train) will be covered by the University.

**The inclusion criteria are as follows:**

- If you have sought help and support from a service.

- If you are currently, or have, in the past, experienced violence and abuse from your child. Your confidentiality, safety and well-being is really important in this project.

- What we speak about in the interview will be kept confidential.

  But, if you tell me something that your support worker, or service provider doesn't already know about, and has the potential to cause you further harm or distress, I will have to tell your support worker/social worker. This is because I want to keep you safe and healthy

- Before we start the interview, I will ask you if any new violence and abuse has started that your support worker isn't aware of, and this is because I want to keep you safe. If you are experiencing any new violence and abuse that your support/social worker isn't aware of, we will have to postpone the interview until it is safe for you to do so.

If your child or children were under 25 years old at the time of your experiences.

If you have had contact with a service (Domestic violence, family services, youth offending teams etc.)

- I am looking for parents who have experienced, or are still experiencing the phenomena, and are over 18 years old. I am also keen to speak to carers who are Grandparents, Adoptive families, Kinship carers, Foster carers, Aunts and Uncles, even if the child you care for is under child protection measures.

- Any parent/carer regardless of child's ability/disability

- If you feel comfortable in talking about your experiences, in a way that does not cause you distress or harm.

**Exclusion Criteria.**

If your child is subject to child protection measures.

- Any person where they had/have caring responsibilities for a child (regardless of whether they are biological parents) who has/is subject to child protection measures because of their actions/inactions cannot be included.

**How long will the interview take?**

The times vary for each person we talk to, though we ask you to expect a time commitment of about 60 - 90 minutes for the interview, and with comfort breaks in-between, and the option to pause the interview until a later date if you wish to do so. If you feel you would like to talk more, we can arrange to speak again at a date and time that suits you.

**Will my taking part in the project be kept confidential?**

Yes. Your data will be processed in accordance with the General Data Protection Regulation 2018 (GDPR). Any information collected about you will be kept strictly confidential. Your data will only be viewed by myself and my supervisors.

**How will my information be stored?**

Original audio files will be transferred to university approved computers immediately after the interview and deleted from the recording device. Audio files stored on computers will be destroyed after transcription; anonymised electronic copies of transcripts will be stored on approved University computers, which are password protected and virus checked; this data will be preserved and accessible for a minimum of 10 years after the completion of the project. Records from studies with major health, clinical, social, and environmental or heritage importance, novel intervention, or studies that are on-going or controversial should be retained for at least 20 years after completion of the study. It may be appropriate to keep such study data permanently within the university, a national collection, or as required by the funders data policy. (Note that this is a requirements of SU Research Integrity Framework on Research Ethics and Governance); No personally identifiable information will be kept.

**What will happen to the information provided for the project?**

Findings of the research project will be presented in a PhD thesis for Swansea University and may be published in academic and professional journals.

**Who is carrying out the research project?**

The information is being collected by Lorna Jenkins from Swansea University.

**Are there any risks associated with taking part?**

Child to parent violence and abuse is a sensitive topic, therefore, some of the questions may be distressing. I have included some of the more challenging questions below, so that you can make an informed choice as if you wish to go ahead. Please be assured that all the necessary steps have been undertaken to make sure the interview will be confidential, anonymous, and conducted within a safe environment.

**Sample Questions:**
Can you describe to me about your experiences of the violence/abuse?.
Can you describe to me at what point did you think it had become a problem?.
Can you tell me as a parent how you cope with the violence/abuse?.
What things do you do that help you to cope on a daily basis?.
So when you are experiencing all this, how did this make you feel at the time?

Research and evaluation undertaken via the SHSC at Swansea University are looked at by the Research Ethics Committee (REC). The REC consists of an independent group of people with experience and expertise in research who oversee projects to ensure your safety, rights, wellbeing, and dignity are protected.

This project has been approved by the SHSC REC and there are no significant risks associated with participation.

## Appendix 5. Practitioner information sheet

**Participant Information Sheet**

**Child on Parent Violence and Abuse Research Project**

**Project Title: My Flesh, My Blood, and the Violence In-Between; Narratives of Child to Parent Violence; A Qualitative Study.**

I am inviting you to take part in an interview for the above research project. Before you decide if you would like to take part, it is important for you to understand the purpose of the study and what the interview will involve. Please take the time to read this information carefully and please do not hesitate to ask me if there is anything that is not clear. Thank you for reading this.

**What is the purpose of the research project?**

Child on parent violence and abuse is a complex phenomenon that impacts upon the whole family.

Although it is an international and UK issue, the subject of child on parent violence and abuse has attracted minimal research attention, especially in relation to how parents cope and navigate the phenomena, and how the emotional bonds between the whole families may affect help seeking.

The research project aims to develop a better understanding of how existing services support families within Wales, the difficulties and constraints they face within the current climate, and how I could use such understandings from the study, so that future studies can build on my findings in developing future policy, guidance, holistic services and reporting pathways.

**Why am I being asked to take part?**

I would like to speak with people involved with child on parent violence and abuse, this includes, domestic violence service providers, social workers, family services providers, and the youth justice service. The purpose of these interviews is to engage with practitioners in order to gain a better understanding of the difficulties that current service provision is facing. Also, it will give me a better understanding into how existing services support families, the difficulties practitioners face in terms of how the complexities of the parent/child relationship play out in terms of help seeking.

From the data collated, I hope that it will result in the future development of policy, guidance and service provisions, can build upon my findings to develop much needed holistic services and provision.

If you are involved in child on parent violence and abuse in any of these ways, I would value your time in aiding me with this project.

**Do I have to take part in an interview?**

No. It is up to you to decide whether or not you take part. If you decide to take part, we will discuss the contents of this information sheet with you further and describe the consent process; you will be asked to sign a consent form prior to the interview.

**What happens if I agree to take part?**

You will be offered to speak to me at a date and time that suits you. At the time of the interview, we will go through this information sheet and ask you to fill in a consent form, and then we will talk about your experience of the phenomena. Interviews will be conducted face-face at the service providers location, Alternatively, participants can opt for a zoom/Teams meeting. Please be assured that all the necessary steps have been taken to ensure confidentiality, anonymity and that nobody will be able to overhear the interview. All premises are subject to Health and Safety Policies, Safe Operating Policies, and Current Covid Safe Working Guidelines. Everything you say during the interview will be treated confidentially, however, in the event of a safeguarding, or criminal disclosure, then I am required to pass on my concerns to a senior member of staff, to ensure the safety of everyone concerned. If you agree, your interview will be audio-recorded and later transcribed. This allows the researcher to concentrate fully on your conversation during the interview. You will be free to stop and withdraw from the interview at any point during our talk. You will also have 14 days to decide, that if after the interview, you no longer want to continue then you can withdraw.

**Those eligible to take part are as follows:**

You may take part in this study if you;

- You are currently or have provided support to families who have experienced child to parent violence and Abuse.
And, you are currently employed by a relevant service (e.g., Domestic violence, family, youth justice, housing service).
Please note that you must meet the 2 criteria's above to qualify for participation within the project.

**How long will the interview take?**

The times vary for each person we talk to, though we ask you to expect a time commitment of about 60 minutes for the interview with a comfort break, and if you feel you would like to talk more, we can extend the 60 minutes.

**Will my taking part in the project be kept confidential?**

Yes. Your data will be processed in accordance with the General Data Protection Regulation 2018 (GDPR). Any information collected about you will be kept strictly confidential. Your data will only be viewed by myself and my supervisors.

All interviews will be confidential and anonymous, through the use of codes in the thesis (E.g. Participant 1, Participant 2)

However, if a safeguarding disclosure is made, I cannot guarantee complete confidentiality, and will be escalated to the relevant authorities.

**How will my information be stored?**

Original audio files will be transferred to university approved computers immediately after the interview and deleted from the recording device. Audio files stored on computers will be destroyed after transcription; anonymised electronic copies of transcripts will be stored on approved University computers, which are password protected and virus checked; this data may be retained for up to 10 years after the study. Records from studies with major health, clinical, social, and environmental or heritage importance, novel intervention, or studies that are on-going or controversial should be retained for 20 years after the completion of the study. It may be appropriate to keep such study data permanently within the university, a

national collection, or as required by the funders policy. (Note that this is a requirement of SU Research integrity framework on Research Ethics and Governance) No personally identifiable information will be kept.

**What will happen to the information provided for the project?**

Findings of the research project will be presented in a PhD thesis for Swansea University and may be used for educational purposes such as seminars, conferences, and publication in academic, professional and Open Access journals and public reports.

**Who is carrying out the research project?**

The information is being collected by Lorna Jenkins from Swansea University.

**Are there any risks associated with taking part?**

I recognise that Child to Parent Violence and Abuse is a sensitive topic, therefore I have provided a sample of some of the more challenging questions below, so that you can make an informed choice if you wish to go ahead. Please be assured that all the necessary steps have been taken to make sure the interview will be confidential, anonymous, and conducted within a safe environment.

**Sample Questions.**

**1**. Since your time within your role of supporting families with CPV], could you describe the changes within caseloads? (Prompt; increased/decreased caseloads. Parental reporting changes. Severity of cases. Gender differences in reporting, i.e., more males/more females?)

**2.** From your perspective as a practitioner, why do you think CPVA occurs? (Prompt; where would you frame it? Criminal justice? Gender and power based? Mental health/developmental disorder)

**3.** In your experience in supporting families, could you describe to me if you have ever encountered parents who were reluctant to seek help? (Prompt; Fear of the parent/ child relationship fracturing? Stigma? Guilt?)

Research and evaluation undertaken via the SHSC at Swansea University are looked at by the Research Ethics Committee (REC). The SHSC REC consist of an independent group of people with experience and expertise in research who oversee projects to ensure your safety, rights, wellbeing and dignity are protected.

**Further information and contact details**

If you have any questions about the project or would like to speak to someone about taking part, please contact:

**Lorna Jenkins.** Email: [redacted]

**Data Protection Privacy Notice**

The data controller for this project will be Swansea University. The University Data Protection Officer provides oversight of university activities involving the processing of personal data, and can be contacted at the Vice Chancellors Office.

Your personal data will be processed for the purposes outlined in this information sheet.

Standard ethical procedures will involve you providing your consent to participate in this study by completing the consent form that has been provided to you.

The legal basis that we will rely on to process your personal data is necessary for the performance of a task carried out in the public interest. This public interest justification is approved by the College of Human and Health Sciences Research Ethics Committee, Swansea University.

The legal basis that we will rely on to process special categories of data is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes.

**What are my rights?**

You have a right to access your personal information, to object to the processing of your personal information, to rectify, to erase, to restrict and to port your personal information. Please visit the University Data Protection webpages for further information in relation to your rights.

Any requests or objections should be made in writing to the University Data Protection

## Appendix 6. Parental Consent sheet.

### Parental Consent

**Child on Parent Violence and Abuse Research Project**

**This project is being conducted by Lorna Jenkins,**

**Swansea University, School of Health and Social Care.**

Email: [redacted]

Project Title: My Flesh, My Blood, and the Violence In-between; Narratives of Child on Parent Violence; A Qualitative Study.

Consent to take part in research

I…… voluntarily agree to participate in this research project. ☐

I confirm that I am Comfortable in discussing my experiences with the researcher. ☐

I understand that if any new violence and abuse is mentioned to the researcher, then this will have to be reported to my support/Social worker, and the interview will not go ahead. ☐

I understand that should I require support after the interview, I have been given contacts to approach, and I understand who to contact. ☐

I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind. ☐

I understand that I can withdraw permission to use data from my interview within 14 days after the interview, in which case the material will be deleted. ☐

I have had the purpose and nature of the project explained to me in writing and I have had the opportunity to ask questions about the study. ☐

I understand that the interview will be conducted face-to-face, and held in a secure, and confidential at the service providers organisation, whereby nobody will be able to overhear the interview. ☐

I understand, that if no room is available within the organisation, then a secure, confidential room will be provided by the local Community Voluntary Service. ☐

I understand that participation involves sharing my experiences through a 60–90-minute interview with the researcher, with comfort breaks, and the opportunity to pause the interview if needed, and have the opportunity to talk further if I wish to do so. ☐

I understand that I will not benefit directly from participating in this research. ☐

I agree to my interview being audio-recorded. ☐

I understand that all information I provide for this study will be treated confidentially unless a safeguarding or criminal activity disclosure is made. ☐

I understand that in any report on the results of this research project my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about. ☐

I understand that the organisation/Community Voluntary Service room adheres to Health and Safety regulations, Safe Operating Procedures, and Safe Covid working guidelines. ☐

I understand that disguised extracts from my interview may be quoted in a PhD thesis. ☐

I understand that if I inform the researcher that myself or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission. ☐

I understand that signed consent forms and original audio recordings will be retained in retained in Swansea University, within the universities I cloud secure system. Data will only be accessible to the lead researcher Lorna Jenkins and the PhD supervision team Professor Fiona Verity, Dr Gideon Calder, and Dr Tracey Maegusuku-Hewett. ☐

I understand that a transcript of my interview in which all identifying information has been removed will be retained for 10 years after the completion of the project. ☐

I understand that under freedom of information legalisation I am entitled to access the information I have provided at any time while it is in storage as specified above. ☐

I understand that I am free to contact any of the people involved in the research project to seek further clarification and information. ☐

I have read and fully understood the consent sheet, and I am happy to proceed. ☐

## Appendix 7. Practitioner consent sheet.

**Practitioner Participant Consent Form**

**Child on Parent Violence and Abuse Research Project**

**Project Title: My Flesh, My Blood, and the Violence in-between: Narratives of Child on Parent Violence; A Qualitative Study**

**This research project is being conducted by Lorna Jenkins,**

**Swansea University, School of Health and Social Care.**

Email: [redacted]

.

| | **Participant initial** |
|---|---|
| I (the participant) confirm that I have read and understand the information sheet for the above study (dated ) which is attached to this form. | |
| I understand that my participation is voluntary, confidential and will be anonymised, and that I can withdraw my consent to participate within 14 days of signing the consent form | |
| I understand what my role will be in this research, and all my questions have been answered to my satisfaction. | |
| I understand that I am free to ask any questions at any time before and during the study. | |
| I have been informed that the information I provide will be safeguarded unless a criminal of safeguarding disclosure is made. | |
| I am happy for the information I provide to be used (anonymously through the use of codes) in academic papers and other formal research outputs. | |
| I am willing for my information to be audio recorded. | |

| | |
|---|---|
| I have been provided with a copy of the Participant Information Sheet. | |
| I agree to the researchers processing my personal data in accordance with the aims of the study described in the Participant Information Sheet. | |

This study is being conducted by Swansea University, School of Health, and Social Care.

If you agree with all statements listed above, click **YES**.

If you disagree with any of the statements above, click **NO** and you will be taken to the end of this survey.

This study is being conducted by Swansea University, School of Health, and Social Care.

**Thank you for your participation in this study. Your help is very much appreciated.**

**Signature of participant: …… Date:……..**

**Signature of Researcher:…… Date……**

**Would you like a summary of the research findings upon completion of my thesis? If so, please provide an email address so that I may send it:**

**Yes please** ☐ **No thanks** ☐

**Email address:**

## Appendix 8. Risk Assessment.

| Risk Assessment | | | |
|---|---|---|---|
| | | | |
| College/PSU | Health and Social Care | Assessment Date | 13/01/2023 |
| Location | Service Providers Premises | Assessor | Lorna Jenkins (in collaboration with PhD Supervisors) |
| Activity | Interview | Review Date (if applicable) | Weekly |
| Associated documents | • | • | |

### Part 1: Risk Assessment

| What are the hazards? | Who might be harmed? | How could they be harmed? | What are you already doing? | Do you need to do anything else to manage this risk? | Action by whom? | Action by when? |
|---|---|---|---|---|---|---|
| Emotional Harm Distress. | Parental Participant | Through discussing violence and abuse. | Adopting World Health Organisation Framework; **Ethical and safety recommendations for intervention research on violence against women.** | Stop interview immediately if distress is evident. Report to Gatekeeper immediately and ask for assistance in providing comfort and support to participant. Follow procedure | Myself (Lorna Jenkins) Myself (Lorna Jenkins) Gatekeeper. Myself (Lorna Jenkins) Gatekeeper. Myself (Lorna Jenkins) Gatekeeper. | Gatekeeper recruitment phase. Through Gatekeeper recruitment stage. . Action will be ongoing throughout the interview stage. |

| What are the hazards? | Who might be harmed? | How could they be harmed? | What are you already doing? | Do you need to do anything else to manage this risk? | Action by whom? | Action by when? |
|---|---|---|---|---|---|---|
| | | | Provide participant with further additional support organizations.<br><br>Ensuring participants are well equipped to talk about the experience without distress or discomfort (This is outlined in project participant information sheet)<br>Ensuring Gatekeepers only put forward participants who are able to discuss experiences comfortably and without further emotional harm. | after every interview.<br><br>Ensure Social Worker/ Support Worker (Trained in distress and de-escalation techniques) are in the premises at the time of interview to provide assistance to the participant.<br><br>Meet with Gatekeepers before every interview to discuss the likelihood of further emotional harm to participants, to ensure the participant is well equipped to discuss experiences.<br><br>De-brief with participants at the end of the interview, and signpost to Gatekeeper if necessary.<br><br>Request that participants de-brief with Social worker/Support worker | Myself (Lorna Jenkins)<br><br>Myself (Lorna Jenkins)<br><br>Myself and Gatekeeper. | Interview stage.<br><br>Every interview.<br><br>Every interview.<br><br>2 weeks post interview. |

| What are the hazards? | Who might be harmed? | How could they be harmed? | What are you already doing? | Do you need to do anything else to manage this risk? | Action by whom? | Action by when? |
|---|---|---|---|---|---|---|
| | | | | after interview.<br><br>Request Gatekeepers (Social workers/support workers) perform "Comfort check-in" with participant 2 weeks after interview to assess impact (If any) of interview, and offer additional support. | | |
| Escalation of existing violence;<br><br>Due to<br><br>interview | Parental participant | Lack of privacy<br><br>confidentiality | Interviews will be held in Gatekeepers premises with full privacy.<br><br>Interview location kept private. Only myself, Gatekeeper (Social Worker, Support Worker) and participant are aware of the interview being conducted. | Interview rooms will be assessed by myself and Gatekeeper for privacy suitability.<br><br>Gatekeepers will be asked for risk suitability before commencing the interview.<br><br>Participants will be asked if there are any concerns of additional risk due to the interview. If so, these will be discussed | Myself (Lorna Jenkins)<br><br>Gatekeeper.<br><br>Myself (Lorna Jenkins)<br><br>Gatekeeper.<br><br>Myself (Lorna Jenkins)<br><br>Myself (Lorna Jenkins)<br><br>Myself (Lorna Jenkins) | Ongoing<br><br>Ongoing<br><br>Ongoing.<br><br>Ongoing.<br><br>Ongoing. |

| What are the hazards? | Who might be harmed? | How could they be harmed? | What are you already doing? | Do you need to do anything else to manage this risk? | Action by whom? | Action by when? |
|---|---|---|---|---|---|---|
| | | | All data will be stored on the Universities iCloud system.<br><br>Participants will only be identified through the use of codes within the data.<br><br>Additional safeguarding training has been undertaken. | and the interview will not go ahead.<br><br>Continue with confidentiality procedures<br><br>Continue with confidentiality procedures.<br><br>Continue assessing for safeguarding risks. | Myself (Lorna Jenkins)<br><br>Myself (Lorna Jenkins) | Ongoing.<br><br>Ongoing. |
| | | | | Request that Gatekeepers (Social workers/Support workers) conduct a "Comfort “check-in” 2 weeks after interview to discuss impact of interview (If any) and offer additional support to participant. | Myself (Lorna Jenkins) | Ongoing. |

| What are the hazards? | Who might be harmed? | How could they be harmed? | What are you already doing? | Do you need to do anything else to manage this risk? | Action by whom? | Action by when? |
|---|---|---|---|---|---|---|
| Emotional harm. | Myself (Lorna Jenkins) | Details of violence and abuse. | Accessed support organization in preparation of project commencing.<br><br>De-brief with supervisors. | No. | Myself (Lorna Jenkins) | Ongoing. |
| Disclosure of new violence or abuse | Participant | GK may be unaware.<br>Failure to provide additional Support and safeguarding for New violence. | Amended participant information sheet to include if any new violence or abuse that the GK is unaware of must be escalated to the relevant agencies.<br>Make GK aware that I will escalate new violence and abuse risks. | As participant before every interview if any new violence and abuse has happened that the GK is unaware of.<br><br>Report new disclosures (If any) to relevant agencies. | Myself (Lorna Jenkins)<br><br>Myself (Lorna Jenkins)<br>GK | Ongoing |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## Part 2: Actions arising from risk assessment

| Actions | Lead | Target Date | Done Yes/ No |
|---|---|---|---|
| To continue reviewing risk assessment after each interview. | Lorna Jenkins | Interview stage | No. |
| Implement previously mentioned strategies and commitments, both before and throughout project. | Lorna Jenkins | Ongoing | Yes. |
| Raise concerns with Gatekeepers and Supervisors (If any) | Lorna Jenkins | Ongoing | No. |
| Report any safeguarding concerns to relevant agencies/Gatekeeper. | Lorna Jenkins | Ongoing | No. |
| Report any criminal activity to relevant agencies. | Lorna Jenkins | Interview stage | No. |
| | | | |

## Appendix 9. Parental de-brief sheet.

Debrief

Project Title: My Flesh My Blood and the Violence In Between: Narratives of Child on Parent Violence; A Qualitative Study

Version 1 Dated: 10/07/2018

**Child to Parent Violence and Abuse Research Project**

**Thank you for taking part in an interview for the above research project.**

**Your time is greatly appreciated and valued within this project.**

**I understand how sensitive this area of conversation may be to you. So, if for any reason you become uncomfortable, or do not wish to discuss your experiences further please let me know and we can stop the interview. You will then have a choice as to if you wish to continue with participating in the project at a later date, or withdraw from the project. The choice will always be yours, and I will completely understand your reasons for withdrawing.**

Your interview will be anonymised and transcribed for analysis and the original audio recording of the interview will be deleted as soon as the transcripts have been checked for accuracy. Transcripts of the interview will be anonymised, and electronic copies will be stored on approved University computers, which are password protected and virus checked. Data will only be stored on the University's managed network server and not on the computer's own hard drive. Personal data will be stored under strict security and destroyed after the statutory time period. Anonymous data will be retained until 2032.

Findings of the research project may be published in academic and professional journals.

As child to parent violence and abuse is a sensitive topic, I have listed below support and guidance resources.

Your local GP.

NHS.UK (Online support) https://111.wales.nhs.uk/encyclopaedia/m/article/mentalhealthandwellbeing

Mind (Online Support) https://www.mind.org.uk/information-support/mind-infoline-wales/

Holes in the Wall (Dedicated Child to Parent Violence and Abuse online support, with further links to dedicated online support groups for parents) https://holesinthewall.co.uk/

Team Around the Family; Further information about the service can be found here: https://services.actionforchildren.org.uk/powys/support-for-children-and-families-in-powys/cynnal-plant-powys/team-around-the-family/

Your current service provider (Domestic Violence, Team Around the Family etc.)

Your social worker (If you have one)

**Further information and contact details**

If you have any further questions about your involvement with the research project please do not hesitate to contact me:

## Appendix 10. Practitioner de-brief sheet.

Debrief

Version 1 Dated: 10/07/201

**Child on Parent Violence and Abuse Research Project. Thank you for taking part in an interview for the above research project, your time is greatly appreciated.**

Thank you for agreeing to participate within this project. If for any reason you become uncomfortable, or do not wish to discuss your experiences further, please let me know and we can stop the interview. You will then have a choice as to if you wish to continue participating within the project at a later date, or withdraw from the project. You will have 14 days to withdraw from the project after the signing of the consent form, if you wish to do so. The choice is always yours, and I will completely understand your reasons for withdrawing.

Your interview will be anonymised and transcribed for analysis and the original audio recording of the interview will be deleted as soon as the transcripts have been checked for accuracy. Transcripts of the interview will be anonymised, and electronic copies will be stored on approved University computers, which are password protected and virus checked. Data will only be stored on the University's managed network server and not on the computer's own hard drive. Personal data will be stored under strict security and destroyed after the statutory time period. Anonymous data will be retained until 2032.

Findings of the research project may be used for educational purposes, for example, published in academic and professional journals and presented.

**Further information and contact details**

If you have any further questions about your involvement with the research project please do not hesitate to contact me:

**Project Lead; Lorna Jenkins.** [redacted]

Signposting:

https://safelives.org.uk/sites/default/files/resources/HO%20Information%20APVA.pdf

https://reducingtherisk.org.uk/child-on-parent-violence/

https://www.london.gov.uk/sites/default/files/comprehensive_needs_assessment_of_child-adolescent_to_parent_violence_and_abuse_in_london.pdf

https://www.law.ox.ac.uk/sites/files/oxlaw/final_report_capv_in_covid-19_aug20.pdf

## Appendix 11. Initial parental inclusion/exclusion criteria.

| 10. Describe the participants: give the age range, gender, vulnerabilities, cultural sensitivities, inclusion and exclusion criteria, and any particular characteristics pertinent to the research project. |
|---|
| All participants will be over the age of 18. The project seeks to recruit 20 parental participants and 20 practitioner participants to act as gatekeepers. The parental participants will include both male and female gender, and will include parents, guardians, grandparents, step parent and caregivers and have experience of child on parent violence and abuse and required intervention but are not in crisis at the time of study commencement.<br><br>The term “Crisis” is defined for the study as below.<br><br>Crisis criteria (i.e., still living with violence and abuse, possible recurrence of violence and abuse as a result of the study) will be assessed by GK, as they are the experts within this field of family violence, with many years of experience in dealing and supporting families who have experienced the phenomena. All safeguarding services conduct domestic abuse risk assessments and risk management processes before any referrals (including research projects) This is how the GK will assess participants for the research project. Furthermore, all domestic abuse organisations are often a referral port for other services including mental health, social services, drug and alcohol and criminal justice services, therefore adding further strategies to mitigate/manage the risk of vulnerability, potential distress and if the family are still in crisis. And constantly assessing suitability for participants throughout the project.<br><br>Parents must have self-identified, with the inclusion of self-identification of post violence.<br><br>Parents must be post violence.<br><br>Parents must be 6 months plus post violence and have received intervention, and crisis management support, in order to eliminate re-traumatisation.<br><br>Parental participants will be required to have been through the phenomena with a child/young person under 25 years old.<br><br>Parents will have been connected to services for over 6 months to 1 year, as nearly all service users are kept on file within the organisations for up to 3 years<br><br>No adult children will be recruited for the purpose of this research study as its focus is within parents and practitioners.<br><br>No parents will be included within the study if the child is subject to child protection measures, thus minimising further complications within ethical consideration relating to the research project.<br><br>Parents with developmental conditions (e.g. Autism) will not be included within the project as this type of violence is referred to “challenging behaviour” and not defined as “child on parent violence and abuse" (please see child on parent violence definition in section 2) Recent various published empirical research indicates that Autism related violence is a separate form of violence in comparison to the violence seen in CPVA. This is due to the violence seen in some autism cases is borne out of an unmet need. The violence and abuse this project is concerned with is that which stems from callous and unemotional personality traits.<br><br>Children with sensory impairment and/or disability will not be included within the research project as I am not researching “children/young people” My participants will be adult parents. |

All participants will be assessed by GK and their organisations in respect of suitability for the project (i.e. mental health, crisis criteria and future risk of further violence) as they have a vast amount of knowledge surrounding their service users, family profiles, family dynamics, and have worked very closely with the parents and families.

GK would know if the family were in crisis; through risk assessments and identifying the clients who are most suitable (as they have dealt with their issues and are moving forward) thus, again reducing the risk of traumatization.

**Section 10 continued**

As a parent who has experienced child on parent violence in the past, from 2 different children, I am extremely aware that this is a very sensitive topic, as I have lived through it twice. I fully understand the risks for participants, hence the mitigation/ management of potential risks.

The project seeks participants from the Neath Port Talbot, Swansea, Carmarthenshire and Gwent areas. However, the project may have to expand to other areas of the country depending on service provision availability. These areas of Wales have been chosen due to my links with domestic violence services, and family services within the area through the use of such services due to past personal experiences of domestic violence, and child on parent violence and abuse.

Personal Knowledge Relating to Participants.

I have no personal connection to any of the participants within the project. I am not employed by any domestic violence services, family services, health, housing or criminal justice services, nor am I connected to them in any other way. If I do come into contact with someone I know, they will be excluded from the study.

**Parents,** e.g., located through practitioner gatekeepers, past experience of child on parent violence and abuse, currently attending services (but not in crisis at the time) or have attended services for support.

I will ensure that all participants that are recruited for the project have worked with, or lived with child on parent violence and abuse in the past, and allow for a clearer understanding as to if there are any gaps within current services, and possible future recommendations for implementation of services within identified areas of critical need, e.g. housing services and youth services.

## Appendix 12. Amended parental inclusion/exclusion criteria.

| 10. Describe the participants: give the age range, gender, vulnerabilities, cultural sensitivities, inclusion and exclusion criteria, and any particular characteristics pertinent to the research project. |
|---|
| All participants will be over the age of 18. The project seeks to recruit 20 parental participants and 20 practitioner participants to act as gatekeepers. The parental participants will include both male and female gender, and will include parents, guardians, grandparents, step parent and caregivers and have experience of child on parent violence and abuse, both past and present, and required intervention.<br><br>Parents must have self-identified.<br><br>Participant information sheet under the confidentiality section (Please see appendix 4). I would make them aware that any new disclosures would have to be reported to the appropriate safeguarding agencies and GK. Additionally, the interview will be postponed until the GK advises it is safe to commence.<br><br>**Families who are currently experiencing violence and abuse inclusion:**<br><br>• If you are currently, or have experienced violence and abuse from your child (Confidentiality and safeguarding, in terms of reporting new disclosures have been added to participant interview sheet).<br><br>**The new proposed safeguarding and confidentiality information has been added to the existing participant information sheet:**<br><br>• Your confidentiality, safety and well-being is really important in this project.<br><br>• What we speak about in the interview will be kept confidential.<br><br>But, if you tell me something that your support worker, or service provider doesn't already know about, and has the potential to cause you further harm or distress, I will have to tell your support worker/social worker. This is because I want to keep you safe and healthy<br><br>• Before we start the interview, I will ask you if any new violence and abuse has started that your support worker isn't aware of, and this is because I want to keep you safe.<br><br>Parental participants will be required to have been through or going through the phenomena with a child/young person under 25 years old.<br><br>Parents will have been connected to services for over 6 months to 1 year, as nearly all service users are kept on file within the organisations for up to 3 years<br><br>No adult children will be recruited for the purpose of this research study as its focus is within parents and practitioners. |

**Child protection inclusion:**

- Grandparents, Adoptive parents, Kinship carers, Foster Carers are welcome to participate, even if the child you care for is under child protection measures.

**Child protection Exclusion:**

- Any person where they had/have caring responsibilities for a child (regardless of whether they are biological parents) who has/is subject to child protection measures because of their actions/inactions cannot be included.

**Disability.**

- Any parent, regardless of child's disability.

All participants will be assessed by GK and their organisations in respect of suitability for the project (i.e. mental health, and future risk of further violence as a result of participation within the study) as they have a vast amount of knowledge surrounding their service users, family profiles, family dynamics, and have worked very closely with the parents and families.

**Section 10 continued**

As a parent who has experienced child on parent violence in the past, from 2 different children, I am extremely aware that this is a very sensitive topic, as I have lived through it twice. I fully understand the risks for participants, hence the mitigation/ management of potential risks.

The project seeks participants from the Neath Port Talbot, Swansea, Carmarthenshire and Gwent areas. However, the project may have to expand to other areas of the country depending on service provision availability. These areas of Wales have been chosen due to my links with domestic violence services, and family services within the area through the use of such services due to past personal experiences of domestic violence, and child on parent violence and abuse.

Personal Knowledge Relating to Participants.

I have no personal connection to any of the participants within the project. I am not employed by any domestic violence services, family services, health, housing or criminal justice services, nor am I connected to them in any other way. If I do come into contact with someone I know, they will be excluded from the study.

**Parents,** e.g., located through practitioner gatekeepers, past experience of child on parent violence and abuse, currently attending services, or have attended services for support.

I will ensure that all participants that are recruited for the project have worked with, or lived with child on parent violence and abuse in the past or present, and allow for a clearer understanding as to if there are any gaps within current services, and possible future recommendations for implementation of services within identified areas of critical need, e.g. housing services and youth services.

## Appendix 13. Practitioner inclusion/exclusion criteria.

| 10. Describe the participants: give the age range, gender, vulnerabilities, cultural sensitivities, inclusion and exclusion criteria, and any particular characteristics pertinent to the research project. |
|---|
| Participants will be over the age of 18<br>Participants must be, or have in the past, provided support to families experiencing child to parent violence and abuse.<br><br>Practitioner participants must be currently employed by a service provider (E.g. Domestic violence, family, housing etc.)<br>Practitioners must feel comfortable in discussing their experiences.<br>The project hopes to recruit 20 practitioners. This pool will comprise of a small amount (3-4) of Managers, as some of my project relates to current policy, or lack of to be more precise. The rest of the pool will comprise of frontline workers.<br><br>Practitioner participants will be sought from throughout Wales only (North, South, East, and West Wales). **This is because research indicates that as a nation, Wales currently has a very minimal contribution towards the study of the phenomena. Therefore, this project gives practitioners within Wales a unique opportunity**.<br>The project is open to all staff within the service providing support to parents, management, and senior management.<br>This is an inclusive project, and practitioners of all ages, genders, ethnicity, cultural backgrounds will be welcomed. However, there will be a criterion that practitioners need to be able to speak English.<br>I do not anticipate any vulnerabilities as the participant actively works within the field of the phenomena.<br><br>Any specific adaptions (i.e. wheelchair access, brail format for information and consent forms) will be undertaken).<br><br>**Section 10 Continued.**<br><br>**Personal Knowledge Relating to Participants**.<br><br>As far as I am aware, I have no personal connection to any of the participants within the project. I am not employed by any domestic violence services, family, health, housing or criminal justice services, nor am I connected to them in any other way. |

## Appendix 14. Practitioner's first generic email invite.

Subject: Invitation to share your experiences on child on parent violence and abuse.

Re: Child on parent violence and abuse research project.

PhD Research Title: **My Flesh, My Blood, and the Violence in-between; Narratives of Child on Parent Violence; A Qualitative Study.**

This project has been approved by the Research Ethics Committee, School of Health and Social Care, Swansea University.

Good afternoon/Morning,

My name is Lorna Jenkins. I am a PhD student at Swansea University within the School of Health and Social Care, supervised by Professor F Verity (Social work and social Care)

Dr G Calder (Social work and social policy) [redacted]

Dr T Maegusuku-Hewett (Social work and Social Care) [redacted] social policy) at Swansea University.

I am currently embarking on conducting a research project that will be looking at the experiences of parents who have been abused by their children or adolescent children, and practitioners who have supported parents who are experiencing the abuse. The study has not been approved by the Research Ethics Committee, School of Health and Social Care Swansea University as of yet. This is a preliminary and informal inquiry just to gather initial interest in my research project.

Child on parent violence and abuse is becoming more prominent within the UK and Wales and is now receiving increasing attention from the media and support groups. Despite this there still remains limited research into the experiences of parents who have experienced this form of violence and abuse, and also the experiences of practitioners who have supported families through the violence and abuse. I am keen to speak with you about the possibility of how your service may be able to become involved with the recruitment of this study. At present I am contacting relevant services to gauge interest within participation of the study.

For this research project to be successful, I hope to gather ongoing interest and recruit a small sample of parents and practitioners who would be willing to discuss their experiences during a semi-structured interview by sharing experiences, which will remain confidential and anonymous. In doing so, the profile of this form of violence and abuse will be raised and allow other parents and professionals a way of learning more about these experiences.

I look forward to hearing from you in due course.

Best Wishes

## Appendix 15. Follow up practitioner generic email.

Subject: Invitation to share your experiences on child on parent violence and abuse.

Re: Child on parent violence and abuse research project.

PhD Research Title: **My Flesh, My Blood, and the Violence in-between; Narratives of Child on Parent Violence; A Qualitative Study.**

This project has been approved by the Research Ethics Committee, School of Health and Social Care, Swansea University.

Good afternoon/Morning,

My name is Lorna Jenkins. I am a PhD student at Swansea University within the School of Health and Social Care, supervised by:

Professor F Verity (Social Work and Social Care) [redacted]

Dr G Calder (Social Policy) [redacted]

Dr T Maegusuku-Hewett (Social Work and Social Care) [redacted] at Swansea University.

I recently contacted you regarding possible interest in participation within a project.

I am now in a position to start the recruitment process of practitioners for the project.

I am currently undertaking a research project looking at the experiences of practitioners who have supported parents who are experiencing the abuse. The study has been approved by the Research Ethics Committee, School of Health, and Social Care, Swansea University. Child on parent violence and abuse is becoming more prominent within the UK and Wales and is now receiving increasing attention from the media and support groups. Despite this there still remains limited research into the experiences of parents who have experienced this form of violence and abuse, and also the experiences of practitioners who have supported families through the violence and abuse. I am keen to speak with you about the possibility of how your service may be able to become involved with the collection of data for this study.

For this research project to be successful, I hope to gather ongoing interest and recruit a small sample of practitioners who would be willing to discuss their experiences during a semi-structured interview by sharing experiences, which will remain confidential and anonymous. In doing so, the profile of this form of violence and abuse will be raised and allow other practitioners a way of learning more about these experiences.

I am hoping that you/ your organisation would be interested to help me by promoting the study, by way of an email out to your employees, particularly those who may be, or may have supported families. For further context, I have attached a practitioner participant consent form, participant information sheet for your consideration, and I would welcome an opportunity to discuss further, should you feel able to assist in recruiting practitioners to this study. .

If you are interested in participating within the project, I have attached my email address to contact me to discuss your interest and answer any questions you may have.

I look forward to hearing from you in due course.

## Appendix 16. Advertisement flyer.

Project Title: My Flesh, My Blood, and the Violence in-between: Narratives of Child to Parent Violence and Abuse.

This project has been approved by the Research Ethics Committee, School of Health and Social Care, Swansea University.

PhD Research Project

Has your child threatened you? Hit you? Stolen money?

Were you scared of your child? Would you like to Participate in a research project to share your experiences?

By sharing your experiences we can highlight what parents go through and develop a better understanding of the difficulties parents/guardians face on a daily basis

Interested?

Please feel free to contact me.

## Appendix 17. Parental interview schedule.

**Child on Parent Violence and Abuse Research Project**

**Project Title: My Flesh, My Blood, and the Violence in-between; Narratives of Child on Parent Violence; A Qualitative Study**

Interview Schedule

**Opening remarks**

*The interviewer will:*

- Introduce myself and thank the Gatekeeper/Parent for agreeing to take part in the interview
- Go over the purpose of the interview and answer any questions the participant may have
- Discuss and agree use of the audio recorder or not
- Discuss confidentiality
- Ask participant if there has been any new violence and abuse that the support/social worker is not aware of, and advise participant that the interview will not go ahead if any new disclosure is made.
- Advise the participant that they are free to terminate the interview at any time should they wish to do so
- Go through consent form

**Interview Focus**

The interview aims to explore parental and professional experiences surrounding child on parent violence and abuse.

For **Parents** the focus will be on the emotional bonds within the relationship, in particular how these bonds inform their moral decision-making process in terms of negotiating behaviour and help seeking. This will allow me to identify areas of need required by parents within services, and identify gaps within services that could translate into direction for future reporting pathway development service provision development

**Interview questions**

All interviews will allow scope for interviewees to discuss issues they feel important in relation to the main topics of child on parent violence and abuse. However, not all the questions will be asked. This is dependant on the direction of the interview. I will have prompts that align with the specific interview focus; however, I expect that as I learn more about the participant's experiences I will add and amend some of my more direct questions.

**Relevant topics for parent discussion to include but not be limited to:**

- Family Profile.
- Experiencing the abuse/violence.
- The parent/child relationship, (how the violence affects the relationship)
- The impact the behaviour has on the parent's identity (within the parenting role and general identity)
- Moral dilemmas of parents in times of crisis (Difficult decision making in times of crisis)
- The negotiation of behaviour through moral decisions ((how parents/guardians dealt with these decisions)
- Factors surrounding the parents' decision to stay/leave the violent relationship
- Facilitators to help seeking and reporting pathways.
- Barriers to help seeking and reporting pathways.

**Interview questions for Parents**

Semi-structured interviews will include questions on, but will not be limited to:

**1. Family Profile.**

**A.** Can you tell me a little about you and your family? (Prompt; marital status, how many children, religion, ethnicity)

**B.** Would you like to describe your son/daughter who we are here to talk about today? (Prompt; how old they are) your son/daughter who we are here to talk about today? (Prompt; how old they are) your son/daughter who we are here to talk about today? (Prompt; how old they are)

**2. Experiencing the Abuse**

**A.** Can you describe to me about your experiences of the violence/abuse? (Prompt; how often, in what form, how it manifested, directed at who. What does a bad day consist of? What does a good day consist of?)

**B.** Thinking back to when the violence started, can you describe to me at what point did you think it had become a problem? (Prompt; Decisions that lead to that point, other family members to protect, protecting the abusive child, protecting themselves)

**C.** So, in your opinion, could you tell me why you think the violence/abuse started? (Prompt; when did it start, factors surrounding the eruption of violence, money? Curfews etc, how long did it last for)

**D.** So when you decided to seek help and support, how did the abuse/violence get resolved? (Prompt; when did it stop, why did it stop, routes of resolution seeking i.e., friends, family, police)

**E**. When you think about the violence within your relationship, apart from the legal side, can you describe to me the reasons for staying/leaving? (Prompt; fear of the relationship breaking down, fear of losing the child's love, protective reasoning)

**3. The Parent-Child Relationship**

**A.** Can you tell me what your relationship is like with your son/daughter because of the violence/abuse? (Prompt; how it is affecting the relationship, emotional bonds through the experience, positioning of bonds)

**B.** Can you describe any expectations or fears about your relationship because of the violence? (Prompt, it will get better, just a phase the child is going through, fear of involvement of police, social services, fear of being blamed, breakdown, rupture of bonds)

**C.** Looking back at where your relationship before the violence, and comparing it to today, how would you describe your relationship now? (Prompt; positioning of emotional bonds, are you closer/more distant now than what you were?)

**4. Negotiating the Violence/Abuse**

**A.** Can you tell me as a parent how you are coping with the violence/abuse? What things do you do that help you to cope on a daily basis? (Prompt; strategies they employ)

**B.** How do you manage to protect yourself and the rest of your family? (Prompt; giving in to the behaviour, minimizing the behaviour, keeping other children separated)

**C.** How do you work your way around the episodes? (Prompt; reducing episodes, managing episodes)

**D.** So, when you are experiencing all this, how does this make you feel?

**E.** Thinking about your situation living with the violence, do you ever think about leaving, or having the child removed because it had got so bad? (Prompt; reasons for staying/leaving)

**5. Identity**

**A.** Can you tell me what it was like growing up for you with your parents? (Prompts; supportive family connections, influences on parenting style) Justification**;** Current research suggests that CPVA is dealt with differently by parents, depending on the cultural aspects of the parent's childhood (However, this question will only be asked if there is a justification to do so)

**B.** Before your son/daughter was born, and when they were little did you have any expectations, hopes, or worries when becoming a parent? (Prompt; did they materialize, how did they materialize)

**C.** How has the violence/abuse impacted you? Has it changed you in any way? (Prompt; identity as a person, identity as a parent, how they relate to others)

**D.** Do you take on any additional roles or responsibilities whilst parenting through your experiences? (Prompt; altered identity, mediator, social worker, therapist, drug worker)

**6. Help Seeking/ Barriers and Facilitators**

**A.** Can you tell me a little as to why you decided to seek help and what set of circumstances led you to seek help? (Prompt; reasons for making decisions within a crisis)

**B.** When did you realize that enough was enough and it was getting beyond your parenting control? (Prompt, when and what was their defining moment of crisis)

**C.** If we can go back to when you decided to get help, can you describe to me who you sought help from and why you choose to seek help from them? (Prompt; family, friend's police, services)

**D.** When you did reach out for help and support, can you describe if you experienced any difficult decisions within this time? (Prompt; conflicting decisions in choosing to report or not, fear of repercussions for themselves and child, remaining within the relationship, conflicting emotions)

**E.** Can you describe to me what you found to be really helpful, and more to the point, what you think was successful in terms of help and support?

**7. The Families Future**

**A.** So, before we start to wrap up our chat for today, looking at where you and your child are today, can you describe to me what are your hopes for the child's future? (Prompt; employment, family, success)

**8. Speaking about the abuse/violence**

**A.** I'd like to thank you for sharing your experiences with me today, and it's been lovely speaking with you, but how have you found sharing your experiences with me today? (Prompt; how could it be made easier for them to talk openly?)

**B.** After everything we have spoken about today, is there anything else you would like to talk about today

**9. Interview prompt questions**

**A**. I'm interested in hearing about your experiences, there are no right or wrong answers, I'd like to hear as much as you are able to tell me.

**B.** Can you tell me more about that?

**C.** And how did that make you feel?

**D**. Can I just check that I've understood that correctly? Please stop me if I'm wrong.

**E**. I'm really interested in what you have just said.

**F**. Can you tell me more about that?

**G.** Everyone is different, so can you tell me what X means to you?

**Upon interview closure all interviewees will be asked if they believe there are any topics we may have missed that are relevant to this project or that they feel are of importance**

## Appendix 18. Practitioner information sheet with interview schedule.

**Participant Information Sheet**

**Child on Parent Violence and Abuse Research Project**

**Project Title: My Flesh, My Blood, and the Violence In-Between; Narratives of Child to Parent Violence; A Qualitative Study.**

I am inviting you to take part in an interview for the above research project. Before you decide if you would like to take part, it is important for you to understand the purpose of the study and what the interview will involve. Please take the time to read this information carefully and please do not hesitate to ask me if there is anything that is not clear. Thank you for reading this.

**What is the purpose of the research project?**

Child on parent violence and abuse is a complex phenomenon that impacts upon the whole family.

Although it is an international and UK issue, the subject of child on parent violence and abuse has attracted minimal research attention, especially in relation to how parents cope and navigate the phenomena, and how the emotional bonds between the whole families may affect help seeking.

The research project aims to develop a better understanding of how existing services support families within Wales, the difficulties and constraints they face within the current climate, and how I could use such understandings from the study, so that future studies can build on my findings in developing future policy, guidance, holistic services and reporting pathways.

**Why am I being asked to take part?**

I would like to speak with people involved with child on parent violence and abuse, this includes, domestic violence service providers, social workers, family services providers, and the youth justice service. The purpose of these interviews is to engage with practitioners in order to gain a better understanding of the difficulties that current service provision is facing. Also, it will give me a better understanding into how existing services support families, the difficulties practitioners face in terms of how the complexities of the parent/child relationship play out in terms of help seeking.

From the data collated, I hope that it will result in the future development of policy, guidance and service provisions, can build upon my findings to develop much needed holistic services and provision.

If you are involved in child on parent violence and abuse in any of these ways I would value your time in aiding me with this project.

**Do I have to take part in an interview?**

No. It is up to you to decide whether or not you take part. If you decide to take part we will discuss the contents of this information sheet with you further and describe the consent process; you will be asked to sign a consent form prior to the interview.

**What happens if I agree to take part?**

You will be offered to speak to me at a date and time that suits you. At the time of the interview, we will go through this information sheet and ask you to fill in a consent form, and then we will talk about your experience of the phenomena. Interviews will be conducted face-face at the service providers location, Alternatively, participants can opt for a zoom/Teams meeting. Please be assured that all the necessary steps have been taken to ensure confidentiality, anonymity and that nobody will be able to overhear the interview. All premises are subject to Health and Safety Policies, Safe Operating Policies, and Current Covid Safe Working Guidelines. Everything you say during the interview will be treated confidentially, however, in the event of a safeguarding, or criminal disclosure, then I am required to pass on my concerns to a senior member of staff, to ensure the safety of everyone concerned. If you agree, your interview will be audio-recorded and later transcribed. This allows the researcher to concentrate fully on your conversation during the interview. You will be free to stop and withdraw from the interview at any point during our talk. You will also have 14 days to decide, that if after the interview, you no longer want to continue then you can withdraw.

**Those eligible to take part are as follows:**

You may take part in this study if you;

- You are currently or have provided support to families who have experienced child to parent violence and Abuse.
And, you are currently employed by a relevant service (e.g., Domestic violence, family, youth justice, housing service).
Please note that you must meet the 2 criteria's above to qualify for participation within the project.

**How long will the interview take?**

The times vary for each person we talk to, though we ask you to expect a time commitment of about 60 minutes for the interview with a comfort break, and if you feel you would like to talk more, we can extend the 60 minutes.

**Will my taking part in the project be kept confidential?**

Yes. Your data will be processed in accordance with the General Data Protection Regulation 2018 (GDPR). Any information collected about you will be kept strictly confidential. Your data will only be viewed by myself and my supervisors.

All interviews will be confidential and anonymous, through the use of codes in the thesis (E.g. Participant 1, Participant 2)

However, if a safeguarding disclosure is made, I cannot guarantee complete confidentiality, and will be escalated to the relevant authorities.

**How will my information be stored?**

Original audio files will be transferred to university approved computers immediately after the interview and deleted from the recording device. Audio files stored on computers will be destroyed after transcription; anonymised electronic copies of transcripts will be stored on approved University computers, which are password protected and virus checked; this data may be retained for up to 10 years after the study. Records from studies with major health, clinical, social, and environmental or heritage importance, novel intervention, or studies that are on-going or controversial should be retained for 20 years after the completion of the study. It may be appropriate to keep such study data permanently within the university, a

national collection, or as required by the funders policy. (Note that this is a requirement of SU Research integrity framework on Research Ethics and Governance) No personally identifiable information will be kept.

**What will happen to the information provided for the project?**

Findings of the research project will be presented in a PhD thesis for Swansea University and may be used for educational purposes such as seminars, conferences, and publication in academic, professional and Open Access journals and public reports.

**Who is carrying out the research project?**

The information is being collected by Lorna Jenkins from Swansea University.

**Are there any risks associated with taking part?**

I recognise that Child to Parent Violence and Abuse is a sensitive topic, therefore I have provided a sample of some of the more challenging questions below, so that you can make an informed choice if you wish to go ahead. Please be assured that all the necessary steps have been taken to make sure the interview will be confidential, anonymous, and conducted within a safe environment.

**Sample Questions.**

**1**. Since your time within your role of supporting families with CPV], could you describe the changes within caseloads? (Prompt; increased/decreased caseloads. Parental reporting changes. Severity of cases. Gender differences in reporting, i.e., more males/more females?)

**2.** From your perspective as a practitioner, why do you think CPVA occurs? (Prompt; where would you frame it? Criminal justice? Gender and power based? Mental health/developmental disorder)

**3.** In your experience in supporting families, could you describe to me if you have ever encountered parents who were reluctant to seek help? (Prompt; Fear of the parent/ child relationship fracturing? Stigma? Guilt?)

Research and evaluation undertaken via the SHSC at Swansea University are looked at by the Research Ethics Committee (REC). The SHSC REC consist of an independent group of people with experience and expertise in research who oversee projects to ensure your safety, rights, wellbeing and dignity are protected.

**Further information and contact details**

If you have any questions about the project or would like to speak to someone about taking part please contact:

**Data Protection Privacy Notice**

The data controller for this project will be Swansea University. The University Data Protection Officer provides oversight of university activities involving the processing of personal data, and can be contacted at the Vice Chancellors Office.

Your personal data will be processed for the purposes outlined in this information sheet.

Standard ethical procedures will involve you providing your consent to participate in this study by completing the consent form that has been provided to you.

The legal basis that we will rely on to process your personal data is necessary for the performance of a task carried out in the public interest. This public interest justification is approved by the College of Human and Health Sciences Research Ethics Committee, Swansea University.

The legal basis that we will rely on to process special categories of data is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes.

**What are my rights?**

You have a right to access your personal information, to object to the processing of your personal information, to rectify, to erase, to restrict and to port your personal information. Please visit the University Data Protection webpages for further information in relation to your rights.

Any requests or objections should be made in writing to the University Data Protection Officer: