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**OLLSCOIL NA GAILLIMHE**  

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**UNIVERSITY OF GALWAY**

**Embattled Families**

**Parents' Experiences of Child to Parent Violence and Abuse and of the Non-Violent  
Resistance Intervention**

**A Thesis Submitted for the Degree of Doctor of Philosophy to the School of Political  
Science and Sociology**

**University of Galway**

**Ireland**

**June 2023**

**Submitted by: Tara Kelly M Sc.**

**Supervisor: Dr Declan Coogan**

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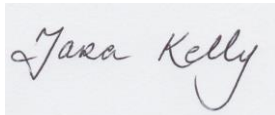
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## Candidate declaration form

I, Tara Kelly, certify that this thesis is my work and that all published or other sources of material consulted have been acknowledged in the text or references section.

I confirm that the thesis has not been submitted for a comparable academic award.

A rectangular box containing a handwritten signature in cursive script that reads "Tara Kelly".

Tara Kelly

## Abstract

*Despite extensive activity in the field of domestic violence in recent decades, the matter of child to parent violence and abuse has been largely ignored in policy, practice and research until relatively recently. While increased activity in this domain is noted, the fact remains that there is no clear conceptualisation of this form of family violence. Responses vary significantly depending on the professional lens through which it is viewed. It has been variously understood as domestic violence, a mental health concern or a criminal matter albeit without a legal remedy. Practitioners are without direction on how this should be understood and what is the most appropriate response. This mixed methods study, using a Constructivist Grounded Theory methodology, gives voice to twenty-three parents in Ireland who live with child to parent violence and abuse. It provides rich and detailed data on their daily lived experiences and how they manage to live with the abuse and/or violence from their child for whom they remain morally and legally responsible. The study takes parents on a journey from discussing and exploring their experiences, through the Non-Violent Resistance (NVR) intervention, (developed by Haim Omer and adapted for use in the Irish context by Declan Coogan) and reports on their views of what changes, if any, they experienced as a result of their engagement in NVR. The findings from this study provide insight into the experiences of parents and their needs for support in addressing the violence and/or abuse in their family homes. ‘Embattled’ is proposed as the core category – representing not just the lived experiences of parents – but also the lived experiences of their child and his/her siblings. This study contributes to a growing awareness and understanding of child to parent violence and abuse and an insight into NVR as an intervention.*

## Acknowledgements

This thesis is based on the experiences of parents. I am mindful that those have been very painful and distressing experiences. I am very grateful to them for trusting me with their stories. I will work hard to use their voices to influence services, practice and policy where possible and in doing so, hopefully make life better for some parents and their children. I wish each of those parents and their families, the very best for the future.

PhDs are certainly not achieved by one person alone. I have no doubt that this thesis would not have been completed without the much-needed support and encouragement from the following people.

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This thesis is dedicated to my parents, Myles and Angela, with love.



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# Chapter 1 Introduction

## **Rooted in practice: The origins of the study.**

*“Nobody knows the reality of living with a child who is abusive.”*

(John, L17, T2).

This study sets out to bring to light the realities for parents who, like John, are living with a child who uses violence or aggression. The origins of the study are firmly rooted in my practice in a community-based Family Support Service (FSS) located in Tusla, the Child and Family Agency. (See chapter 2 for further details). In the late 2000’s, as manager of that service, I began to notice a new and emerging concern arising from our contact with families. Prior to that time, our work was mainly concerned with families experiencing disadvantage, housing problems, poverty, child neglect, domestic violence, poor mental health and weak social networks and family supports. The focus of work was very much on building the strength of the family, providing concrete supports, and working directly with children under stress.

In 2003, as part of a service evaluation, a profile of parents attending the service concluded that parents were four times more aggressive towards their children and had consistently poorer relationships than the average Irish parent (McKeown, 2004). Furthermore, McKeown noted high levels of aggression in partner relationships. A parallel profile of children attending the service concluded that they presented with higher levels of psychological disturbance than the average Irish child and experienced parents as less supportive. Over 90% were reported to have serious difficulties regarding conduct and hyperactivity. They experienced lower levels of life satisfaction and generally, fell well below the norm experienced by Irish children (McKeown, 2004).

Despite this close analysis of parents, children and their relationships, the matter of Child to Parent Violence and Abuse (CPVA) did not emerge as a pressing concern. My recollection of families attending at that time is that much of the conduct related problems presented in school or in the wider community – with children and young people spending long periods of time outside of the family home which was in turn a source of conflict between parents and children.

## **Emerging concerns for families: Staying in is the new going out.**

Almost ten years later, some parents began to report a new concern – high levels of aggression and violence – at the hands of their children under eighteen years of age. These concerns were also expressed by parents who were not experiencing multiple stressors. The first parent to present was a woman whose adolescent daughter had begun to assault her when her demands were not met. This woman described

experiences that were, essentially, akin to those of a victim of domestic violence. She had physical injuries and was fearful of her daughter's behaviour. She used a phrase that I later discovered to be common in the literature on CPVA – she described herself as “*treading on eggshells*”.

The service was aware of the supports and resources available to women seeking to remove a violent perpetrator from their home or indeed, seeking refuge for themselves and their children outside of the family home. This, however, was not an option for the woman in question. The ‘perpetrator’ of the violence was a child for whom she remained legally and morally responsible. To leave her home for a refuge would have resulted in a child protection concern – the abandonment of her child.

As a team of Social Care Workers and Social Workers, we began to talk about this and those conversations, in turn, led to us noticing more families experiencing high levels of conflict with -and aggression and violence from, their child. In the context of this conflict, children were sometimes injured, and the incident may have presented to the Social Work Department (SWD) as a child protection matter – a child bruised while being restrained, a child pushed out of the family home by a parent who was attempting to avoid injury or a child who was hitting his father while his father drove and whose arm was injured as his father tried to prevent this. Discussions with our colleagues on the local Duty Social Work Team indicated that an increasing number of cases such as these were presenting to their service.

As a Family Support Service, it was not clear how we should support these families. There was no understanding of how to conceptualise this type of family violence. As a team, we did not have a common language to describe these scenarios. CPVA had not formed part of our training – unlike other forms of family violence. We had clarity and guidelines from our organisation (see Chapter 2) on working with other forms of family violence. Intimate Partner Violence (IPV) where adults abused other adults and Child Abuse (CA) where adults abused children had clearly agreed responses. Cases of children using violence and abuse towards their parents, however, were not acknowledged in the general discourse on family violence.

Violence towards adults on the part of young people was certainly not unheard of. Anti-social behaviour in the locality was acknowledged as a concern generally. In the community in which we were based, anecdotal reports of intimidation and property damage by children and adolescents were not uncommon. Violence directed towards parents in the family home by children who were not necessarily engaged in anti-social behaviour, was certainly new – or unacknowledged by services.

### **Initial Responses to CPVA**

Our initial response, based on our observations of the parents, was to understand this phenomenon as a domestic violence matter – albeit concerning children as the perpetrators of the violence. So, we sought

support from a service that worked with violent men. In 2012, we invited parents to a group – a partnership between our service and a service for men who were perpetrators of domestic violence. This initiative failed, and parents began to withdraw. It is only now, with the benefit of hindsight, that the team can understand that parents do not wish to view their child or adolescent as a perpetrator. Furthermore, even if they took this position in relation to the problem, the options available to them are not what is available to those responding to an adult perpetrator.

In 2013, I came across an article in the Irish Times (Wayman, S., 2013) which described the work of Declan Coogan from NUI Galway. The term Child to Parent Violence was used which described precisely what we were observing in our practice (The matter of terminology will be discussed in detail in Chapter 3). Furthermore, Coogan presented Non-Violent Resistance (NVR) as a potential response, and this appeared to take in to account the challenges we had experienced. It also answered some of the questions we had formulated around this new concern. How can we support parents who are experiencing violence and aggression from their child? How can we work with parents to address this violence without resorting to removing their child from the home? How can we equip parents to respond to this violence effectively while maintaining regard for the fact that the violent individual is a child? How can we repair and strengthen parent/child relationships?

Excited by the possibilities presented by Coogan, I quickly made contact with him. I learned that Ireland was one of five European countries collaborating on a research study on CPVA (<https://nvrireland.ie/rcpv-project-2013-15/>) at that time. I learned that, as part of this European study, I could avail of training in NVR to be delivered by Coogan and his colleague, Eileen Lauster. I worked with a colleague to organise this training opportunity for a total of forty practitioners in the local area from a range of services and disciplines. When advertised, the training quickly booked out and a waiting list was held. It was clear that local practitioners had a keen interest in training in this area and in June 2014, I completed the NVR training with my colleagues.

In coming together for this two-day training event, practitioners from a range of services working with parents and children began to talk about their observations. Two members of An Garda Síochána (AGS – National Police Service of Ireland) were present and told of the increased frequency of calls to family homes following high levels of conflict between a parent and child. Other services equally spoke of new concerns – more children staying in with access to the internet, high levels of conflict around screen use, parents struggling to manage conflict and reporting high levels of escalation. These concerns are echoed by Parentline, a national helpline for parents. This service reports that parents are no longer calling about children’s behaviours outside of the family home. In fact, parents report that their children are in their bedrooms and on their devices. *“Their problem now is how to get them out of there, rather than back in there”* (Wayman, 2022).

Emerging from the training with a new understanding of CPVA and a promising response in the form of NVR, I moved with my colleagues to deliver NVR parent groups within our service. Referrals to those groups from parents and professionals were consistent. Attendance rates were good – this had not necessarily been the case with previous parenting groups – and reports from parents were positive. It appeared that following a period of searching for an understanding of CPVA and an appropriate response, we had essentially ‘hit the spot’ for parents.

I subsequently trained as a trainer and, with a co-facilitator, in turn I have delivered training to more than 1,000 practitioners across the country. Coogan’s research focused on practitioner experiences and understandings of CPVA and of their views on NVR as a response to this form of family violence. It seems timely, after a number of years of working with this emerging phenomenon, that we pause to consider parents experiences – not only of CPVA but also of NVR as a potential response.

### **Aims of the study**

With this in mind, this study has been conducted with the following aims.

1. To explore the views of parents who have experienced CPVA
2. To consider the impact, if any, of parental participation in an NVR intervention on the parent/child relationship
3. To consider the views of parents of the NVR intervention as a response to CPVA
4. To contribute to the growing body of research on CPVA in Ireland and internationally
5. To develop an understanding of CPVA grounded in the perceptions and experiences of parents who live with this problem.

### **Research questions**

In order to meet these aims, five key research questions were formulated.

1. What are the experiences of parents who are faced with CPVA?
2. What is their understanding of the contributory factors to this violence?
3. In what ways, if any, does CPVA impact on the parent/child relationship and on family relationships?
4. What impact, if any, does participation in an NVR intervention have on the parent/child relationship?
5. What are the views of parents of NVR as a response to CPVA?

## **Research methodology**

To answer these questions, I elected to employ Constructivist Grounded Theory (CGT) as my methodology. As Charmaz notes, many researchers and graduate students “*have a sound footing in their disciplines before they begin a research project*” (2006, p.2017). This is certainly relevant in my case and in this position, there are “*vantage points*” (2006, p.2017). Despite this, Charmaz cautions that we need to “*remain as open as possible to whatever we see and sense in the early stages of the research*” (2006, p.2017.). With this in mind, a mixed methods approach – guided by a CGT perspective – was selected with a view to a deep exploration of the subject, particularly as it is – to the best of my knowledge – the first such study of its kind in the Irish context. The intention is to gain rich data and to move well beyond my ‘vantage points’ as a practitioner.

While qualitative methods will provide the primary source of data through semi-structured interviews, questionnaires, Charmaz contends, “*can foster frank disclosures that a person might not wish to make to an interviewer*” (2006, p.36). The questionnaires, therefore, will be employed to facilitate a broader exploration rather than to evaluate an NVR intervention. This mixed methods approach will be guided by CGT which is expected to facilitate a robust exploration – as opposed to an evaluation – of parents’ experiences of CPVA and NVR.

Guided by the processes outlined in CGT (Charmaz, 2014), theory will be built in the following way:

- The study will begin with an initial review of the literature
- I will ensure memoing takes place throughout the study
- Data will be gathered and interpreted
- On-going and contemporaneous memoing
- Further data gathering until saturation
- Further reflection and analysis
- A return to the literature
- Further reflection
- Development of theory

This thesis will return to the methodology employed in the study in Chapter 5.

## **Terminology**

With a Constructivist Grounded Theory methodology, this study aims to prioritise the voice of those who participate. For this reason, those who engaged are referred to as parents rather than participants. This methodology also acknowledges the researcher and their role in constructing knowledge and for this reason, I will use the first person singular throughout the thesis. With regard to children who behave violently, there appears to be an absence of consensus on how they are referred to in the literature. As will be described later, Non-Violent Resistance avoids pathologising the child – or indeed the parent. As such, terms that locate the problem in the child are avoided. For example, Junco-Guerrero et al. (2022) use the term *aggressor*. In this study, a term is borrowed from Dr Peter Jakob with whom I attend for supervision on my NVR practice along with my colleagues. Jakob refers to the child that is using violence as the '*interest child*'. It seems to me that this term identifies the child as central to the work without locating the problem in him/her and for this reason, will be used in this study.

## **Structure of the thesis**

In order to set the context for the study, Chapter 2 will present the location for the research. The setting will be described and policy and legislative frameworks that underpin this service will be briefly outlined. The context in terms of family, parenting and changes in parental authority in Ireland will be noted. Services that are particularly relevant to this study will be discussed with particular consideration given to the challenges for parents in accessing support. Of course, during this study, a global pandemic arrived with significant implications for the course of the research. In this chapter, the Covid-19 pandemic will be discussed briefly. Most importantly, parents' views on the impact of Covid-19 on their families will be reported in the findings chapter.

Chapters 3 and 4 review the literature on two distinct but, for this research, inter-related fields – the former on CPVA and the latter on NVR.

Chapter 5 provides an in-depth description of the methodology for the study and the possibilities and challenges presented by Constructivist Grounded Theory. The methods employed will be described and the strengths and limitations of the study will be presented. Changes to the study that were required as a result of Covid-19 will be outlined. The intervention, NVR, will be described.

Chapter 6 is allocated solely to the matter of reflexivity. This was considered necessary due to my position in the study as an insider and as a practitioner-researcher. While presenting certain advantages in relation to access to participants and understanding of the field, maintaining the dual positions of researcher and practitioner was difficult to navigate. This chapter presents my reflections on those advantages and challenges.

Chapter 7 presents the findings from the Time 1 interviews with parents. This chapter provides extensive accounts of parents' experiences of CPVA.

Chapter 8 will present the findings from interviews with parents at Time 2 – post-intervention. An additional question was added to reflect the impact of the Covid-19 pandemic on parents' experiences of CPVA.

In Chapter 9, quantitative findings from the data at Time 1 and Time 2 will be presented.

In Chapter 10, a comprehensive discussion on the findings of this exploratory study will be presented and findings will be integrated with the literature.

Chapter 11 will conclude the thesis and contain key findings and recommendations based on the study.

## **Conclusion**

This chapter began with an outline of the rationale for this study. Based very much on practice experience, observations on what appears to be an increasing level of CPVA in my practice setting – and indeed nationally and internationally -were reported to be the origins of the study. The challenges that this presented to my colleagues and I in a community-based Family Support Service (FSS) - were named. Attempts to respond effectively have also been described. As those initial efforts failed, I describe reaching the conclusion that an understanding of how CPVA could be conceptualised and understood, was necessary in order to provide a response to CPVA.

Arising from those challenges that emerged as we encountered this new phenomenon, are the aims of this study and more specifically, the research questions that have been formulated. The selected methodology has been presented briefly and will be explored in considerably more detail in Chapter 5.

Finally, the structure of the thesis has been presented. The next chapter will begin to set the context for this exploratory study of parents' experiences of CPVA and NVR.



## Chapter 2 Setting the context

### Introduction

*“In the last decade, rates of child-to-parent violence (CPV) have risen dramatically, becoming a significant social problem in some countries”.*

(Contreras et al., 2020, p.1).

This chapter will begin by setting the context for this study of this increasingly prevalent social problem. The location of the study, the nature of the service where it is situated and the position of that service within Tusla, the Child and Family Agency (hereafter CFA) will be outlined. Key government policies related to parenting will be noted – in particular the efforts to include the voice of the parent in parent support services.

Recent changes in the landscape of family life, family structures, parenting and particularly parenting authority will be considered. Noting that children who display challenging behaviour are more vulnerable to physical punishment, services for those children -namely Child and Adolescent mental Health Services (hereafter referred to as CAMHS) and Disability services – will be discussed. Reports on the shortcomings of those services will be presented due to the significant attention they have received in recent times. The impact of the Covid-19 pandemic cannot be ignored in any research study since its arrival in 2020 and so it will be noted here and discussed later in the Findings chapter. Thus, the context for this study on CPVA - described above as a significant social problem that is increasing dramatically - will be set in this chapter.

### Location of the study - Policy and legislative framework

The establishment of the Family Support Service (FSS) where the study took place was part of a nationwide family support programme which was introduced in Ireland in the 1990's. The service in question was opened in 2001 - three years after an initial tranche of 14 similar services across the country were established. At that time, the legislative basis for services was the Child Care Act (1991). This act contained a statutory commitment to Family Support (DCYA, 2015) and required the then Regional Health Boards to promote the welfare of children who may not receive adequate care and protection.

At that time, child and family support services were located within those regional Health Boards. It was just a decade later (2014) that further significant change took place when HSE children and family services, the Family Support Agency and the National Educational Welfare Board became a dedicated state agency responsible for the protection and welfare of children – the Child and Family Agency – also known as Tusla. In addition, services responding to domestic, sexual and gender-based violence

and some psychological services were incorporated into the newly formed agency (<https://www.tusla.ie/about/>).

Prior to 2014, health and social care services were under the auspices of the Health Service Executive (HSE). The formation of the Health Services Executive (HSE) in 2005 represented “*the beginning of the largest programme of change ever undertaken in the Irish public service*” (HSE, 2007, p.2). However, Malone and Canavan report that the “*organisational suitability*” of HSE was questioned following a number of enquiries relating to the abuse of children in the home and indeed, in state care (2018, p.12).

While a number of enquiries have taken place in relation to child abuse in the family setting, the two major inquiries are known as the Kilkenny Incest Investigation (McGuinness, 1993) and the Roscommon Child Care Inquiry (Gibbons, 2010) (Kilkelly, 2012). The former reported on extensive abuse of a girl by her father while the family was known to child protection services. McGuinness argued that the emphasis on the rights of the family in the Constitution may have given rise to the understanding that the rights of parents had a higher value than those of a child (Kilkelly, 2012). McGuinness (1993) proposed significant changes to the child protection system in her report – including mandatory reporting, standardised notification systems and the establishment of a child abuse register. McGuinness also proposed amendments to Articles 41 and 42 of the Constitution – the former is concerned with the Family and the latter with education and state intervention in the family (Kilkelly, 2012).

The Roscommon Child Care Inquiry (Gibbons, 2010) was also concerned with the failure of child protection systems to intervene effectively in the neglect and abuse of children by their parents. The Roscommon Inquiry reported that the HSE had failed to remove the children in question despite knowing the family for an extensive period. The recommendations “*mirrored those made in the Kilkenny Inquiry over 15 years before*” (Kilkelly, 2012, p.3). Other reports of considerable significance were also commissioned and related to abuse in institutional settings. While a close look at those reports is beyond the scope of this study, it can be said that they led to major concerns from the public about the failure of systems to protect the child.

Indeed, an “*intense period of criticism of child protection and welfare services in Ireland*” led to the creation of the CFA (Canavan et. al., 2021, p. 143). In 2013, the Child and Family Agency Act (2013) was enacted. This Act provided for existing services to children and families to be transferred from the HSE into one agency known as Tusla, Child and Family Agency (Devaney, 2013). The Act represents a progressive piece of legislation, assert Malone and Canavan (2018) -viewing the family as a place where children can flourish and as the foundation for a healthy community.

The functions of the CFA are to develop and maintain support services with a view to supporting and promoting the development, welfare and protection of children (Devaney, 2013). In addition, the CFA

is responsible for supporting and promoting the effective functioning of families (Crosse and Devaney, 2018). As part of Tulsa's Parenting Support Strategy, the agency makes explicit its goal to facilitate parent involvement in the planning, delivery, and evaluation of services (Crosse and Devaney, 2018). In creating the role of Parent Support Champions, Tulsa aims to take account of the voice of the parent and elicit parents' views on the delivery of services. These 'Champions' are existing practitioners working with children and families and their role involves promoting the objectives of the Parenting Support Strategy, facilitating parent involvement in services, networking and promoting evidence-based parenting support messages (tusla.ie).

From the outset, the Family Support Service, as part of a national programme of services for families, was designed to be available to all families but with a particular focus on targeting those who had particular needs (Devaney, 2013). The main concerns presenting, as noted by Devaney, included domestic violence, school avoidance, emotional abuse, neglect, and economic disadvantage. An evaluation of the national initiative, Devaney (2013) notes, established very positive experiences for both parents and children who attended the service. In fact, McKeown et. al. (2006) reported from their evaluation that the most significant improvement for families attending these newly established Family Support Services occurred in feeling supported as a parent followed by involvement and communication with children.

### **Partnership, Prevention and Family Support (PPFS)**

Tusla, the Child and Family Agency, consists of seven key service strands as follows: (i) child protection and welfare, (ii) alternative care, (iii) adoption, (iv) family support, (v) children's services regulations, (vi) education support and (vii) domestic, sexual and gender-based violence. The PPFS is located within the family support strand and consists of a range of family support services provided by Tusla and partner agencies (see <https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support/>). With the transfer of child and family services to the newly formed CFA in 2014, the service within which the study is located, also moved and is now fully located in the CFA. It is situated within the PPFS. This programme is concerned with working with parents and communities to prevent risks to children and young people arising or escalating. The PPFS was funded through major investment by Atlantic Philanthropies, Ireland. It is focused on a programme of investment in parenting, prevention and family support services with a view to strengthening those services (Malone and Canavan, 2018).

## **Parent support and participation**

Canavan et. al. propose that any child protection and welfare service will benefit from “*supporting parenting as a key strategy in achieving the well-being of children and young people*” (2021, p.144). As new parenting policy initiatives have emerged in Ireland, a range of services that support parenting and offer family support have developed across the country (DCYA, 2015)). Within Tusla, “*parenting and family support is a constituent element in all aspects of its work...*” (DCYA, 2015, p.12). Tusla also provides core funding to over one hundred and twenty family resource centres across the country which provide “*Ireland’s largest family and community national support programme...*” (FRC National Forum, 2022). (It must also be noted that Tusla is by no means the sole provider of parenting supports in Ireland. A range of services are commissioned from providers in the community and voluntary sector, such as Barnardos, Irish Society for the Prevention of Cruelty to Children (ISPCC) and The Daughters of Charity).

Tusla also asserts that parental participation is “*an essential component in the design of effective services*” (DCYA, 2015, p.25). It has been unequivocal about this position in recent years. Indeed, the agency contends that “*what parents have to say about the services that they participate in, will be an important part of the evidence about what is working for children, parents and families*” (DCYA, 2015, p.25).

In 2014, the then Government published Better Outcomes, Brighter Futures - “*the first overarching national policy framework for children and young people*” (Ireland, 2014, p.1). This policy framework clearly stated that “*parents will experience improved support in the important task of parenting and feel more confident, informed and able*” (p.2). A short time later, in 2015, the DCYA issued a High-Level Policy Document which reiterated a strong commitment by Government, in partnership with other agencies, to ‘Parenting and Family Support’ – naming it as a priority in Government policy. It provided a policy platform for the CFA to strengthen Parenting and Family Support (Crosse and Devaney, 2018). The purpose of this document was to “*promote the availability of a coherent continuum of local supports to all parents and families which can be accessed easily and in a timely way*” (Connolly and Devaney, 2017, p.12). It also aimed to guide state bodies in their work to support families to successfully parent children. Within the central policy message was the acknowledgement of the importance of the parent/child relationship for children’s development. The document also acknowledged that “*family support challenges are wide-ranging and can be profound*” (p.8).

Currently, a National Model of Parenting Support Services is in place. *Supporting Parents* (2022) is a whole-of-government approach. It aims to improve supports and help parents to feel “*more confident, informed and able*” (DCEDIY, 2022, p.7). This model is part of a strategy for children and their families (First 5 – 2019-2028). Parents were one of the many stakeholders whose views informed this strategy. Among the goals of *Supporting Parents* is to promote awareness of and access to parenting support and

to provide services that are needs led and evidence based. ([www.gov.ie](http://www.gov.ie)). In addition, Tusla recently published a 5-year Parenting Support Strategy (2022-2027). Known as the Parenting Strategy it aims to make available to parents a range of tailored supports and to ensure parents and practitioners are aware of those supports (see [https://www.tusla.ie/uploads/content/Tusla\\_Parenting\\_Support\\_Strategy\\_2022-2027\\_Web.pdf](https://www.tusla.ie/uploads/content/Tusla_Parenting_Support_Strategy_2022-2027_Web.pdf)).

With a comprehensive suite of policies on parenting supports in place nationally, the voice of the parent in the development of those policies will now be considered. It will be argued, however, that despite the intention to include the voice of parents in the development of parent supports, the voice of the parent who experiences CPVA, is largely silent.

### **The Voice of the Parent**

In order to provide what Connolly and Devaney describe as a “*coherent continuum of local supports to all parents and families...*” (2017, p.12) as referenced on the previous page, an understanding of what the challenges for parents and children are, is an obvious starting point. However, the voices of parents regarding their experiences of CPVA appear to remain largely silent and in the Irish context, this current study appears to be the first to explore parent’s experiences of CPVA. Maintaining silence on this issue, suggest Paterson et al. (2002), leads to isolation for families and compounds a sense of shame about the matter. In recent years in Ireland, parents have been particularly vociferous in the public domain regarding service provision in areas such as mental health and disability. (This is further discussed later in this section). However, it would appear that this has not been the case with parents’ experiences of CPVA. It is an explicit goal of this study to give voice to those parents who are living with violence, aggression and abuse from their child and as such is very much in line with Tusla’s goals to listen to the views of parents. Caught in the most difficult of positions, these parents live with actual or threats of significant violence and abuse of different forms. Unlike other victims of family violence, parents remain morally and legally responsible for their child who is inflicting violence on them (Hernández et. al., 2020).

The silence surrounding CPVA may be a result of the failure of services to hear these concerns. In fact, 58% of parents surveyed in 2020 reported that they were not aware of *any* parenting services in their community (DCEDIY, 2022). Of concern is the idea that parents might not know how or where to access support on CPVA – particularly as there is no national or local service that is mandated to respond to CPVA. Parentline, a charity, however, is a national, confidential helpline for parents ([www.parentline.ie](http://www.parentline.ie)). They report that CPVA is the most common issue among parents ringing the helpline with 42% of more than 6,000 calls “*related to anger and aggression from children directed at their parents*” (Wayman, 2022).

In 2021, the Minister for Children, Equality, Disability, Integration and Youth, Roderic O’Gorman, launched an online public consultation on improving parent supports. Among the many topics that contributors believed should be included in parenting supports were behaviour management, anger and aggression, relationships and communication. It is possible that participants in that study were describing CPVA albeit using different terminology (The importance of terminology is discussed in Chapter 3).

In the context of the current study, it should be noted that government parenting strategy clearly recommends more consultation with parents on their support needs. (DCEDIY, 2022)

### **Family changes in Ireland**

There is little doubt, Canavan asserts, that *“Ireland has experienced significant change in family structure, family formation and family-related attitudes, behaviours and practices over the past 40 years”* (2012, p.23). Kitchin concurs, referring to *“enormous social, cultural and economic change”* in the past two decades (2016, p.xii). Greene et al. also point to the *“unprecedented changes”* that have taken place in Ireland since the 1990’s such as a rapid growth in national income (2010, p.10). There have been major changes too - in gender role attitudes, a major increase in women working outside the home, a significant rise in cohabitation and a major drop in the birth rate resulting in smaller family sizes (Fine-Davis, 2016). Geraghty and Gray refer to the *“rapid convergence of Irish family patterns to European norms from the late 20<sup>th</sup> century”* (2017, p.208). These changes simultaneously occurred in western societies with increasing diversity in families and the values they held (Gray et. al., 2016).

Despite so much change in family structures and practices, there has been little research on families in Ireland (Greene et. al., 2010). Malone and Canavan (2018), in an evaluation of the PPFs, report that *“there is significant work required to move the organisation to a more systematic approach to the use of evidence”* (2018, p. 85). The social and structural changes that have occurred are likely to have implications for family life – other than those of an economic nature. Changes in family structures have resulted in more children being cared for outside of the home. Increasing numbers of parents working creates additional stressors for parents (Halpenny et al., 2010). Working parents may be *“time poor and over-stressed...and may not have the time or energy to devote to the appropriate parenting and support of their children”* (Greene et. al., 2010, p.11).

The Growing Up in Ireland (GUI) Study which researches children and their families in Ireland, has been described as *“the most substantial research initiative ever undertaken...”* (Greene et. al, 2010, p.8). It is a government-funded study of Irish children providing social, economic and developmental data on a sample of children in Ireland (Geraghty and Gray, 2017). Its primary aim is to inform Government policy with regard to children and families ([www.growingup.gov.ie](http://www.growingup.gov.ie)). Findings from the

GUI study provide interesting indicators regarding parent/child closeness and conflict. Despite the family changes referenced above, Nixon (2021), in reporting on the early adolescent cohort of the GUI study, reports that the majority of mothers and fathers described the relationship with their child as low in conflict and high in closeness. In turn the majority of 13-year-olds reported positively on parents' responsiveness. However, Nixon reports that while faring well as a whole and in comparison, with their peers in the UK and Australia, 1 in 16 children (6%) "*are displaying severely problematic levels of social- emotional and behavioural difficulties*" and 14 to 18 per cent of boys and girls "*are displaying elevated levels of depressed mood*" (2021, p.92). This, Nixon asserts, could be a cause for concern in the future. In the context of mother-child conflict, the GUI study reports that high levels of mother-child conflict predicted sustained high SDQ (Strengths and Difficulties Questionnaire) risk. Nixon concludes by suggesting that, based on the findings of the study;

*"Promoting positive relationships between parents and children may go a long way to protect children from social-emotional and behavioural difficulties: managing conflict, promoting closeness in the parent-child relationship, and parental responsiveness and demandingness are worthwhile goals to pursue..."*

(2021, p.102).

### **Changes in parenting and parental authority**

*"Laying down the law seems to be out of the question, and it is certainly the case that parents feel that they have to put effort into establishing an authority that was in the past more or less taken for granted. It seems that a more self-conscious, reflective and restrained form of parenting is called for nowadays."*

(Daly, 2004, p.33)

In 2004, Daly authored a report on public consultation fora that were organised across Ireland. In that report, Daly cites a mother who reported having to call An Gardaí "*in an effort to gain control of her children's behaviour*" (p.33). It was, Daly noted, "*a desperate act, especially as there was nothing the Gardaí could do, but she simply had to be seen to call on an external authority to get her children's attention and obeisance*" (p. 33). Daly proceeded to report from the consultations with parents that changes in parental authority are part of the modern condition. A large number of parents, she writes, report a lack of support from outside the family for maintaining authority in the family home. (The importance of a support network is discussed in Chapter 4).

In 2009, the first national survey of parenting styles and discipline in Ireland was conducted. Halpenny et al. (2010) concluded that parents use of discipline and punishment had, according to self-reports, changed over time. The survey reported that parents find it challenging to establish a balance between

control and consultation in their parenting. The matter of parental authority is of considerable significance in this study and will be further explored at a later stage.

In addition, Halpenny et al. (2010) reported a notable decrease in physical punishment, a decrease in psychologically aggressive strategies and higher levels of inductive strategies. With an inductive - also known as authoritative – style of parenting, strategies include discussing challenging behaviour and the consequences of this, highlighting the need for responsibility and avoiding critical and demanding strategies (Walters, 2016). In fact, inductive strategies were used by the majority of parents in the GUI study and psychologically aggressive strategies were relatively infrequent. Yet, despite these findings, Halpenny et al. (2010) described as an important message from the GUI studies, the fact that some children such as those who display difficult behaviour are more vulnerable to physical punishment.

### **Services for families under stress**

For those children who display difficult behaviour or experience poor mental health and/or additional needs, support services are often required. Yet, in recent times, mental health and disability services for children in Ireland have been widely criticised. In January 2023, the Irish Government faced questions from the United Nations Child Rights Committee over “*alarming*” delays in the assessment of children with disabilities and mental health issues (O’Brien, 2023). These delays have been widely covered in the Irish media. (See Bowers, 2023; Power, 2023; Clarke, 2023).

In its concluding observations, the UNCRC (2023) recommended that the Irish state should decrease the time spent waiting for assessment and diagnosis to facilitate timely access to the required services and supports. The UNCRC noted “*serious concern*” about “*insufficient and inadequate mental health services for children*” (p.10). Lengthy waiting lists were also listed as a source of concern along with the placement of children with mental health difficulties in adult psychiatric services. The Committee urged the state to “*ensure the availability of therapeutic mental health services and programmes for children*” (p.10). In the current study, all parents sought support from CAMHS and what are now the Children’s Disability Network Teams (CDNT’S). A brief outline of current issues relating to these services will now be provided.

### **Mental health and disability services**

At the time of writing, significant public attention is focused on the delivery of Child and Adolescent Mental Health Services (CAMHS) in Ireland. CAMHS provides assessment and treatment for children up to eighteen years of age who experience moderate to severe mental illness. Noting that many other services in Ireland provide mental health support to children and young people in Ireland, Finnerty et al. (2023) contend that the term ‘CAMHS’ usually refers to services that provide specialist mental health



treatment through a multidisciplinary team. In the past two and a half years, waiting lists for CAMHS almost doubled with 600 children waiting more than a year for an appointment (McGarrigle, 2023).

In April 2021, a review of CAMHS services in one area in the southwest of Ireland began. This followed the reporting of serious concerns regarding the clinical practice of a doctor in the service. Conducted by Dr Sean Maskey, An Taoiseach described the findings of this report as “*shocking, very serious and unacceptable*” (Cullen and Burns, 2023). These concerns included exposure to the risk of “*significant harm*” as a result of some children’s diagnosis and/or treatment (Maskey, 2022, p.49). Some of the many concerns identified by Maskey relate to misdiagnosis of children, poor monitoring of children on medication, an absence of appropriate medical testing and poor oversight of the work of the doctor about whom concerns had been raised. In response, a state compensation scheme was established for children who were harmed as a result of poor practice in the service (Burns, 2022).

In March 2022, the High Court found that HSE methods of assessment of children were unlawful. Parents conducted public protests in various parts of the country – seeking an improvement in disability services for children (Conneely, 2022). The Maskey report (2022) later led to an independent review of CAMHS services across the country by the Mental Health Commission. Publishing an interim report in January 2023, the author of that report noted “*serious concerns and consequent risks for some patients...*” (Finnerty, p.3). Finnerty’s report has been described as “*damning*” (Holland, 2023). These concerns and risks were – and continue to be - widely covered in the media with parents reporting significant difficulties in accessing appropriate and timely treatment for their children. Concerns were also voiced in the Seanad (Seanad debate. Feb. 1<sup>st</sup>, 2023, Vol. 291. No.7) and on the national airwaves (see <https://www.rte.ie/radio/radio1/clips/22201091/>). Finnerty’s 2023 report concluded by stating that there existed “*an unacceptable risk to children in many CAMHS community teams*” (2023, p.27).

It is worth noting at this juncture that all the children whose parents are at the centre of this study, were attending or had previously attended CAMHS. It should also be noted that the area in which the study was conducted was reported to have a safe CAMHS- although this was not identified in the Finnerty report (Holland, 2023).

Progressing Disability Services for Children and Young People (PDSCYP) is a national programme aimed at reconfiguring disability services to children and young people. This programme was established following a 2009 report of an advisory group to the Health Service Executive (HSE). The goal of the programme is to make services for children with disabilities across the country, equitable and consistent (HSE).

As noted by Finnerty (2023), children need to move between services – primary care, mental health and disability. However, her report found that those services were uncoordinated, relationships between those services were poor and there was a lack of joint work. It is fair to say, based on this report, that navigating these services for parents and children is an arduous task. As media coverage continued to

give voice to parents' experiences of accessing support, one newspaper interview reported a parent saying she was *"burnt out and exhausted"* (McGuire, 2022).

In March 2017, in recognition of the need for joint working, Tusla and the HSE issued a Joint Protocol for Interagency Collaboration (Known as Joint Protocol, 2020). The protocol established expectations for both agencies with a view to providing best outcomes for children and families. A series of nationwide workshops were organized with relevant stakeholders to promote the goals of the protocol (HSE and Tusla, 2020). Despite these efforts, the Ombudsman for Children's Office continued to receive complaints in 2022 regarding CDNT's with some parents reporting that their CDNT was uncontactable or not responding (Muldoon, 2022).

### **The Covid-19 pandemic**

The Covid-19 pandemic originally appeared in China in December 2019 and was declared a Public Health Emergency by the World Health Organisation on January 30<sup>th</sup>, 2020 (Laskiewicz, 2020). A speech by An Taoiseach (the Irish Prime Minister) on March 17<sup>th</sup> *"was the beginning of the public health emergency in Ireland due to the Covid-19 pandemic"* (Norton, 2020, p.183). Nationwide measures of public containment were first announced on March 12<sup>th</sup>, 2020, including the closure of schools, colleges and childcare facilities. As a result of stay-at-home measures, many parents had to manage working from home with home-schooling.

Covid-19 is understood to have affected every aspect of public life (Cortis et al., 2021, Börner and Seeleib-Kaiser, 2023). The pandemic posed major challenges for people around the globe (Martin et al., 2022). Longitudinal international data reports that Covid-19 had a negative effect on parents (Berry et al., 2021). Women experienced higher levels of stress than men (Tharp et al., 2021). Young people internationally experienced *"unprecedented disruption"* with research reporting *"significant impact academically, socially, developmentally, and in relation to mental health, for children and young people."* (Keane et al., 2022, p.1).

With regard to family violence, it has been reported that Covid-19 *"rapidly altered patterns of domestic and family violence..."* (Cortis et al., 2021, p.1779). Indeed, as noted by Gregory et al., *"... the 'stay-at-home' public health directives intended to shield were in fact potentially harmful to those living with DA"* (2022, p.2). Holt et al. note that that the lockdown restrictions associated with Covid-19 have been considered a *"perfect storm"* (2021, p.59) in relation to Domestic Abuse (DA) and family violence. With movements restricted, supports from services limited and the requirement to stay home, concerns arose that perpetrators might use those restrictions *"as justification for, or to conceal, their actions"* (2021, p.59).

In the context of this study, it is worth considering an Irish study which concluded that during the Covid-19 pandemic, *“the parents of children with externalizing difficulties experienced significantly higher stress, lower levels of well-being and engaged in higher levels of avoidant-focused coping strategies longitudinally”* (Berry et. al., 2021, p.2). The social isolation and social distancing imposed on people was *“even harder for families living with abusive and/or violent behaviour”* (Coogan and Lauster, 2020, p.3).

Of course, conducting research during Covid-19 also presented significant challenges. The impact of Covid-19 on the current study will be outlined in the methodology chapter. The impact of Covid-19 on parents at the centre of the study will be presented in Findings Time 2, when an additional research question was added to explore how the pandemic impacted on families already experiencing parenting challenges.

## **Conclusion**

*“The past few years have not been an easy period for parents in Ireland. It can be difficult for parents to know what to do, especially in a time of high stress or turmoil. The role of parenting support services is invaluable in this respect”.*

(Minister O’Gorman, April 27<sup>th</sup>, 2022)

This chapter set out to provide the context for this exploratory study. It is fair to say that the study - which took place over a period of six years - was conducted in the context of significant activity in Ireland in relation to on-going family and parenting changes and challenges, new policy developments, changing organisations and indeed, a global pandemic. Consideration has been given to the voice of the parent in service provision at a time of significant public discontent regarding services for children with mental health challenges and additional needs.

Family Support is an ever-changing landscape. New challenges emerge, governments change, organisations restructure and rarely, a significant event such as a global pandemic arrives. As noted by O’Gorman above, recent years have been particularly challenging for parents. This study attempts to capture, at this moment in time, how parents experience CPVA and how they view our efforts to respond effectively with the use of an NVR intervention. Before we hear those experiences in the finding’s chapters, the next two chapters will present a review of the literature. The first chapter is concerned with CPVA and the second with NVR.

## Chapter 3 Child to Parent Violence and Abuse

### Introduction

This chapter will consider the matter of Child to Parent Violence and Abuse (CPVA). First, it will begin by setting out the rationale for selecting a narrative literature review and describing how this was undertaken. The context for the chapter will then be set by looking briefly at responses to family violence here in Ireland. The absence of an official discourse on CPVA will be discussed. An overview of the history of CPVA in the literature, definitions and terminology will then be considered. The rationale for using the term CPVA will be explained. There is significant variation in the ways in which CPVA is conceptualised and these variations will be presented. The absence of agreed language and terminology on the subject and its implications for policy and practice will also be discussed.

Consideration will be given to contributory factors to, and explanations for, CPVA. How it impacts and how it presents will be explored. Where CPVA is located in policy, practice and public health relative to other forms of family violence, will also be discussed.

### The literature review

Green et al. (2006) suggest that there are three varieties of literature review – a narrative review, a qualitative systematic review and a quantitative systematic review. For this study, a Constructivist Grounded Theory methodology was selected as being most aligned with my position in practice. Yet, the literature review in a grounded theory study “*has long been both disputed and misunderstood*” (Charmaz, 2014, p.306). (See Methodology chapter for further discussion). Constructivist Grounded Theory, unlike previous versions, does not object to early engagement with the literature and acknowledges that the researcher may have been exposed to relevant literature prior to embarking on the study. A narrative literature review was considered to be the most suited to this particular methodology. Yet, Ferrari (2015) advises that, unlike systematic reviews, there are no acknowledged guidelines for narrative reviews.

Creswell (2009) offers a useful guide to conducting a literature review and this was a useful starting point. In addition, Green et al. (2006) provide a step-by-step guide. It must be said that I had some prior engagement with the literature as in practice, I had been encountering CPVA for some years. Charmaz (2014) notes that this is often the case for professional researchers. Nevertheless, the guides provided by Creswell and Green et al. offered a useful pathway. The starting point was to identify key search terms and select databases that are generally used in the field (social sciences in the case of this study). As will be discussed later in this chapter, Bonnicksen (2019) observes that many terms are used to describe this phenomenon. Indeed, she reported more than thirty terms. In this study, the following terms were listed at the outset; ‘*child to parent violence*’, ‘*parent abuse*’, ‘*adolescent violence*’, ‘*mother abuse*’ and

'youth to parent violence'. On returning to the literature at a later date, as is the procedure with Constructivist Grounded Theory, I added more terms based on reports I had read or conferences I had attended. These included '*adolescent violence in the home*', and '*youth to parent aggression*'.

Initially, all searches were in English but during the process, I sought some specific documents in Spanish (using Google to provide translation) as Spain has a high level of academic activity in the field of CPVA. The search focused on the period from 2000 to 2022 as new literature was emerging such as Covid-19 related studies. Selected disciplines included social work, psychology, psychotherapy and systemic family therapy. Conference proceedings were also identified as useful sources of information on on-going developments in the field of CPVA. A number of these were identified and accessed and provided useful additional references.

Grey literature was a significant source of information – in particular, reports on family life and domestic violence. With many of the issues presenting in this study also featuring in the media (e.g., CAMHS and disability related matters), newspapers were a significant source of information. Government publications were reviewed where relevant. Noting the "*rigorous methods*" used in systematic reviews, Green et al. (2006, p.104) observe that there are no rigid guidelines for a narrative review and this approach suited this study of a topic that does not have a robust body of research. Yet, literature is emerging and did so throughout the study period.

The selected databases include EBSCO (Academic Search Complete), Soc Index, Applied Social Sciences Index and Science Direct. In order to identify the most relevant studies, abstracts for each piece were scanned. With this approach, Ferrari (2015) advises focusing on key results and limitations, suitability of methods and interpretation of the results. The field of family violence and indeed domestic violence is rich in academic literature. Reviewing abstracts was a helpful method of making quick decisions on what was relevant to the study. A review of reference lists in each selected source was also helpful in broadening the literature review.

As will be noted in this study, much of the professional practice relating to CPVA, originates in communities as a response to this emerging phenomenon. As such, an on-going search for new discoveries, local reports and evaluations of initiatives, was conducted throughout the research period. Remaining open to new sources was considered important in a field that is viewed as new and emerging and with new publications gathering pace, it was important to remain alert to these.

## **Responses to family violence in Ireland**

*“Violent family relationships exhibit different forms that tend to co-occur and perpetuate over time”.*

(Fernandez-Gonzalez et al., 2022, p.181)

Family violence has been the focus of research for decades and is understood to be a social problem that impacts extensively on society (Burck et al., 2019). Lawson (2015) suggests the term ‘family violence’ relates to violence between family members. As Fernandez-Gonzalez et al. contend (above), this violence can present in different forms. Most people would consider the term ‘family violence’ to refer to child abuse and intimate partner violence (Routt and Anderson, 2011; Fongaro et al., 2023). As with intimate partner violence and child abuse, the abuse of older people has also presented in the public health domain in Ireland. Indeed, the abuse of children, of older people and of adults in intimate partner relationships has been increasingly addressed by legislation, practice standards and guidelines (this will be addressed later in this chapter). Of course, the varying typologies of family violence do not necessarily occur in isolation as noted at the beginning of this section. Desir and Karatekin (2018), for example, note that aggression directed at parents and siblings from minor children often co-occurs with domestic violence (DV). With fifteen per cent of DV applications to the Irish courts submitted by parents of adult children (Phelan, 2019), it is unlikely that the DV began only when the child reached adulthood. In a study of the differences between those who engage in CPVA and those who perpetrate Dating Violence, Vecina et al. (2021) suggest the former are potentially more dangerous than the latter – justifying violence towards their parents more than the dating violence perpetrators and perceiving themselves as more aggressive. Indeed, Burck et al. (2019) suggest that CPVA can lead to violence in later intimate partner relationships. Later, this study will present findings which evidence significant rates of sibling abuse from those who engage in CPVA.

While a detailed history of family violence in Ireland is outside the remit of this study, this section will briefly describe the provisions that are made for the abuse of children, adults in domestic relationships and elder abuse.

### **- Child abuse**

The abuse of children in Ireland is now highly visible in research, policy and practice. A national child protection and welfare system has been in place since the Health Act 1970 (Canavan et al., 2021). The current legal framework for the protection and welfare of children is provided primarily by the Child Care Act (1991) and the Children First Act (2015). The 2015 Act places statutory obligations on specific professionals and organisations that work with children. It also provides for mandatory reporting of child abuse and neglect by key professionals. In 2014, a dedicated state agency, Tusla, Child and Family

Agency – was established and is responsible for ensuring comprehensive reform of child protection, family support and early intervention ([www.tusla.ie/about](http://www.tusla.ie/about)). The formation of this agency (hereafter referred to as Tusla) in 2014 has been described as “*a major child welfare systems change*” (Devaney and McGregor, 2017). *Children First: National Guidelines for the Protection and Welfare of Children* was first published in 1997. A revised edition was published in 2011 which was further updated in 2017 to reflect new legislation referred to above. These guidelines are intended for professionals and non-professional individuals on the basis that “*the safety and welfare of children is everyone’s responsibility*” (p.2). A separate publication for practitioners in Health and Social Services – the Practice Handbook - was published in 2011 and clearly stated that “*protecting children and promoting their welfare is a collective activity and responsibility...*” (p.vii). These publications clearly set out definitions of child abuse, how to recognise it and what action is to be taken in response to concerns about the abuse of children. Considering the legislative framework that exists and the practice guidelines, there is little doubt that child abuse is visible in Ireland. Furthermore, there is little doubt about the responsibilities of those charged with responding to this form of family violence.

### **- Domestic Violence**

Key legislation was introduced in the field of DV in the 1970’s and 1980’s with the Family Law Acts (1976, 1981 and 1989). These introduced barring orders (1976), extended those orders and introduced protection orders (1981) and permitted judicial separation (1989) (Gray et al., 2016). In 1995, a national survey on DV (Making the Links) reported that violence against women was widespread (Office of Taoiseach, 1997). However, significant changes in national policy on DV took place in the 1990’s with the introduction of the 1996 Domestic Violence Act (Kearns et al., 2012) – firmly locating this matter on the agenda of researchers, policy makers and practitioners.

Since then, a National Executive Office, Cosc (an Irish word for stop or prevent) was established in 2007 for the prevention of domestic, sexual and gender-based violence. In 2018, the Domestic Violence Act created new offences which included coercive control and forced marriage. The first sentence for coercive control has been handed down (Neilan, 2023). Zero Tolerance, Ireland’s Third National Strategy on Domestic, Sexual and Gender-Based Violence (DSGBV) (2022-2026) is now in place and sets out an ambitious plan that aims for zero tolerance of DSGBV. It consists of a five-year strategy to tackle domestic and gender-based violence and comes with a significant financial investment of €363 million (Holland, 2022). Government policy intends to address what has been described in the Third National Strategy as an ‘epidemic’ of domestic, sexual and gender-based violence. Zero Tolerance intends to “*ensure a robust set of national service standards and governance arrangements are in place...*” (Dept. of Justice, 2022, p.8). Co-ordination of services, excellence in services, awareness-raising campaigns and on-going research are named as goals in this comprehensive national strategy.

Overlien and Holt (2019) observe an increasing sophistication in DV research, policy and practice since the turn of the 21<sup>st</sup> century. They contend that knowledge in this field has grown in depth and breadth and is critical for those working within the domain of DV. It seems fair to say that DV is a well-known phenomenon in Ireland and beyond. In fact, over two decades ago, a survey of 16,000 Europeans revealed that 96% of respondents had heard about DV (Holt et al., 2018). The European Union has played an active role in addressing violence against women (Holt et al., 2018) and DV is considered to be “*a serious public health issue for women worldwide*” (Lazenbatt et al., 2013, p.28).

In noting these developments, it is not suggested that DV has been sufficiently addressed. Holt et al. advise that situating the matter of DV at a high level of political debate and action has involved “*a slow process of change*” (2021). In 2022, almost 50,000 reports of DV were made to An Garda Síochána (AGS) and it is understood that many more cases go unreported (Lally, C., 2022). Of concern is Devaney’s (2014) assertion that the paradigm which informs current policy responses to DV perpetrators has failed to improve safety for women and children. Despite this, Devaney recognises that DV is now “*widely acknowledged as being a significant social, health and legal issue*” (2014, p.480). Here in Ireland, it appears that DV is firmly on the agenda of policy makers, practitioners, and researchers. Indeed, it has been reported that “*public and political awareness of domestic violence, including coercive control as an extremely harmful social problem, has never been greater*” (Benson, 2023).

Devaney and Lazenbatt (2016) note the varied nature of Domestic Violence (DV) terminology and observe that terms such as “*domestic violence, family violence, interpersonal violence and intimate partner violence are terms often used interchangeably...*” (p.10). Here in Ireland, a number of significant reports on DV were published in the 1990’s. Of note, is the 1997 Task Force on Domestic Violence report which proposed the following definition of DV.

*“Domestic violence refers to the use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships.”*

(Office of the Tanaiste, 1997, p.27)

This definition states that this refers to violence perpetrated by a spouse, partner, son, daughter or anyone with a close relationship with the victim. It continues to include;

*“...emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone”.*

(Office of the Tanaiste, 1997, p.27)



It is also worth noting that in referring to DV from a son or daughter, it does not specify that this only relates to adult children.

### **- Elder abuse**

An official response to Elder Abuse (EA) in Ireland did not emerge until 2002 when the first policy document *Protecting our Future* was published by the Working Group on Elder Abuse (WGEA) (Phelan, 2014). This document, Phelan contends “*represented a defining moment in Irish policy, as the presence of and proposed responses to the maltreatment of older people were formally articulated*” (2014, p.174). The WGEA offered the following definition of EA;

*“A single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person or violates their human and civil rights”.*

(Phelan, 2014, p.174)

In 2010, the HSE published a report on a national study of EA and neglect. In the context of the current study, it is worth noting their finding that adult children accounted for half of those identified as perpetrators with the majority of cases of abuse taking place in the family home. In 2014, the Health Service Executive (HSE) published *Open Your Eyes* – a report on EA services. This report confirmed those statistics.

Referring to EA at an international level, Wazid et al. (2021) suggest that a rapidly aging global population has led to increased attention to EA from researchers and policymakers. The United Nations reports that one in six older people face abuse and note that this has increased since Covid-19. They argue that this is a growing problem (<https://news.un.org/en/story/2022/06/1120422>). Here in Ireland, the abuse of older people has entered the domain of public health campaigns (Phelan, 2014) – supported by policies, procedures and practice guidelines. Safeguarding teams are in place across Ireland under the remit of the HSE. A definition of elder abuse has been agreed since 2002. In Ireland, the age of 65 years is taken as the point beyond which abuse of a person is considered EA ([www.hse.ie](http://www.hse.ie)). (In the United States, the agreed age is just 60 years) (Lawson, 2015). Public health campaigns have taken place across the country and a host of organisations are actively working to address EA in Ireland (e.g., Age Action, Alone and Safeguarding Ireland).

It is reported that 13% of all domestic violence applicants to the Irish Courts Service are parents of adult children (Department of Justice, 2022). However, the applicants in these cases are not necessarily aged 65 years or over. While Phelan observes that specific legislation regarding EA is not in place, she argues that DV legislation is relevant in such cases (2014).

As with DV, developments in the area of EA are not without fault. In 2017, an adult safeguarding bill was introduced in the Seanad but failed to progress – and yet almost 16,000 cases of EA had been reported to the HSE in a five-year period to 2022 (Cullen, 2022). As with DV, it is understood that many cases go unreported.

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

In the context of such activity in the field of family violence, the absence of official discourse on child to parent violence and abuse is striking. The absence of an official response, however, is not exclusive to Ireland. While in 2012, Hunter and Nixon argue that CPVA was the most unacknowledged and indeed under-researched form of violence in the family, by 2021, CPVA was recognised in DV legislation in the UK. Statutory guidance to the Domestic Abuse Act 2021, acknowledges the absence of a specific legal definition of CPVA but suggests that it is “*generally accepted*” to involve behaviour found in other relationship contexts (Home Office, 2022, p.25). The document states that “*professionals should recognise the dynamics, impact and risk when responding to cases of child-to-parent abuse*” (2022, p.80)

Evidence and awareness of the problem in Europe is limited and it is considered to be “*a new field of research and practice*” (Ferrando et al., 2015, p.6). Kennedy et al. suggest that neglecting to study CPVA “*omits a significant piece of family violence*” (2010, p.511). Indeed, CPVA rates are not insubstantial (Lyons et al., 2015) and in the Irish context –and beyond - it is considered to be “*a growing concern*” (Coogan, 2018, p.2).

Furthermore, it is highly probable that CPV prevalence rates “*are significantly underestimated*” (Kennedy et al., 2010, p.512) or as Moulds and Day suggest “*grossly under-reported*” (2016, p.195). Such under-reporting, it should be noted, is similarly a feature of other forms of family violence where reporting is “*unusually low*” (Baker, 2012, p.2767). Indeed, Holt et al. (2018) note the absence of research and the resultant lack of acknowledgement in policy and practice in various other forms of violence – LGBTQ relationships, DV against men and children and peer victimization amongst teenagers. The absence of research on CPVA may be attributed to the fact that research on violence that occurs in the family home is frequently concerned with the abuse of children or partners (Lyons et al., 2015). An additional challenge is that parents prefer not to disclose their child’s violence for two reasons – to avoid embarrassment and to prevent their child from being stigmatised (Omer, 2011).

Almost three decades ago, referring to the then “*burgeoning literature on family violence*”, Micucci noted that “*little has been written about violence perpetrated by adolescents against their parents*” (1996, p.154) – despite his assertion at the time that “*such assaults are far from rare*” (1996, p.154.) Over twenty years later, McElhone bemoaned the continuing “*paucity of work related to violence*

*directed towards parents by their children*” (2017, p.53). While violence against parents “*grows every day as a social problem*” (Vecina et al, 2021, p.2), the consensus in the literature appears to be that research in the field is limited (Hunter and Nixon, 2012; Ferrando et al., 2015; Coogan, 2016; McElhone, 2017).

While noting that evidence and practice in the field of DV across Europe varies, Holt et al. acknowledge the significant developments in the field in the last twenty years. Indeed, they suggest that “*the knowledge base on domestic violence has grown exponentially with policy and practice becoming more sophisticated and grounded empirically...*” (2018, p.343). In contrast, there is little doubt that CPVA lags considerably behind and Ferrando et al. (2015) assert that it has not been addressed adequately in Europe and indeed has not been included in European programmes on violence generally or violence against women. DV legislation is not applicable where children and adolescents are behaving violently. Services for parents experiencing abuse from their children are for parents aged 65 years or over.

Baker and Bonnick refer to a “*policy silence*” on CPVA in the UK (2021, p.51). They report that despite a rise in the incidence of CPVA, practitioners experience a lack of guidance. The matter, they contend, is further complicated by the absence of a legal definition of CPVA and no official system of recording. Without a legislative or policy framework to support or promote a response to this form of family violence, practitioners are essentially at sea when they encounter CPVA. As such, parents – and indeed their children – are also lost and without direction. Of concern, as will be outlined in this study, is that they are very much under the radar and alone when facing what are significant levels of violence in the family home.

Despite the significantly lower level of activity with regard to CPVA, it must be noted that CPVA is not a new phenomenon. In fact, it was first referred to in 1957 (discussed later in this chapter). In the next section, the prevalence of CPVA will be discussed.

### **Prevalence of CPVA**

The absence of an agreed definition for CPVA has implications for establishing prevalence (Moulds and Day, 2016; Campbell et al., 2020; Ibabe et al., 2020; Suárez-relinque et al., 2020). It is argued that current rates of CPVA are significantly underestimated (Kennedy et al., 2010). Despite this, up to 10% of families in the UK experience CPVA while it is also acknowledged that quality research on prevalence is lacking – “*with existing studies providing wildly varying estimates*” (Baker and Bonnick, 2021, p.5). Further complicating efforts to establish prevalence are the varying thresholds for what constitutes psychological or verbal abuse.

When CPVA was discussed by Harbin and Madden in 1979, they estimated that almost 10% of youths attacked their parents (Kennedy et al., 2010). Conteras et al. contend that rates of CPVA “*have risen*

*dramatically*” in the past decade (2021, p.1). O’Hara et al. (2016) and Simmons et al. (2018) report documented prevalence rates of between 5% and 22% of the population.

The location of the research is likely to impact significantly on prevalence rates. Fernández-Gonzalez et al. (2021) note the variation in prevalence rates in different populations. They suggest rates are higher in clinical and judicial samples than in community samples. A study of adolescents (10-17 years) referred for clinical treatment for emotional and behavioural disorders by Boxer et al. (2009) concluded that 60% of sons and 50% of daughters exhibited CPVA. Navas-Martínez and Cano-Lazano (2022) reference studies in recent decades that conclude “*a significant proportion of adolescents exert some type of violence towards their parents*” (2022, p.1). They cite research from community samples which state the frequency of psychological violence at between 28.8% and 91.5%, physical violence between 2.5% and 25%, financial violence between 9.3% and 50.9%. They report a significantly higher rate of 70% engaged in control and domain behaviours towards parents. In a study of university students – a community sample - (N=435) aged 18 to 25 years, one in seven reported being abusive towards a parent during the previous 12 months (Simmons et al., 2018).

Calvete et al. (2020) assert that physical violence is very low in community samples. Yet, Ulman and Straus (2003), in a national American study of more than 2000 families, concluded that over 20% of mothers and 14% of fathers had been hit by their child in the previous year. Their study included pre-school children and reported that the rates of CPVA declined significantly with age.

### **The history of CPVA research and literature**

Child to parent violence and abuse, while an emerging theme, is not necessarily a new concern in child and family work. While it is widely believed to be Harbin and Madden who first referred to this form of family violence (Hunter and Nixon, 2012), Simmons et al (2018) note that it was in fact first referred to in 1957 by Sears, Maccoby and Levin when their study on child-rearing considered how aggression was learned. It was two decades later that it was described by Harbin and Madden (1979) when they wrote about what they presented as a new syndrome; that of “*battered parents*” (Hollin, 2016). Yet, despite the work of Harbin and Madden on establishing classification of CPV in the 1970’s, the subject has essentially remained under the radar in terms of discourse on family violence (McElhone, 2017). CPVA has been described as “*one of the biggest taboos in family life*” (Kennedy et al., 2010, p. 6,) – an explanation, perhaps, for why it is “*a relatively recently acknowledged problem*” (Holt et al., 2018, p.17).

Vecina et al. contend that CPVA is a “*modern manifestation of violence*” (2021, p.1). Although at the close of the 20<sup>th</sup> century Brezina suggested that “*child-to-parent violence represents a significant social problem in its own right and is therefore deserving of scientific scrutiny*” (1999, p.417), CPVA has

received scant attention in the closing decades of the last century despite significant activity in other forms of family violence (Simmons et al., 2018, p.31).

The general consensus appears to be that the matter of CPVA appears to have been neglected in policy, practice and research (Condry and Miles, 2012; Coogan, 2014, Ferrando et al., 2015, San Kuay et al, 2017, Simmons et al., 2018, Burck et al, 2019,). Condry and Miles argue *“this form of family violence is largely unarticulated in both academic and policy discourse”* (2012, p.241). Referring to CPVA in the Irish context as one of several emerging concerns in the field of domestic violence, Holt et al note that...

*“..... the empirical knowledge base and policy development are largely considered to be in their infancy, with practitioners struggling to provide best practice responses and services considered underdeveloped.”*

(2018, p.16)

Yet, in recent years, the matter of CPVA has received increasing interest in scientific and clinical fields (Ibabe, 2014, Seijo et al, 2020). Ibabe (2020) attributes this to a growing number of reports filed by parents. This has also been noted by Hernandez et al. (2020) who assert that this increase has been observed in several countries. Yet, Simmons et al. contend that sixty years after CPVA was first studied, *“our understanding of what it looks like and why it occurs remains fragmented and poorly developed”* (2018, p.43). Furthermore, Selwyn and Meakings (2015) argue that all aspects of violence towards parents – terminology, definitions, causes and interventions – experience an absence of consensus.

The phenomenon is now described and conceptualised in many ways. While the activity is welcome as we increase our understanding of CPVA, the field is complex and difficult to navigate due to challenges with terminology, definitions and conceptualisations. Without clarity in these areas, devising policy and practice guidelines will pose significant challenges for policy makers and practitioners.

### **The terminology – Making sense of it all**

*“In addition to under-reporting, the complexities of defining and measuring parent abuse are factors that hinder efforts to establish the prevalence of this problem.”*

(Murphy-Edwards and van Heugten, 2018, p.618).

Of course, the starting point in addressing this phenomenon is an agreed terminology and indeed consensus on a definition of what constitutes child to parent violence and abuse. Yet, Bonnick reports that she has found and listed more than thirty different phrases describing the experiences of families

*“where their young children and adolescents are violent and abusive towards them”* (2019, p.15). The *“minefield of phraseology”*, Bonnicks suggests, poses challenges for researchers in the field *“if you need to be running 30 different search terms!”* (2019, p.17).

This is not unusual in the field of research on violence. With regard to DV, there has equally been a lack of consensus regarding a universal definition, resulting –Ruddle et al. suggest – *“in ambiguity in how DV is interpreted and understood”* (2017, p.155). Furthermore, Ruddle et al. contend that this lack of consensus reduces consistency and reliability in DV research (2017). The Council of Europe (2011) defines DV as *“all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit...”* (Holt et al., 2018, p.12). This is a broad definition and could essentially be used to describe what we know of violence against parents from children or adolescents.

And yet, researchers have elected to use other terms to describe this phenomenon – terminology which variously describes the age of the ‘perpetrator’ (adolescent violence) or the relationship between the aggressor and the victim (adolescent to parent violence, child to parent violence). Coogan recognises that there may be some usefulness and validity in the various terms to describe the matter at hand and does not argue for *“a universal definition of the use of aggressive and violent behaviour of children towards parents...”* (2018, p.25).

It is clear from the literature that one term does not exist (Coogan, 2018) and to complicate matters further, the various terms describe various difficulties – with differing interpretations of violence, aggression and abuse. Variations in language, Bonnicks asserts, reflect a variation in a culture’s *“positioning and conceptualization of children’s challenging behaviour”* (2019, p. 15). Furthermore, Simmons et al. (2018) caution the researcher to note that thresholds for verbal and psychological abuse can at times be low in some studies so findings must be considered with caution. The research population can also lead to differing results. Indeed, Loinaz et al. (2020) note that risk factors differ between clinical and judicial samples.

### **Key terms from the literature**

In this section, some of the key terms used in the literature will be considered. With, as Bonnicks (2019) has reported (see above) over 30 search terms, it is not necessary to examine them all. A review of the literature indicates that challenging behaviour, adolescent to parent violence, parent abuse and child to parent violence and abuse are some of the most common terms and these are discussed here.

#### **- Challenging behaviour - Parent terminology**

The term ‘challenging behaviour’ is often used and Selwyn and Meakings (2016) suggest that this term has perhaps disguised the behaviours associated with what they refer to as Adolescent to Parent

Violence (APV). Coogan (2018) also observes that parents or carers refer to ‘challenging behaviour’ or speak in terms of being unable to control their child. Researching the experiences of mothers living with CPVA from pre-adolescent children, Rutter concluded that mothers who experience CPVA do not use terminology describing violence as “*they do not recognise the behaviours as violent in the way violence is often understood in the domestic violence framework*”. Rather, they describe their experiences as living with “*an overwhelmed young child who is living in a state of high anxiety*” (2020, p.16). Rutter (2021) surmises that this may relate to the age of the child – it is easier, she contends, to view a pre-adolescent child as vulnerable than to interpret violence from an adolescent as such.

### **- Adolescent to Parent Violence/Abuse**

‘Adolescent to Parent Violence’ (APV) is a term commonly used in the literature (Condry and Miles, 2012, Selwyn and Meakings, 2015; Clarke et al., 2016; O’Hara et al., 2017). Others refer to Adolescent to Parent Abuse (Cottrell and Monk, 2004; Eckstein, 2004; Kennair and Mellor, 2007) and yet again, the term Adolescent to Parent Violence *and* Abuse is also in use (Home Office, 2015; Brule and Eckstein, 2016; Clarke et al., 2017;). In Australia, one of the terms used is Adolescent Violence in the Home (AVITH) (Reid and Ervin, 2015). In referring to adolescents, other terms such as Adolescent Initiated Parent Abuse (Hong et al., 2012), Adolescent Family Violence (Fitz-gibbon et al., 2018) and Teenage Violence (Brezina, 1999) are also used to describe this phenomenon. It appears that terminology changes over time to reflect new understandings of the subject. While Condry initially used the term Adolescent to Parent Violence in 2012, a 2020 report by Condry referred to Child and Adolescent to Parent Violence – this appears to indicate a later recognition that younger children can also be violent to their parents.

Use of the term *adolescence* presumes the most likely age group to be involved (Bonnick, 2018). While this term is often associated with the teenage years, the World Health Organisation refers to adolescence as the years between ten and nineteen. However, this does not sufficiently reflect practice experience. In fact, in practice, I often work with parents of children younger than ten years of age. Coogan (2018) notes that evidence of age and its relationship to violence towards parents is inconclusive. Indeed, there is an absence of consensus on the age of a child in discussions of CPVA (Rutter, 2020). In noting that some studies indicate a higher level of violence between 14 and 17 years, Coogan also suggests that this age is unlikely to be a reflection of a parents’ first experience of violence (2018). In fact, a European study involving five countries (Ireland, Spain, UK, Bulgaria and Sweden) recorded children as young as five years of age being abusive towards their parent (Wilcox and Pooley, 2015). Of course, how abuse, aggression and violence are defined is likely to influence the terminology used.

### **- Parent Abuse – Mothers and Fathers**

‘Parent Abuse’ is another commonly used term (Tew and Nixon, 2012; Wilcox, 2012; Hunter and Nixon, 2012; Holt, 2012; Baker, 2012, Hunter and Piper, 2012, Biehal, 2012, Holt and Retford, 2012). This term does not reflect the age of the child and could in fact be used to describe Elder Abuse which, as noted previously, is generally understood to be experienced by parents over the age of sixty-five years (HSE, 2023). Others argue that this does not sufficiently reflect the experiences of mothers and proffer the term ‘Child to Mother’ violence (Stewart et al., 2006; Edenborough et al., 2008) or “*mother abuse*” (Hunter et al., 2010). Ulman and Straus have used both “*child to mother violence*” and “*child to father violence*” in their work (2003, p. 41). It has been suggested that research on violence against women has largely ignored the matter of children hitting their mothers (Ulman and Straus, 2003). Indeed, Burck et al argue that when the gender-neutral term ‘parents’ is used, “*the mother’s experience is silenced and the gendered component of the violence is disregarded...*” (2019, p.11).

### **- Child to Parent Violence/Abuse**

Simmons et al. (2018) suggest that recent literature has made popular the term ‘child to parent violence’. Child to Parent Violence/Abuse is perhaps the most commonly used phrase (see for example Ulman and Straus, 2003; Calvete et al, 2013; Williams et al, 2015; Nowakowski-Sime and Rowe, 2015; McElhone, 2017; Ilabaca Baeza and Fiscella, 2018; Bonnicks, 2019; Burck et al., 2019; Gallego et al., 2019; Ibabe et al., 2020; Contreras et al., 2020; Rutter, 2020; Arias-Rivera and Garcia, 2020; Suarez-Relinque et al, 2020; Loinaz and de Sousa, 2020; Martinez-Ferrer et al., 2020; Vecina et al., 2021; Cano-Lozano et al., 2022). It is the term that was used for the European study referred to above – Ireland, UK, Spain, Bulgaria and Sweden (Wilcox and Pooley, 2015). Coogan (2018) later extended the term with the addition of *abuse* as it incorporates acts other than direct physical attacks and includes controlling behaviour, damage to property and threats of self-harm. Bonnicks prefers this term arguing that it clarifies the parties involved, the direction of the abuse “*and the inclusion of abuse other than physical violence*” (2019, p.16). This term sufficiently reflects my practice experience. Parents of children as young as six have sought support in my workplace. CPVA is the term that will be used throughout this study. Yet, the limitations to this term are noted. It has been suggested that using the term ‘child’ and particularly in reference to young children and violence may be problematic. Generalizations between the aggression of a younger child and that of an older child “*is likely to be inappropriate due to differences in developmental stages and the roles of parents*” (Simmons et al, 2018, p. 32). This brings us to the question of what child to parent violence and abuse is as opposed to typical levels of aggression in children of different developmental stages. How we define the problem is crucial.



## Defining CPVA

*“Defining abuse is a complex procedure because many of the terms are used interchangeably across disciplines (e.g., violence, aggression, abuse), and they often share many commonalities”.*

(Brezina, 2004, p.367)

As with DV, understanding and addressing this form of violence is hindered by an absence of consensus on how practitioners might define CPVA (Clarke et al., 2017, Selwyn and Meakings, 2015). A lack of “*shared understandings*” is also likely to hinder inter-agency work (Holt and Retford, 2012, p.6). In a comprehensive review of what they describe as ‘child to parent abuse’ research, Simmons et al. argue that “*the inconsistency with which the phenomenon has been defined*” contributes to the challenge of building scientific knowledge of the subject (2018, p.31).

O’Hara et al. (2016) contend that the current variation in definitions undermines the organization of knowledge and the possibility of building on existing evidence. It will be important, they advise, to establish consensus on how CPVA is defined and measured. And yet, Wilcox and Pooley note the many different definitions of CPVA from country to country (2015, p.18). In the European study of CPVA referred to above, the researchers noted the various definitions before agreeing on one which has been proposed by Cottrell (2003).

*“Parent abuse is any harmful act by a child intended to gain power and control over a parent. The abuse can be physical, psychological, or financial”.*

(Wilcox and Pooley, 2015, p.17)

The project partners in the EU co-funded RCPV study (as referred to in the Introduction chapter) reached consensus on what CPVA involves.

*“The development over time of a pattern of harmful behaviours from the child towards their parent/s which often result in the parent/s and siblings living in fear of that child. As a result of which parent/s and other family members tend to place restrictions on their own social lives and contact with others”.*

(Wilcox and Pooley, 2015, p.19).

The differences in definition are of interest. Cottrell (2004) names *intent* as central to the definition while the project partners in the RCPV study name *patterns of behaviour* that develop over time and more significantly, they name the impact on the parent. Furthermore, they acknowledge the risk to siblings. (The matter of intentionality is discussed later in this chapter).

It is not surprising that definitions are contested when this is also the case with other forms of family violence (Holt, 2016, p. 490). Yet, definitions and terminology are crucial. Holt (2016) contends that how we define and measure this problem will shape the responses of researchers, policymakers, and practitioners. Observing that UK policy and practice in this field have recently conceptualised CPVA as DV, Holt (2016) suggests that it is timely to consider if this is the most appropriate understanding of the phenomenon.

### **Defining violence, aggression, and abuse**

Lawson (2015) explains the differences between expressive violence and instrumental violence in the context of Intimate Partner Violence (IPV). Expressive violence, he maintains, is a function of escalating emotional arousal between partners. Instrumental violence, however, aims to control, intimidate and punish. Contreras et al. (2020) also note differences in aggression – proposing the terms *instrumental aggression* and *reactive aggression*. Calvete and Orue (2016) propose three reasons for an adolescent’s aggression towards a parent; (i) instrumental motives (to obtain a benefit), (ii) affective motives (driven by emotion) and (iii) defensive aggression. Ibabe (2020) proposes four typologies; (i) offensive (also instrumental), (ii) defensive, (iii) affective and (iv) situational. The latter occurs, Ibabe proposes, in the context of a conflictual parent/child relationship.

Ibabe (2020) proffers that the most appropriate term to describe CPVA should be youth to parent aggression (YPA) and that it should only relate to children over 12 and include young adults. This is for a number of reasons. Violence, she contends is “*an act of physical force that causes or is intended to cause harm*” (2020, p.4). Aggression, she argues, “*is a hostile behaviour that may be physical, verbal or passive*” (2020, p.4). Aggression, Ibabe continues, “*integrates minor aggression and severe maltreatment*” (2020, p.5). For those under twelve, she argues, the term child to parent aggression is most suitable. Due to the variations in developmental stages, it would not, she contends, be appropriate to generalize findings from aggression in a young child and those of an older adolescent.

Noting that YPA does not simply stop when a child reaches eighteen, Ibabe (2020) suggests that using age is an arbitrary measure and indeed the co-habitation status is more useful as significant numbers of young people between eighteen and twenty-four years of age continue to live with their parents. Simmons et al. (2018) concur, reporting results from findings of their study with university students aged 18-25 years which concluded that 1 in 7 had been abusive in the past 12 months. Indeed, while parents experiencing CPVA have recourse to the law and protections such as safety orders and barring orders, it will later be reported that parents are very reluctant to access those options.

## **The matter of intentionality**

Of interest in some of the definitions of CPVA is the use of terms such as ‘intentional’, ‘consciously’, ‘desire to cause harm’. It is worth noting that definitions of DV do not necessarily include the term intent. (DV definitions have previously been discussed in this chapter). The Istanbul Convention proposes the following definition which describes violence that ‘occurs’ in the home or between intimate partners.

*“...all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit ...”*

The United Nations offer a definition of violence against women and a definition of intimate partner violence ([www.who.int/news-room/fact-sheets](http://www.who.int/news-room/fact-sheets)). The former refers to violence that *results* in harm and the latter refers to behaviour that *causes* harm. Intentionality is not the focus of the definition – rather the impact of the violence on the victim.

Bonnick (2019) suggests that definitions of CPVA have become more refined, but also broader over time. Apart from naming the actions of the child, she contends that naming the impact on the parents is an essential component of any definition. Williams et al. offer a description of the impact when they propose *“This abuse produces distress and ongoing harmful consequences for parents and their families”* (2017, p.597). Calvete describes CPV as *“a dysfunctional attempt by children to gain power in the context of family relationships in which the parents display an inability to establish control”* (2014, p.351). Williams et al. suggest that CPV be defined *“as continual and cumulative abusive actions perpetrated by children and adolescents towards their parents or caregivers”* (2017.p.597).

In a comprehensive scoping review of theoretical frameworks and explanatory factors for child to parent violence, Arias-Rivera and Garcia reference the Spanish Society for the study of Child to Parent Violence (SEVIFIP) who propose that this phenomenon be defined as follows:

*“Repeated acts of physical, psychological (verbal or non-verbal) or economic violence by children against their parents or parental figures”.*

(2020, p.220).

What is notable in this definition is that they proceed to name what CPVA is *not*. They suggest the following as being excluded from their definition – once off acts of aggression, those explainable by diminished awareness (through alcohol, hallucination etc.). and those caused by psychological disorders such as *“autism or severe mental disability”* (2020, p.220). Bonnick too identifies what CPVA is not and suggests abuse by adult children and normal teenage behaviour should be excluded. She emphasizes that CPVA that occurs in families *“where everyone is violent to everyone else”* should also be excluded (2019, p.19).

## Theoretical frameworks

*“At present, few dedicated theoretical explanations exist from which to interpret the phenomenon of adolescent -to-parent-violence”.*

(Cottrell and Monk, 2004, p.1073).

The significant variations in terminology perhaps stem from the varying conceptualizations of this phenomenon. Wilcox and Pooley suggest the varied backgrounds of professionals encountering CPVA means practitioners are likely to *“conceptualise CPV through differing disciplinary lenses and professional cultures”* (2015, p.19). Holt and Redford (2012) contend that those in the criminal justice field will view it as a problem of youth offending while those in the social care domain will understand it as a form of family violence. Similarly, the domain of the research will significantly influence the findings – studies have been conducted within clinical populations (Rutter, 2020), judicial populations (Kennedy et al., 2010, Clarke et al., 2017) and community populations (Margolin and Baucom, 2014). Hunter and Nixon (2012) acknowledge the methodological challenges that exist in researching this phenomenon. Differences in research methodologies increases the difficulty of identifying levels of violence (Routt and Anderson, 2011). Indeed, the presence of studies of *“varying methodological rigor”* in the literature, further weakens the evidence base (Moulds and Day, 2017, p.196). For example, studies invariably have different thresholds when measuring psychological or verbal abuse and as such *“should be interpreted with caution”* (Simmons et al., 2018, p.33).

In what they describe as *“an exhaustive identification of existing studies”*, Arias-Rivera and Garcia (2020) identified fifty-seven studies in English and Spanish since the year 2000 – a period of almost two decades. Of the fifty-seven studies they examined, they present a summary of those explanatory factors which they structured into ecological levels as presented below.

<b>Macrosystemic</b>	<b>Exosystemic</b>
<ul style="list-style-type: none"> <li>• Work-life balance difficulties (particularly among single parents)</li> <li>• Belief in and justification of low level of punishment for violence</li> <li>• Influence of media and stereotypes</li> </ul>	<ul style="list-style-type: none"> <li>• Violent inter-generational transfer</li> <li>• Violent peer relationships</li> <li>• Problems at school</li> <li>• Concurrence of other forms of violence</li> <li>• Impulsive style of conflict resolution</li> <li>• Poor social adaptation</li> </ul>
<b>Microsystemic</b>	<b>Ontogenetic</b>
<ul style="list-style-type: none"> <li>• Direct violence</li> <li>• Low levels of family cohesion</li> <li>• Difficult communications</li> <li>• Lack of appropriate discipline styles</li> </ul>	<ul style="list-style-type: none"> <li>• History of childhood aggression</li> <li>• Clinical symptoms</li> <li>• Low levels of social sensitivity and emotion regulation</li> <li>• Drug and alcohol abuse</li> </ul>

From their study, Arias-Rivera concluded;

*“The convergence of risk factors at the macrosystem, exosystem, microsystem and ontogenetic levels contribute to the development of CPV”.*

(2020, Pp. 226-.228)

### **Where to from here? Understanding CPVA**

Prout and James note that *“psychological explanations of child development.....have until recently dominated childhood study”* (2015, p.8). The question is, are psychological explanations sufficient for this phenomenon? In reflecting on the relevance of key developmental theorists to the study of CPVA, it was helpful to avail of the analysis of theoretical frameworks as presented by Avan and Kirkwood (2010) and Lerner (2001). The former outlines key theories as belonging to three distinct categories; (i) descriptive theories, (ii) psychological-construct based theories and (iii) context-based theories. Lerner offers a similar categorisation when he describes (i) biological, (ii) psychological and (iii) context processes. Here, the matter of CPVA will be considered in relation to these three categories -with weight particularly afforded to context-based theories/processes as most influential in the research approach.

#### **- Descriptive/biological theories**

It is my observation that, in child and family work, it appears that the problem of CPVA is either located in the child - who may be pathologised from the outset – or the parent whom practitioners may view as ineffective and needing to ‘take back control’. A parent may anticipate a diagnosis as an explanation

for the behaviour. Statements such “*He’s just like his father – it’s in his genes*” or in reference to the parent “*She has no control over that child*” do not seem to be uncommon. Speculation about various disorders is often the starting point for parents and practitioners who seek to understand the cause of the child’s behaviour. It is not unusual for a child to be placed on a waiting list for a comprehensive diagnostic assessment with a specialist service as parents seek to understand the source of the problem.

Perhaps the child does have a biological propensity towards aggressive behaviour – “*inborn aggressive proneness*” as described by Omer (2000, p.1) Some genetic research tells us that “*children’s inherited characteristics contribute much to the kind of interactions that develop between them and their parents*” (Omer, 2000, p.3). Plomin (2001) contends that genetic factors are widely understood to contribute to individual differences in behaviour. Yet is it helpful to understand any form of violence solely from a biological perspective? Omer advises that the Non -violent Resistance (NVR) model “*views biological aggressive proneness as a necessary but not sufficient condition for the development of an aggressive lifestyle inside or outside the home*” (2000, p.14).

Avan and Kirkwood contend that descriptive theories view human development as “*a biological process which is principally genetically determined...*” (2010, p.389). They note that these theories are helpful when considering patterns of development but they “*lack the epidemiological potential to identify the associated risk factors that can affect child development*” (2010, p.389). Lerner et al. assert that the “*false, descriptive assumption*” that behaviour “*unfolded as a consequence of gene-controlled timetables of maturation*”, dominated the study of human development until the early 1960’s (2013, p.179). While in practice, and certainly in parenting practice, attributing a child’s violent behaviour solely to biological factors seems not uncommon, Lickliter and Honeycutt advise that “*attempts to identify traits that are innate versus acquired are both meaningless and invalid*” (2013, p.186).

### **- Psychological construct-based theories**

That is not to say that biology is of no significance. On the contrary, it is widely understood that individual characteristics play a key role. With psychological construct-based theories (PCB) -such as those of Piaget and Kohlberg- “*psychological development has been proposed as the consequence of the interaction between biological needs and societal demands*” (Avan and Kirkwood, 2010, p.390). Furthermore, they contend that Piaget’s theory – which centres on cognition – has “*generated tremendous interest among educators and professionals*” but, they suggest, “*had limited practical guidance about a variety of issues and challenges that confront parents and other caregivers*” (Avan and Kirkwood, 2010, p.390). Is it the case that Piaget has little to offer to our understanding of child to parent violence? James and Prout suggest that Piaget’s voice continues to be heard in parenting.

*“... the common parental lament, ‘it’s just a phase s/he’s going through,’ relies heavily on an implicit Piagetian model of child development, providing a biological explanation for a breakdown in social relationships.”*

(2015, p. 10).

The interaction between the parent and the child is at the very core of Bowlby’s attachment theory. The importance of “*evolutionarily based, early-life interactions between the new-born and the mother*” are of the utmost significance (Lerner, 2001, p.7388). Attachment models attribute the child’s aggression to the mother’s failure to respond supportively to the child’s attachment behaviours (Omer, 2000). The concept of the ‘secure base’ is a core element of NVR as a response to CPVA. This is presented as ‘parental presence’ which relates to the anchoring function in parenting. Through NVR, the parent is supported to increase their presence in the child’s life as “*parents who are present provide their child with an ongoing secure attachment figure*” (Omer, 2000, p.16). Despite this, Omer contends that the difference between parental presence in NVR and attachment theory, relates to emphasis as “*some attachment theorists over-emphasize the warmth-acceptance pole of the parent-child relationship to the detriment of the restraining pole*” (2000, p.16)

Perhaps Kohlberg’s theory can assist in understanding CPVA; moral development is surely worthy of consideration when children are assaulting and controlling their parents. At what stage of their moral development did the problem first present? The good boy/good girl phase is clearly significantly disrupted in the face of parent- directed violence. Obedience and punishment are frequently subjects for consideration – namely the absence of obedience and the search for effective punishment. Conventional morality – where the child is good to be seen as good by others – is confused; with CPVA, the child may be violent towards a parent but behave very appropriately with other relatives or in school. Although CPVA is generally displayed in the family home, “law and order” – another of Kohlberg’s phases in moral development – is flouted and disregarded: assault is clearly a criminal offence – depending on age and jurisdiction of the perpetrator.

When an assessment concludes *without* any diagnosis on the child, parents may be advised to attend a parenting programme – thus moving the location of the problem from the child to the parent. Omer advises that “*most, if not all, psychological models in the past have described the role of parental behaviour as causal*”. Furthermore, this – he asserts – results in “*the blaming of parents by therapists and educators or even by parents themselves*” (2000, p.1).

Yet,

*“...when children behave badly, it is not necessarily their fault, nor that of their parents. It is simply a way of trying to regulate relationships within the family and with the outside world, what we here call the ecology of family life has gone wrong”.*

(Avraham-Krehwinkel and Aldridge, 2014, p.20)

#### **- Context-based theories/processes**

It is within this category that the literature on causes of – and responses to – CPVA appears to be mostly situated. Avan and Kirkwood (2010) propose that some of the key context-based theorists - Bandura, Vygotsky and Bronfenbrenner – assert that;

*“Developmental changes occur on the basis of give and take (bidirectional) relations between the child and the context, that is the environment changes the child and the child changes the environment”.*

(Avan and Kirkwood, 2010, p. 390)

Within the literature on CPVA, the individual characteristics or *“aggressive proneness”* (Omer, 2000, p.14) of the child are noted. The response of the parent is viewed as highly significant but the social environment and the wider culture (in particular changes in family structures, authority etc.) are also considered. Indeed, the increasingly used response to CPVA – the NVR model (see next chapter) – focuses on addressing the violent and aggressive behaviour of the child (the individual) through the empowerment of the parent and the activation of strengths within the wider network (the micro-system). This proceeds with the support of the exosystem – all of which is underpinned by an understanding of changes in parental authority at a wider level –that of the macro and chrono systems. These changes are perceived as a breakdown of parental and educational authority and are viewed as *“one of the causes of the dramatic rise in violence and delinquency among children and teens”* (Amiel, 2011, p.vii)

With social variables as the primary determinants of learnt behaviour, Banduras’ social learning theory may offer a relevant perspective. In some cases of CPVA, children have been exposed to domestic violence where a parent has essentially modelled aggressive behaviour (Izaguirre and Calvete, 2017). This, however, is not always the case and domestic violence is just one potential factor in understanding CPVA. Yet, in bringing the violence to an end, the parent is supported in developing and modelling a new way of communicating with the child. Vygotsky’s social development theory asserts that development is defined by genetic potentials, but social interactions are mandatory for those potentials to achieve *“optimal development”* (Avan and Kirkwood, 2010, p.391). This helps us to understand that while a child may be somewhat pre-disposed to more aggressive behaviours, these will not develop in isolation and the parental response, and the environment play a key role.



It is Bronfenbrenner's bio-ecological model that is viewed as *“one of the most commonly used ways of understanding and responding to violence”* (Coogan, 2018, p.59). Yet, Arias-Rivera and Garcia contend that further analysis is required to establish if CPVA should be *“observed as a relational circuit, rather than as a set of individual actions”* (2020, p.221). However, a bio-ecological model is the model of family violence adopted by the World Health Organisation in 2002, which recognised that family violence is *“shaped by a multitude of factors within families, communities and societies”* (Coogan, 2018, p.59). Simmons et al. suggest that Bronfenbrenner's model *“provides a useful multifactor framework to interpret and synthesize findings...”* (2018, p.31).

Further advancing bio-ecological theories, Ford and Lerner's Developmental Systems Theory (DST), *“views development as a process where change occurs not only within the individual but also within the layers of the environment within which the individual exists”* (Vimont, 2012, p.502). The research on child to parent violence can therefore proceed on the basis that CPVA – causes and remedies – are to be located in the various layers that are the child's life – individual characteristics, family influences and broader social and historical situations influences. This is perhaps best summarised by Lerner et al.:

*“Whether studying infancy, childhood, adolescence, or the adult and aging portions of the life span, contemporary scholarship in human development attempts to explain how mutually influential relations between individuals and their contexts provide the basis for individual behaviour and development...”*

(Lerner et al., 2013, p.179)

Indeed, adopting context-based thinking is likely to provide a useful framework (Avan and Kirkwood, 2010) – perhaps the *“reliable compass or reference point”* that Coogan (2018) suggests is required in working with the complex issue of child to parent violence and abuse.

### **CPVA - Family Violence or Domestic Violence**

CPVA is widely referred to as family violence (Stewart et al., 2006; Routt and Anderson, 2011; Wilcox, 2012; Moulds et al., 2016; Beckmann et al., 2021). Coogan argues that discussions on violence and aggression within families is largely focused on adult-initiated violence (2014). He recognises that other forms of family violence such as elder abuse and violence in gay relationships are increasingly recognised in research and practice – but these developments are not echoed in CPVA.

While the abuse of parents by children falls under *“the umbrella of family violence, it appears to be qualitatively different from other forms of intra-family abuse”* (Kennair and Mellor, 2007, p.203). The relationship between parent and child is unique; the parent retains responsibility for the child and frequently holds more power than their son or daughter (Kennair and Mellor, 2007). Indeed, children

have traditionally been viewed as victims in the domain of family violence (Tew and Nixon, 2010, Nowakowski – Sims and Rowe, 2015). They have been considered as “*passive, secondary victims of the violence that occurs between adults*” (Baker, 2012, p. 265). Therefore, the abuse of parents presents us with “*a confusing reversal of traditionally accepted familial power relations, which rest on the assumption of the ultimate supremacy of parental power*” (Tew and Nixon, 2010, p.580). It is, contend Ibabe and Bentley, “*qualitatively different from other forms of family violence*” (2015, p.259).

Miles and Condry suggest that CPVA “*has only emerged onto the policy agenda by ‘piggy backing’ the adult focused domestic violence and abuse agenda*” (2015, p.2080). Yet, McElhone cautions “*there is a responsibility on policy makers to distance themselves from traditional views of offender and victim*” (2017, p.67). Holt (2016) suggests that a key question regarding CPVA relates to whether the construct should “*map on to the contours of domestic violence, in terms of research and theory, policy and practice*” (p.490). Of note, she posits, is the question of whether our methods of working with DV are relevant to CPVA.

Hernandez et al. (2020) suggest that much of the literature locates CPVA in the DV field. The RCPV study referred to previously named CPVA as a category of DV (Wilcox and Pooley, 2015). However, that parents can be victims of abuse from their own children is challenging – not only for parents – but for practitioners and wider society too (Ferrando et al., 2015). Miles and Condry (2016) argue that CPVA should indeed be understood as DV – albeit with caveats. There are, they contend, significant parallels; safety issues, patterns of abusive behaviour and stressful and isolating experiences. Holt posits that CPVA represents a “*significant but distinct phenomenon to adult-instigated domestic violence...*” (2016, p.490).

Condry et al. submit there are “*crucial differences*” between the abuse perpetrated by an adult partner and CPVA (2020, p.8). These include, they propose, the issue of parental responsibility, the potential vulnerability of the abusive child and the reluctance of parents to criminalise their child. Indeed, parents can experience violence and abuse from children below the age of criminal responsibility (12 in the Republic of Ireland). Others have reported children as young as five behaving violently towards their parents (Wilcox and Pooley, 2015). Yet, even in the event that a parent wishes to pursue this route in the Irish context, recourse to domestic violence procedures is unlikely as a parent “*can apply for protection against domestic violence by their own child if the child is over 18*” (<https://services.courts.ie/Family-Law/domestic-violence/understanding-court-orders-and-eligibility/domestic-violence-court-order-eligibility>). Indeed, Hunter and Piper suggest that CPVA “*is almost entirely absent in various legal realms*” (2012, p.217).

As noted by Kennair and Mellor, “*the ‘victim’ parent has a responsibility to parent, which makes the option of leaving the relationship less appropriate*” (2007, p.204). The parent remains legally and morally responsible for the child. The reality is, however, that parents in these cases “*are experiencing*

*verbal or physical abuse together with a pervasive sense of living in fear of the next outburst or assault”* from their child who is below the age of eighteen (Coogan, 2018, p.23).

In other jurisdictions such as England and Wales, CPVA is increasingly viewed as a form of DV and *“slowly gaining ground within the policy arena”* (Miles and Condry, 2015, p.1077). The Serious Crime Act (2015) can be applied to anyone over the age of ten. In Ireland, a child over twelve years can be charged with assault but as Miles and Condry observe; *“A parent-child relationship is vastly distinctive from an intimate relationship and in most cases, there is no desire to sever the relationship”* (2015, p.1077). Furthermore, practice experience suggests that parents are reluctant to criminalise their children. In fact, Walsh and Krienert suggest that parents want to keep the abuse hidden and *“frequently go to great lengths to protect their abusive children from formal legal responses...”* (2009, p.1452). Parents may, under significant stress, call An Gardaí but only with a view to getting help in the immediate and not with a view to prosecution. Either way, as the age of criminal responsibility is twelve years in Ireland, this option is not open to parents of children below that age. This, in line with the absence of access to standard DV procedures in the Irish courts suggests that this may not be the most appropriate domain for locating policy. Rather than taking a prosecutorial approach, it appears that the focus of intervention may be best situated, as advised by Miles and Condry (2015), on support rather than blame.

### **The Impact of CPVA**

Baker and Bonnick (2021) advise that longitudinal research is required to fully understand the long-term implications of CPVA. Not surprisingly, however, there is widespread agreement in the literature on the adverse effects of CPVA. Not only is the prevalence of parent- and sibling-directed aggression relatively high, but both can also have serious negative consequences on the victims of such aggression (Desir and Karatekin, 2018). Moulds et al. (2016) contend that the impact of CPVA is felt by both parents and children/adolescents while Howard and Rottem (2008) suggest that sibling abuse is overlooked in the research. Baker and Bonnick (2021) suggest that little is understood about the impact on children. Day and Bazemore (2011) note that while kinship care is quite common, even less attention has been paid to violence in child/grandparent relationships than has child/parent relationships – despite the dangers inherent in these situations.

It is argued that the impact is felt at various levels – biopsychosocial, family and community (Moulds et al. 2016; Arias-Rivera and Garcia, 2020). Holt and Retford (2013) and Baker and Bonnick (2021) note the damaging impact it can have on physical and mental health while also referring to the impact on family relationships and employment (2013). Howard and Rottem (2008) contend that CPVA can result in significant mental and physical health problems.

In their research with parents who experienced domestic property violence (DPV) from their children, Murphy-Edwards and van Heugten conclude that parents experience “*blame, shame, and guilt...*”. Furthermore, they suggest that DPV alone -or accompanied by other forms of abuse – “*can be a traumatic experience with serious and enduring psychological and relational impacts*” (2018, p.631).

### **Implications for policy**

*“...the way in which we conceptualise and define a problem or policy issue can contribute to the development, perpetuation and imposition of this response. In turn, this response can dictate service delivery, as well as the data that may be available to assess the problem in the first place”.*

(Campbell et al., 2020, p.30)

An absence of research and literature is likely to have significant implications for policy and practice. This study takes place in the Irish context where official discourse on child to parent violence has not yet begun – despite growing evidence from practitioners that this concern is increasingly presenting in child and family work.

It appears that CPVA is an emerging concern in child and family work in Ireland (Coogan, 2018). In this chapter, it has been argued that it has been largely overlooked in recent decades despite a significant period of progress in legislation, policy and practice in the field of family violence generally. The absence of an agreed policy leaves practitioners without a framework in which to respond to this form of family violence. However, as is often the case, developments and practice responses are materialising despite the absence of policy.

One model that appears to be increasingly used as a response to CPVA is Non-Violent Resistance (NVR). Beginning in the mid 2000’s with Coogan adapting the NVR model as developed by Haim Omer for use in a CAMHS service in Dublin, efforts have been on-going to further develop NVR. Coogan represented Ireland in the RCPV study as discussed in this chapter. From that study, a two-day training in NVR was developed by Coogan and delivered with his colleague Eileen Lauster. Later, other trainers began to deliver NVR across the country and NVR Ireland was established to promote NVR as an intervention.

Currently, efforts to understand and address CPVA are underway in many communities across Ireland. In recent years, practitioners across Ireland, seeking to respond appropriately to CPVA, have availed of NVR training as referred to above, with a view to addressing this form of violence more effectively. NVR Ireland has been established by trainers and practitioners with a view to expanding NVR as an intervention and to promote training, research and best practice (nvrireland.ie). During Covid-19, Tusla

Education Support Service (TESS) further developed the use of NVR in response to concerns about the potential for CPVA during the pandemic. This response included online training in NVR for practitioners and the establishment of an online NVR community of practice (Holt et al., 2021). It would appear, therefore, that CPVA is following a similar trajectory to domestic violence generally where, as Stanley and Devaney report, “*practice has galloped ahead of the evidence*” (cited in Holt et al., 2018 p. 344).

## **Conclusion**

This chapter began with consideration of where CPVA lies with regard to policy, practice and research - relative to other forms of family violence. It is argued that this form of family violence has lacked the attention and investment afforded to other forms of family violence. There is an absence of legislation, policy and practice guidelines. The implications of this, it is argued, is that practitioner responses to parents who experience CPVA may be limited and uninformed. Without a legislative or policy framework, child and family support practitioners are left without clarity and direction. Indeed, there are no services or agencies mandated to address CPVA as there are with other forms of family violence. In the absence of a framework to respond to CPVA, practitioners are seeking to understand and learn how best to address this complex phenomenon. As Coogan contends, “*when it comes to wrestling with and resolving health and social care problems, families and practitioners tend to lead where researchers and policy makers follow.*” (2018, p.115). It would appear, that practitioners and researchers (Coogan, 2018; Coogan and Kelly, 2020) have identified Non-Violent Resistance as a potential response to this health and social care problem. In the next chapter, NVR as one potential response to CPVA will be explored.

## Chapter 4 Non-violent Resistance

### Introduction

This chapter will consider Non-Violent Resistance (NVR) as a response to Child to Parent Violence and Abuse (CPVA). While the study is based on the NVR model adapted from the work of Haim Omer by Coogan for use in the Irish context (Coogan, 2018; Coogan and Kelly, 2020; Coogan et al., 2022) the author will take a broader view of NVR principles within the socio-political arena and its application to the matter of CPVA. The theory underpinning NVR will be considered so its relevance to family work can be understood. First, the literature review process will be described.

### The literature review

The process of reviewing the literature has been discussed in Chapter 2. Nevertheless, for this chapter, a separate review was conducted. While following the same steps outlined in Chapter 2 and with the guidance of Creswell (2009) and Green et al. (2006) as noted previously, this search involved different terms. The same databases were used (EBSCO (Academic Search Complete), Soc Index, Applied Social Sciences Index and Science Direct) as was the same search period (2000 to date) The search terms were as follows; '*non-violent resistance*' and '*new authority*' (NVR is sometimes referred to as the New Authority). Much of the NVR literature was located in the socio-political field. This was important in understanding the origins of NVR and its suitability as an intervention in CPVA.

As noted in Chapter 2 on CPVA, NVR as a CPVA intervention, often develops from community initiatives where practitioners later research the outcomes of the intervention. It was also important in this search, to remain open to contributions from the field. A range of workshops and conferences were attended which supported new ideas on returning to the literature as is the procedure in a Constructivist Grounded Theory study.

### Origins of NVR

It is widely understood that the philosophy of NVR originated in the arena of socio-political conflicts (Omer, 2004; Weinblatt and Omer, 2008; Lebowitz et al.; 2012; Lavi-Levavi, 2013; Avraham-Krehwinkel and Aldridge, 2010). Perhaps one of the best-known proponents of non-violence is Gandhi who used NVR –initially in South Africa (Kumarappa, 1961) - and subsequently in the 1920's in his struggle against the British presence in India. While this movement is often attributed to Gandhi himself, the Dalai Lama suggests that Gandhi, in fact, made what was already an ancient but powerful idea – *ahimsa, or non-violence* –known to the world (2006). Kumarappa (1961) agrees that Gandhi derived his doctrine of NVR – known as *Satyagraha* – from many sources – even to Jesus' sermon on the

Mount. The application of this doctrine in the social and political spheres, Kumarappa contends, is entirely his own. Kurlansky submits that advocates of non-violence have been there throughout history; for every revolution and civil war, they have argued that violence is immoral and “*a less effective means of achieving laudable goals*” (2006, p.5). Indeed, beliefs about the power of non-violence are present in every religion (Kurlansky, 2006).

Some decades after Gandhi’s work in India, Rosa Parks defied segregation laws in 1955 and refused to give up her bus seat for a white person in Montgomery, Alabama. Her actions sparked a Civil rights movement with Sharp (1959) describing Parks’ actions as one of the best examples of peaceful resistance (1959, p.16). Martin Luther King Jr. continued to challenge racial segregation and discrimination using principles of NVR. He was later awarded the Nobel Prize for Peace (1964) for his work.

### **NVR in the Irish context**

While, in the context of Irish history, violence has been a predominant theme – particularly with regard to the North of Ireland –it was in fact an Irishman – Daniel O’Connell (1775 -1847) who was one of the first to “*develop and employ successfully the organisational mechanisms of a non-violent political movement*” (Mickley, 1978). O’Connell, Mickley asserts, became one of the best-known men in Europe and America when he organised a democratic mass campaign against British policy in relation to Ireland. Later, in 1879, Michael Davitt rejected the violence of the Land League movement and “*undertook a pilgrimage against violence*”, exhorting people to abandon any violent acts of revenge and engage in ‘boycotting’ methods as an alternative to violence (Vennard, 1978, p.20). In more recent times – 1974-1985 – Ireland had its own non-violent organisation and accompanying magazine – *DAWN* – which covered non-violent action and movements for change. A successor to this magazine is the organisation Innate – An Irish Network for Non-violent Action, Education and Training (<https://innatenonviolence.org/wp/>). Non-violent action continues to have a presence in Irish society. The well-known Dunnes Stores strike in the 1980’s was such an example, when workers in the store refused to handle South African goods in protest at the apartheid system in South Africa. The on-going protest at Shannon airport where activists are monitoring US activity at that airport are also examples of NVR in the Irish context (O’Halloran, 2014).

### **Defining Non-Violence**

The term non-violence does not have a singular meaning. In defining this doctrine, Sharp (1959) presents nine types of generic non-violence and advises consideration of the various types while noting that they are not strictly separate. While a detailed exploration of the typology of non-violence is not

required here, it is of particular importance in the context of this study to note the differences between pacifism and non-violence. Some Western pacifists, Sharp (1959) suggests, do not consider Gandhi's approach to be genuinely pacifist. Gandhi concurred with this position and "*assumed an implicit distinction between Western pacifism and Satyagraha*" (Sharp, 1959, p.43). In fact, Gandhi's idea of non-violence, wrote Kumrappa for the World Pacifist Conference in India (1949), "*is a far cry from pacifism*". Gandhi, he argued, "*sees that war cannot be avoided*". His cure "*is radical*" and "*demanding nothing less than rooting out violence from one-self and from one's environment*" (cited in Sharp, 1959, p.43). Gandhi employed the term '*Satyagraha*' to distinguish between the NVR employed by Indians in South Africa from the "*passive resistance*" of the suffragettes and others. Passive resistance, he argued, is a "*weapon of the weak*". (Gandhi, 1961, p.3). This distinction, when NVR is used in the context of supporting parents of violent children is hugely significant. Parents are supported to *actively* resist violence – rather than simply avoiding it - while reflecting on their own contribution to cycles of escalation. Haim Omer who, along with his colleagues in Israel, translated the principles of NVR for use in the field of family therapy is clear in his position that parents, when dealing with their child's violence, "*cannot only be non-violent, you have to be non-violent and resist at the same time*" (2014, p.3). There is great strength in their position and resistance and persistence are key elements of Omer's model. This will be explored in detail at a later stage.

### **NVR in family work**

*"NVR is an approach to families, schools and communities that is inspired by the doctrine championed by Mahatma Gandhi and by Martin Luther King".*

(Omer, 2021, p.1)

Referring to Gandhi and Dr Luther King as "*master strategists*", Omer submits that they created "*a detailed lore about how to translate those principles into day-to-day practice*" (2021, p.4). NVR refers to the practice of achieving goals through symbolic protests, disobedience, public opinion and other non-violent means (Ackerman and Krugler, 1994; cited in Lebowitz et al., 2012). Activists are trained to withstand violence and provocations without reacting in kind (Omer and Lebowitz, 2016). Engaging in NVR requires the avoidance of physical or verbal attack and to avoid insult and humiliation (Weinblatt and Omer, 2008). The focus is very much on the behaviour or the response of the 'victim'. It is a central tenet of Gandhi's that we can determine our response only – and not that of our opponent (Weinblatt and Omer, 2008). It is this position that Omer, as noted above, advocates in his adaptation of NVR to an intervention for families, schools and communities who are experiencing violence and abuse from children and adolescents. This principle is key in NVR with parents who are advised that *influence* rather than *control* is the desired position in a difficult parent/child relationship. Avoiding violent or humiliating responses makes those experiencing the aggression/oppression stronger as non-



violence is “*a weapon of the strong*” (Gandhi, 1961, p.384). Yet, the central principles of NVR – while including the avoidance of violent reactions - stipulate the necessity for continued and transparent struggle with the assistance of supporters (Avraham-Krehwinkel and Aldridge, 2010). While suggesting that NVR is not just “*a moral way of life*”, Kadowski describes it as “*a way of struggle*” which requires internal strength and determination rather than use of violence (1977). The relevance of this ‘struggle’ in the context of CPVA will become apparent later in the study.

Furthermore, NVR philosophy posits that simply avoiding violence ultimately contributes to its perpetuation and those who witness violence have a responsibility to struggle against it using non-violent methods (Omer and Lebowitz, 2016). Passivity is staunchly opposed and viewed, in fact, as a primary cause for violence (Avraham-Krehwinkel and Aldridge, 2010). Crucially, Gandhi and Dr King were not content simply with the absence of violence. They believed that respect for their adversaries should accompany their acts of resistance (Weinblatt and Omer, 2008). These principles and their application in NVR in the field of family work will now be explored.

### **NVR in families – an obvious fit**

Kool (2013) proposes that non-violent behaviour has been neglected in the field of psychology but argues that it should have been studied long ago. NVR as used in the context of this study was developed by Haim Omer and his colleagues in Tel Aviv (2004). While there are varying interpretations of non-violence as mentioned above, it is Gandhi’s work that is the reference point for Omer in his interpretation of NVR principles and their application in the family therapy domain. Omer refers to Gandhi as the “*chief exponent*” of NVR and notes that it originally developed among social groups “*that labored under continued oppression and extreme feelings of worthlessness and helplessness*” (2011, p.31).

With his colleagues, Omer adapted the NVR strategies used by those oppressed social groups into a coping strategy for parents of children with acute problematic behaviour. Omer reports that the process of adapting NVR from the socio-political domain into the family context involved taking “*each intervention, strategic principle, tactical measure and training idea*” and considering these in detail for their potential in the field of parenting (2021, p.4-5). Describing Omer’s adaptation of NVR for work with parents, Von Schlippe, argues that this doctrine “*is an obvious fit*” when struggles for power emerge in families. The options when these struggles arise are to “*escalate the fight or step back and give in*” (2019, p.v). NVR, Von Schlippe contends, provides a different answer – “*a third way*” (2019, p. v). As with the oppressed social groups that employed NVR, parents of children engaged in destructive behaviour also experience helplessness which is reflected in “*every action and reaction by both parent and child*” (Avraham-Krehwinkel and Aldridge, 2010, p.11).

Indeed, Omer (2001, 2008) contends that it is helplessness, hopelessness and powerlessness that are experienced by parents when their child becomes more powerful. Originally a form of political and social struggle, Omer has applied the concepts inherent in this position to situations in which parents find themselves when faced with extreme behaviour from their children (Heismann et al., 2019).

The result of this work is essentially a “*training model aimed at helping parents deal effectively with their helplessness, isolation and escalatory interactions with their children*” (Weinblatt and Omer, 2008, p.1). An NVR approach is geared to “*helping parents effectively oppose the child’s unacceptable behaviours*” in the manner of Gandhi’s political variety of NVR (Omer, 2001, p.58). Parental attempts to control the child are relinquished in favour of calm and active resistance of problematic behaviour (Newman and Nolas, 2008). In NVR, parents support the child despite his/her actions while simultaneously resisting the problematic behaviour – support and resistance are bound together (Omer and Dolberger, 2015). The purpose of NVR therapy is to bring about improvements in the parental situation, familial relations and the child’s behaviour (Lavi-Levavi, 2010). It is an intervention that was designed to “*effectively resist problematic behaviours, prevent escalation, and improve the parent-child relationship*” (Shimshoni et al., 2021, p.4). How these concepts translate into parent support will be examined in detail at a later stage.

### **NVR for families – an intervention, a programme, a model, an ethos?**

NVR has been described in many ways. Amiel and Maimon suggest “...*NVR is more than a theory, it is a state of mind, an attitude or a way of life...*” (2019, p. 279) while Bonnick contends that it represents “*a different way of ‘being’ as a family*” rather than a programme of intervention (2019, p.264). NVR has been variously described as a “*parent-training approach*” (Jude and Rivera-Gould, 2019, p.39), “*a model of authority*” or “*the new authority approach*” (Omer, 2013), “*a training model*” (Weinblatt and Omer, 2008) and “*a systemic intervention*” (Jakob, 2016). Originally presenting his adaptation of NVR as ‘*a programme*’ in the Irish context, Coogan (2018) notes that this term led practitioners to believe that NVR was delivered session by session through each of the elements outlined in his handbook. To reflect the fact that parents need more time to consider the concepts, Coogan later described NVR as a “*model*” rather than a programme (2018, p.172). This change, Coogan (2018) contends, releases practitioners from feeling they need to complete a theme within one session. In light of this shift, NVR for the purpose of this study will be referred to as a model and it will become apparent as the findings are presented, that delivering NVR in a linear or programmatic way, is not always the most appropriate approach. In fact, in practice it is often noted that the entire ‘programme’ is not always required. This has been borne out in this study and will be reported in the findings chapter as some parents have opted not to complete the latter elements such as a ‘protest sit-in’. Rather, key principles such as de-escalation, parental presence and the use of a support network, can be sufficient to make

significant changes and the programme as initially presented by Coogan and Lauster (2015) may not be required in its entirety. Jakob (2018) also advises against using NVR as a manualised approach noting that it is essential that any intervention is tailored to the needs of the individual client. The matter of implementation of NVR strategies will be discussed in more detail at a later stage.

### **NVR as a Systemic intervention**

NVR is a systemic intervention (Lavi-Levaviet al. 2013; Omer, 2014; Jakob, 2016; Coogan, 2018; Omer, 2021). This is of key importance in using this model. Systemic thinking views problems and ‘pathology’ as “*fundamentally interpersonal as opposed to individual*” (Dallos and Draper, 2005, p.23). Omer contends that “*systemic analysis of child behaviour is vital*” as “*the child cannot be understood or treated separate to the parents*” (2014, p.2). A systemic perspective moves away from viewing ‘the problem’ as an individual matter but rather views it as resulting from interpersonal processes. Each person is seen as influencing the other. Their responses, in turn, influence them (Dallos and Draper, 2005). In taking this position, neither the child nor the parent is pathologised. In fact, Jakob (2014) argues that professionals can risk causing harm if they focus too much on why a young person behaves aggressively or indeed how parents respond to this. Rather, the ‘problem’ lies in the habits and patterns of communication that have developed over time. NVR, Omer (2021b) advises is not a treatment for the child’s symptoms – rather, it is a treatment for the interactions between the parent and the child. As such, NVR can be used in various contexts where interactions have become problematic, and this will be considered later in this chapter.

So, while the child is presenting with violent, aggressive or challenging behaviour, NVR looks at how the parent responds – and these responses – for example in the context of escalations - are crucial. In fact, while the child’s violence can be the central concern of parents, how parents respond is the central concern of NVR. In the context of political resistance, NVR is concerned with presence and the prevention of escalation. Resisters make themselves present in a manner which is decisive and assertive while avoiding any attack on the adversary. It is these strategies that Omer (2014) integrated into his work with parents of children who use violent and/or aggressive behaviour.

While noting that most – if not all – psychological models in the past have presented parental behaviour as causal, Omer argues that parents do not exist in a vacuum. Rather, they are “*continuously influenced by one another and by the people, institutions and culture in the midst of which they live*” (1,4). When a practitioner encounters CPVA and views it from a traditional psychological model as referred to by Omer, the likely response is to refer the child for assessment and treatment. NVR, however, focuses primarily on changing the caregiver’s behaviour rather than attempting to change that of the child or young person (Visser et al., 2019).

## **NVR and Authority: Out with the old and in with the new**

NVR is often referred to as a New Authority. For example, in his book *The New Authority: Family School and Community* (2011), Omer presents possibilities to build parental authority through the use of non-violent strategies. He proposed that the old – or traditional - authority no longer fits with modern parenting or teaching practices and new means of establishing authority with children are required. Here, the matter of parental authority will be considered.

It is an authoritarian position that is associated with the Old - i.e., traditional - Authority. This approach to authority “*enjoyed the unconditional support of most elements of society*” (Omer, 2011, p. 1). Parental control is highly valued, and discipline and punishments are cornerstones of this approach (Omer et al., 2013). The parent holds power *over* the child and the child’s autonomy is not valued. It is a style that is understood to be escalatory in current perspectives on CPVA and abuse. An authoritarian approach holds the child firmly responsible for any escalation in parent/child interactions. It demands an immediate response from the child in terms of reparation and the administration of consequences and punishments are strong characteristics of this style.

With the impact of significant societal changes on family, church and state structures, traditional authority is no longer widely supported. Yet, CPVA and abuse is a growing concern across the Western world (Avraham and Krehwinkel, 2014). The absence or weakening of parental and educational authority has left a vacuum – one that Omer and NVR researchers and practitioners propose could be replaced with a New Authority (Omer et al., 2013, Lavi-Levavi et al. 2013). How we are to understand this *new* position in authority is outlined by Omer (2011) who argues that attachment theory disregards parental authority – despite its importance to the parent/child relationship. He therefore connects Baumrind’s (1966) work on parental authority with attachment theory and suggests that New Authority Parenting or NVR parenting comprises both and that each position contributes to the anchoring function in the parenting role. Omer (2011) proposes that in order for a stable parent/child bond to develop, a combination of parental sensitivity and authority is required.

### **The importance of parental authority**

*“Parental authority is this ability to establish rules and values for the child and to prevent all actions that subvert them. In this sense, all parents, be they modern or old-fashioned, lay or religious, honest or dishonest, want to possess authority.”*

(Omer, 2000, p.ix)

The characteristics of this new authority as presented here by Omer are at a significant remove from those of a more traditional approach. Baumrind argues that the traditional or authoritarian parent “*values obedience as a virtue and favours punitive, forceful measures to curb self-will at points where*

*the child's actions or beliefs conflict with what she thinks is right conduct*" (1966, p.889). Using an NVR position, it is understood by NVR practitioners that they provide the emotional, psychological and behavioural structure that support children in their various stages of development. This is attributed to the *anchoring function* as described by Omer et al. (2013). This function refers to the provision of structure and routine for the child, but it also combines an expectation that the parent will remain supportive and will exercise self-control at times of stress and conflict in the home. Thus, it balances the responsibilities of the child with the responsibilities of the parent. The New Authority is not constructed in isolation, however; the parent seeks to activate legitimacy for their authority by inviting a network of supporters to bear witness to their position and to reinforce it in the child's experience.

Grolnick suggests "*there is consensus in the field on the importance of parental authority, although different theorists may view it somewhat differently*" (2012, p.59). Grolnick argues that by serving as authorities and providing discipline, parents support the socialisation of their children.

### **Parenting styles and authority**

Baumrind's work on parenting styles has contributed significantly to our understanding of parental authority and Omer et al. (2013) attribute her work to a growing acceptance of a new view of authority. In work that Grolnick described as "*pioneering and ground-breaking*" (2012, p.57-58), Baumrind (1966) identified three parenting styles: authoritarian, authoritative and permissive. Authoritarian parents have been described as "*highly directive*" parents who "*value unquestioning obedience in their exercise of authority over their children*" (Buri, 1991, p. 110). This approach is characterised by distance, punishment, and dominance (Omer et al., 2013). The *authoritarian* approach is related to more negative parent/child relationship indicators (Sorkhabi and Middaugh, 2013). Indeed, Baumrind concludes from her research that adolescents experience this particular style as "*arbitrary or unjust*" (Sorkhabi and Middaugh, 2013, p.1227). Regarding outcomes related to parenting styles, Baumrind (1968) found that children of authoritarian parents were less competent, assertive, and achievement motivated than those of authoritative parents. Nixon (2012) also reports that parent/child relationships that are characterised by negative interactions, result in more negative developmental outcomes.

At the other end of an authority continuum, permissive parenting has also been attributed to negative characteristics in children (Grolnick, 2012). Permissive parents use less punishment, are relatively uncontrolling and make few demands on their children (Buri, 1991) – a clearly opposing style to that of an authoritarian parent. It is a style characterised by low control demands and is high on nurturance and parental warmth (Nixon, 2012). While this approach stemmed from a movement advocating children's rights and autonomy, Omer (2011) suggests that many studies have concluded that it resulted in higher levels of violence, school non-attendance and general delinquency. It seems that children of permissive parents have the poorest outcomes (Grolnick, 2012).

Authoritative parents, however, lie between the two poles of authoritarian and permissive styles. They provide firm and clear direction, but this clarity is accompanied with warmth, reason, and flexibility (Grolnick, 2012). It is this approach that has been “*associated consistently with a wide range of positive adolescent outcomes*” (Smetana, 1995, p.300). These outcomes include a higher likelihood of completing education, less disengagement from school and higher rates of identification with school (Blondal and Adalbjarnardottir, 2014). It is an approach that values the child’s autonomy and unlike the authoritarian parent, an authoritative position does not rely on punishment and consequences for challenging behaviour. Rather, they encourage individuality and independence and are responsive to their child’s needs (Smetana, 1995).

Larzalere and Baumrind summarise the outcomes associated with these styles:

*“Authoritative parents use their parental authority to empower their children's development. In contrast, authoritarian parents misuse their parental authority and permissive parents abdicate their parental authority”.*

(2010, p.85)

Baumrind has also described a fourth style – that of the rejecting, neglecting parent who is “*disengaged and neither demanding nor responsive*” (Smetana, 1995, p. 299).

### **Parental authority and children in Ireland**

The Growing up in Ireland (GUI) study reports an association between parenting styles and social and emotional outcomes for children. Children who experienced an authoritarian parenting style had more difficulty – as did children who experienced a neglectful style of parenting (Nixon, 2012). However, the majority of children participating in the GUI study reported experiences of authoritative parenting with permissive parenting following. The least reported parenting styles were authoritarian and neglectful (Nixon, 2012). Both styles were associated with higher SDQ (Strengths and Difficulties) scores (Nixon, 2012).

Of interest, boys were more likely than girls to experience authoritarian and neglectful parenting from their mothers. Girls were more likely to experience the permissive style of parenting from their mothers. In terms of father’s parenting, again, boys were more likely to experience authoritarian parenting while girls reported more permissive parenting experiences with their fathers. This was also associated with a higher incidence of difficulties as measured by the Strengths and Difficulties Questionnaire (SDQ) (Nixon, 2012).

## **Building a New Parental Authority through NVR**

*“The symbol of parental authority is no longer the raised fist, the angry face, the threatening shout, or the severe punishment but the present, stable, connected, and connecting anchor”.*

(Omer, 2020, p.209)

At the very core of current perspectives on CPVA is the concept of parental authority. A loss of parental authority has been attributed to what Omer describes as a *“dramatic rise in violence and delinquency”* (2011, p. vii). This loss of authority results from *“far-reaching changes in social structure and educational values”* in Western societies (Omer, 2020, p.3). Such changes relate to a worldwide weakening of the extended family, the resultant isolation of parents and the dissipation of parental authority as social values and ideals change (Omer, 2020). A further factor, Omer (2021) asserts, in the weakening of the parents’ position is the internet. He argues that the internet has replaced parents’ position as sources of knowledge and wisdom and suggests that children are more connected to the internet than their parents.

In addressing CPVA, however, it is not simply a case of increasing a parents’ authority. The style of parenting and the associated strategies are of crucial importance. Authority can be viewed along a continuum and where the parent positions him/herself on this continuum, will significantly impact on the outcomes. Strategies associated with the *Old Authority* - i.e., traditional authority - are largely considered a poor fit for modern ideals about parenting and certainly a poor response to CPVA. The strategies associated with the Old Authority -the *“raised fist, the angry face...”* as referred to by Omer above, are understood, in NVR, to contribute to patterns of escalation. In NVR, when faced with a child’s aggressive behaviour, the parent is encouraged to avoid *“lashing back”* (Lavi-Levavi et al., 2013, p.80). The need then to establish a *New Authority* underpins the development of NVR in parenting work and will be explored here.

## **Parental authority as a response to CPVA**

The concept of a New Authority, developed by Omer through the construction of the NVR model has been proposed as a logical and effective response to children’s challenging and violent behaviours. Adopting an authoritative position through parental self-regulation, a focus on parent/child relationship repair and the recruitment of a support network, is increasingly contributing to an evidence-based response to this growing concern. The NVR model is essentially concerned with restoring *“...autonomy, authority and legitimacy to parental action”* (Avraham-Krehwinkel and Aldridge, 2010, p.11).

While Ibabe et al. report that the findings on the relationship between parenting styles and CPVA may seem *“paradoxical”* (2013, p.525), they contend that permissive and authoritarian parenting styles *“are*

*indeed frequently associated with adolescents' delinquent behaviours*" (2013, p.525) and they cite Gottfredson and Hirschi (1990) who describe both styles as *"ineffective"* (2013, p.525). Furthermore, Cottrell and Monk posit that overly permissive parenting is a contributory factor in CPVA (2004, p.1074).

In understanding CPVA, it is advocated that an approach based on the Old Authority – that is authoritarian – contributes to CPVA and indeed, perpetuates it through a pattern of escalatory conflict. As stated above, a permissive response is likely to be ineffective in addressing violence. For this reason, the need for a New Authority is advocated and this is characterised by an *authoritative* approach – one that values the child's autonomy, parental responsibility, and agreement rather than control. However, there is also strength in this approach in that it resists the child's violent behaviour but with peaceful means and the inclusion of a support network. At the outset of an NVR intervention in a case of CPVA, the parent is invited to change his/her perspective on the situation – essentially, to take a new position in relation to the problem. While for many parents the violence is solely attributed to the child's behaviour, in NVR, as noted previously, the child is not pathologised. This is certainly an alternative to an authoritarian response which is to hold the child responsible for the situation. Coogan advises that the violence can be viewed as an *"unwanted guest"* (2018, p.127) – thus the responsibility for eliminating the problem is shared and both parents and child are held accountable for their actions. The parents, using a new authority are willing to *"acknowledge errors and take remedial action"* (Omer, 2011, p.7).

NVR advocates an approach that does not pathologise the child. In fact, it creates *"a different frame of relating and a different experience for the adult and for the child"* (Amiel, 2011, p.x). NVR aims to change family relationships (Jakob, 2016) and to strengthen the support network around the family. It is a systemic intervention for violent and destructive behaviour in young people (Jakob, 2016). NVR addresses the patterns and interactions that have become harmful in the relationship between parent and child.

A cornerstone of NVR is the ability of a parent to self-regulate in order to de-escalate conflict. Self-regulation supports an authoritative position – the parent is neither ineffective nor controlling but steady and self-contained. The parent, through self-regulation, the acquisition of skills to de-escalate conflict and repair relationships, *"begins to radiate authority, because she now senses it in herself"* (Omer, 2011, p.7). This self-regulated parental position is referred to in NVR as the anchoring function.



## **The anchoring function.**

*“The anchoring function reflects the parental stance that helps stabilize the child against the pull of powerful drives and emotions, as well as dangerous influences and temptation”.*

(Kahn et al., 2019, p.272).

Shimshoni et al. (2021) propose that the anchoring function is a central construct in all applications of NVR in the context of family work. The *“theoretical premise”*, they contend, is the ability of the parent to anchor themselves in their role as parent to help the child to *“withstand inner and outer negative pressures”* (2021, p.4). They proceed to present the four key elements of the anchoring function which Omer describes as *“the four basic pillars for the new authority: presence, self-control, support and structure”* (2021, p.9). As the central constructs of NVR, these elements of the anchoring function require closer consideration as provided here.

### **- Presence**

*“When parents and teachers increase their presence, they increase their authority”.*

(Omer, 2021, p.9)

Such is the level of importance afforded to the concept of parental presence by Omer, he contends that its absence is a form of deprivation (2021). Indeed, Jakob argues that raising parental presence is *“the main therapeutic factor of the approach”* (2016, p.3). Avraham-Krehwinkel and Aldridge suggest that a parent is essentially absent from a child’s life when their ability to act is undermined and when their voice is silenced. This absence, they contend, *“has been known to cast a long shadow on that child’s growth and development”* (2010, p. 37).

Parental presence, Omer argues, is *“a bi-polar concept”* in that the parent must occupy two positions – that of an individual and that of a parent (2000, p.2). The message from this position to the child is clear.

*“We are your parents and will remain your parents! We will not leave you alone! You cannot discard us or paralyze us!”.*

(Omer and Dolberger, 2015, p.561).

The intention in NVR is to reverse the loss of parental presence (Jakob, 2016). Dolberger coined the phrase *“erasure”* to describe this lack of agency experienced by parents in the parental role (Jakob, 2018, p.22). Jakob explains this experience for parents as a sense of losing *“their own values, internal resources, or a sense of who they are”* - noting that parents *“feel their child no longer notices them”* (2018, p.22). Coogan contends that a consequence of CPVA is that parents withdraw their presence

from their child and “*interaction between parent and child becomes minimal*” (2018, p.206). In fact, Omer (2001) suggests, the parent-child interactions become so narrow that conflict is all that remains in the relationship. Coogan continues with an explanation of parental presence, suggesting that it is demonstrated as follows:

1. The parents’ recognition of and attention to the child’s behaviour and needs.
2. A determination to take their place as a parent within the family.
3. The parents’ use of his or her physical and psychological presence to provide emotional comfort, to mediate and reduce tension and conflict and to supervise and support the child.

(2018, p.206).

Shimshoni et al. propose that presence can be conveyed in different ways by parents such as advising the child that they will remain present and involved and seek help from others while refusing to ignore or agree to certain behaviours. In taking this position, they suggest, parents can avoid “*fluctuating between giving-in and lashing back*”. Rather, “*parents gain the ability to maintain a consistent and regulated presence that reflects their values and goals*” (2021, p.4). Parental authority is based on being present rather than being stronger (Omer, 2001, p. 58). It is the “*profound difference between parental presence and the use of force*” that is central to NVR (Schorr-Sapir et al., 2008, p.453).

Lavi-Levavi et al. (2013) observe that other approaches in parenting attend to both relational issues and discipline matters. However, they argue, these are usually seen as different phases or aspects of a programme. In NVR, it is proposed that building parental presence develops a stable relational frame while simultaneously resisting negative behaviours; “*Parental closeness and parental strength evolve together*” (2013, p.80).

In NVR, manifestations of parental presence are “*the chief means of parental empowerment*” (Weinblatt and Omer, 2008, p.80). Parents are supported to move from a position where they have been essentially demoted from their role as parent to a position of authority. This presence is increased when the child’s engagement with risk increases. An extension of the construct of parental presence is that of vigilant care. This consists of three levels of monitoring as presented by Farah et al.;

1. Open attention – this level is characterised by trust, dialogue, and open interest in the child’s activities.
2. Focused attention – this involves a more direct approach from parents where they ask questions about the child’s whereabouts and behaviour.
3. Protective action – the parents increase their presence and takes steps to prevent further risk-taking behaviour.

(2014, p.64).

## - Self-control

This ‘pillar’ of the anchoring function relates to parents controlling their negative responses to the child’s behaviour and persisting with their goals (Khan et al., 2019). Shimshoni et al. (2021) advise that it is not limited to avoiding negative reactions but is also concerned with the parents’ capacity to endure and persist in a way that is non-domineering. Essentially, the parent shifts from a position where they seek to control the child to one where they focus on controlling their reactions to the child’s behaviour (Jakob, 2018). It is proposed that redirecting the parents’ attention to their own behaviour, increases parental efficacy and family functioning while reducing conflict (Attwood et al, 2019). Indeed, as noted by Avraham –Krehwinkel and Aldridge, *“the parents’ intentions are not to bring about submission of the child, but to change his own condition as a parent”* (2010, p.34). Parental strength is not concerned with defeating or subjugating the child (Schorr-Sapir et al, 2021). It is a goal of NVR to support parents to control their own responses, understanding that they cannot control their child’s behaviours. Indeed, in the context of these conflictual parent/child interactions, parents may find themselves engaged in *“symmetrical escalation”* where both parent and child aim to counter the other’s control (Jakob, 2016, p.3). Central to NVR is the prevention of escalation – *“Strike when the iron is cold”* (Weinblatt and Omer, 2008, p.8). Instead of basing parental authority on controlling the child, NVR teaches parents to focus on self-control in order to strengthen themselves (Lavi-Levavi et al., 2013).

Omer contends that increasing parents’ self-control can help to raise their status and indeed, improve their child’s problems (2020). Yet, he notes that parents who experience frequent bouts of aggression from their children are more likely to experience burn out and loss of control (2020). It is in their ability to withstand provocation and resist the child’s behaviours without escalating that the parent develops the ability to stabilise the child in the face of dangerous impulses (Lavi-Levavi et al., 2013).

The capacity to de-escalate is a key technique for parents to employ in NVR. Coupled with increased parental presence as discussed above, self-control supports the parent to address negative behaviours whilst simultaneously caring for the parent/child relationship (Lavi-Levavi, 2013). In NVR, parents are coached to recognise signs of escalation in order to prevent it and to become aware of their own contribution to the process (Weinblatt and Omer, 2008)

Omer (2001) presents two kinds of escalation that occur between parents and children with acute discipline problems. The first, he suggests, is complementary escalation wherein the parent gives in to increasing demands from the child. The second is reciprocal escalation in which *“hostility begets hostility”* (Omer, 2001, p.53). Gandhi’s principle of NVR, Omer contends, allows parents to adopt an approach to counter both forms of escalation (2001). In NVR, parents are supported to recognize patterns of escalation and to raise their awareness of how they contribute to these cycles. Rather than attempting to control their child’s behaviour, parents are supported to manage their own reactions with

a view to developing their sense of self-efficacy, reducing conflict and enhancing family functioning (Attwood et al., 2019).

### **- Support**

Avraham-Krehwinkel and Aldridge (2018) report widespread support among researchers on the importance of social support for parents. Along with increased parental presence and self-control, the development of a support network is a central tenet of NVR. It reaffirms parental authority and reduces the likelihood of escalation (Shimshoni et al, 2021). Parents identify supporters from their larger system who will “*help to develop effective responses to harmful child behaviour*” (Jakob, 2016, p. 1).

While Omer notes that privacy is an important value in our culture, he contends that “*making it absolute renders the task of parenting extremely difficult*” (2017, p.33). Referring to the “*privacy reflex*” where parents are reluctant to involve people outside of the nuclear family, Omer proceeds to advise that the privacy afforded to the child should be commensurate with the level of responsibility he displays. In using privacy negatively, privacy rights are lost.

Coogan (2018) suggests that parents may worry about potential criticism and exposure from others - or indeed, that the child might be considered in a poor light. Indeed, this may be the case – particularly where a parent identifies supporters that are critical or domineering. Critical messages from the larger family can result in significant shame for family members – and increase self-isolation and avoidance of others (Jakob, 2016). Considerable thought and planning are required with the support of the NVR practitioner. Weinblatt and Omer advise that parents may require “*considerable persuasion*” to embark on using a support network (2008, p.7). Yet, support provides legitimacy for the parents’ resistance and engenders transparency (Schorr-Sapir, 2008). Building a network of support assists the parent in establishing a “*stable relational frame*” (Lavi-Levavi, et al., 2013, p.80). In fact, when safe relationships exist and are available as potential sources of support, a new family narrative can emerge – changing the perception of the parent as victim or survivor to that of an adult capable of “*mutually enriching interaction in certain relationships*” (Jakob, 2016, p.9).

Attempts at secrecy serve only to weaken the parents’ and sustain the child’s violent behaviour (Omer et al., 2008). The support network encourages the parent to persist in their resistance of the child’s aggressive behaviours (Coogan, 2018, p.211). Enlisting this support is an essential step in the transition to NVR (Schorr-Sapir et al., 2008). Yet, while supporters are seen as critical in NVR, Hicks et al. (2020) report that the research on how to engage them is limited. It appears, from a study by Hicks et al. that most supporters were uncertain about what was required of them in their role. It seems that support for supporters is required if they are indeed to be effective in the contact of NVR action.

## **- Structure**

Omer et al. (2013) contend that parents create structure when they define and guarantee rules and routines to guarantee and protect the activities of the family. This is understood to be necessary due to the destabilising and domineering influence that the child's symptoms can have on the child and family (Shimshoni et al, 2021). Indeed, Omer (2020) notes the difficulties of preventing the deterioration of the parent/child relationship where there is lack of clarity in the home regarding rules, routines and responsibilities. Yet, structure provides solid ground for parents who previously "*drifted anchorless in the morass of family chaos*" (Shimshoni et al., 2021, p.5).

Persistence, Omer explains, aims for a gradual change rather than "*striving for a decisive blow*". While noting that instant compliance from the child is the common view, persistence, he argues, activates the child's positive inner voices – even if these are "*latent or feeble at a given moment*" (2011, p.24). In contrast, if parents engage in humiliating behaviours, this will serve to strengthen the violent voices (Weinblatt and Omer, 2008).

## **The evidence for NVR**

As Coogan (2018) submits, the evidence for NVR as a response to CPVA is limited but increasing. Shimshoni et al. propose that "*NVR is a trans-diagnostic treatment approach that helps parents to cope with child externalizing, internalizing, and other problems in non-escalatory ways*" (2021, p.1). As such, research to date has been conducted in various domains – acute behaviour problems (Weinblatt and Omer, 2008), childhood anxiety (Lebowitz and Omer, 2013), adolescent substance misuse (Attwood et al., 2019), suicide threats (Omer and Dolberger, 2015), Autistic Spectrum Disorder (Golan et al., 2016) and residential care (van Gink et al, 2016). Shimshoni et al. (2021) assert that across these domains, NVR has led to improvements in various child symptoms, escalations between parent and child, parental helplessness and punitive approaches and power struggles.

Weinblatt and Omer (2008) conducted an evaluation of NVR training for parents of children with acute behavioural problems in Israel. Using a wait-list control group, parents who received the treatment reported improvements in parental helplessness and escalatory behaviours. Parents reported significant reductions in children's negative behaviours and an increase in perceived social support. Decreased parental stress and increased perceived support were also reported by Kilicarslan (2009) who researched the effects of NVR for parents of children behaving violently. Violent and aggressive behaviours in children were also reduced in this study.

Van Holen et al. (2018) report that NVR is effective with foster carers. In a randomized controlled trial (RCT) comparing an intervention group with a treatment as usual (TAU) group, they concluded that

NVR led to positive changes in parenting stress and indeed, parenting practices. Furthermore, it was reported that NVR is “*a highly acceptable approach for foster parents*” (2018, p.940).

In another randomized control trial but with parents of children with attention deficit hyperactivity disorder (ADHD), Schorr-Sapir et al. (2021) reported that NVR is an efficient treatment for children with ADHD. This study experienced low drop-out rates with engagement from fathers at almost 100%. Furthermore, the study reported that the effects of the intervention went beyond the symptoms of ADHD. Gains in parents distress levels were maintained over time as were improvements in the child’s behavioural and emotional experiences.

Van Gink et al. (2020) observe that incidents of aggression are common in adolescent residential psychiatric settings and as such, seclusion and restraint measures are used. Referring to these measures as a “*reciprocal use of violence*” (p.177), they suggest that residential settings require alternative methods to respond to aggressive incidents. Van Gink et al.’s study involved adapting NVR for use in a residential setting. They concluded that NVR proved to be feasible and “*likely relates to a meaningful decrease in seclusion and restraint*” (p.196). Lebowitz et al. (2012) also report that children of parents who have received NVR training (without the participation of their children) exhibited significantly fewer negative behaviours.

While the evidence base for NVR is limited, it remains the case that a significant body of evidence continues to emerge (Coogan, 2018). Yet, it is reported that NVR has been well received by practitioners who are working with CPVA (Coogan, 2018) and families (Newman and Nolas, 2008). While the research is on-going, in practice there has been a flurry of activity across Ireland since the introduction of NVR by Coogan in 2013. Indeed, CPVA is perhaps following the trajectory of domestic violence where “*practice has galloped ahead of the evidence*” (Stanley and Devaney; cited in Holt et al., 2018, p.344).

## **NVR in practice**

The concepts of parental helplessness and powerlessness underpin the theoretical rationale for using NVR with parents of children with acute behavioural problems (Weinblatt and Omer, 2008, p.3). Its goal is to support parents to move from a helpless and powerless position without resorting to punitive and authoritarian measures (Weinblatt and Omer, 2008). Omer acknowledges “*a whole gamut of differences*” in how NVR is delivered in many countries but advocates that a non-violent approach alongside resistance is essential (2014, p.3).

Within the context of parent support, the NVR model is based on the premise that escalation is a feature of most scenarios involving children with destructive behaviour (Avraham-Krehwinkel and Aldridge, 2010). It is in these cycles of escalation that the child becomes increasingly powerful while parents, in

turn, become more helpless (Omer, 2001). Positive aspects of the parent/child relationship are reduced within a pattern of escalation while the negative aspects are increased (Lavi-Levavi, et al., 2013). Over time, *“there is a narrowing down of the parent-child interaction, to the point that all there is left of the relationship is the conflict”* (Omer, 2001, p. 54).

The use of Gandhi’s principle of NVR supports parents to *“counter”* these escalation cycles (Omer, 2001, p.54) without resorting to a punitive or authoritarian approach. The parents’ capacity to delay their response in the context of a difficult interaction with their child *“creates new conditions for relating”* (Omer, 2013, p.8). Parental self-control is a starting point in de-escalation, and it is in the parents’ increasing ability to self-regulate and delay their response that the process of ending a pattern of escalation can begin.

When conflict occurs, an attempt to focus on *‘changing the other’* leads to resistance and escalation whereas an NVR position supports the parent to avoid being drawn into the escalation (Lebowitz et al., 2014). In developing the skills to remain calm, parents can begin to resist their child’s abusive behaviour and remain committed to non-violence (Coogan, 2018). As such, training for parents in the prevention of escalation is *“central”* to NVR (Omer, 2008, p.8).

## **NVR sessions**

Although the target of this intervention is the child’s violence, the child is not required to participate. Rather, the sessions are provided for parents only and can be delivered in group settings or with couples or individual parents.

In this section, an outline of the NVR intervention as adapted for use in the Irish context (Coogan and Lauster, 2015) will be presented. Coogan and Lauster describe NVR as an *“evidence influenced, short-term, systemic and effective intervention that builds on the existing skills, knowledge and values of practitioners and enhances the protection and safety of all family members”* (2015, p.8).

Coogan and Lauster (2015) are clear that the handbook that they have written is intended for skilled practitioners’ who already have skills and experience in working with parents. The table below presents the core elements of NVR with a brief description of those elements. In NVR sessions, the practitioner supports the parent to develop these elements as strategies to address their child’s violence and/or aggression. Through the implementation of these strategies, it is intended that the parent will re-establish their authority with support from their network.

**Table 1. Core Elements of NVR**

<b>Core elements of NVR</b>	<b>Description</b>
Parental Commitment to NVR	Parents commit to resisting violence and to avoiding violence when responding to their child, regardless of provocation. This includes parents committing to avoiding verbal as well as physical aggression
De-escalation skills	The development of parental self-management and self-calming skills to de-escalate and avoid unnecessary confrontations
Increased parental presence	Changing the ways in which a parent is present in their child's life and re-focusing interactions away from persistent conflict
The Support Network	The parents' disclosure about the extent of the problem of violence with a number of significant people who they also invite to be part of a support network, such as grand-parents, aunts and/or uncles, or friends
Family Announcement	An announcement to the family that violence at home will no longer be tolerated (during the announcement, the type of violence is clearly specified)
Acts of reconciliation	Spontaneous unearned treats and/or gestures of encouragement (words/actions/events) offered by parents to the child
Refusing Orders & Breaking Taboos	Reinstating activities that parents have felt they could not do such as visiting the child's room, talking with friends who visit or watching the television in the sitting room
The Sit-In	A dramatic break with habits of the past and a clear demonstration of parental commitment to nonviolent resistance

Golan et. al. (2016) suggest that the standard NVR intervention is about ten weeks long. In their study of NVR outcomes with parents of autistic young adults (referred to as High Functioning in their study), they suggest that up to twenty sessions would be more appropriate. This guidance was kept in mind in this current study where eight of twelve children were autistic. Of ten families, an average of 10.5 sessions were provided to each family with a total number of 105 sessions.

### **Other CPVA interventions**

It must be noted that other responses to CPVA are available. While a detailed examination of alternative interventions is beyond the scope of this study, those that I am aware of, will be presented here. While acknowledging evaluations of NVR research within the UK and beyond, Brennan et al. note "*the*



*paucity of evidence for other intervention models used to respond to CPVA*” (2022, p.47). Gilman and Walker (2020) concur and propose that research on effective programmes is lacking.

Nevertheless, Brennan et al. (2022) identify a number of CPVA-specific interventions. These include *Who’s in Charge?* - a programme for parents which consists of eight two-and-a-half hour sessions with a two-month follow-up. This was originally developed in Australia by Eddie Gallagher and is an educational and therapeutic 8-week programme. It employs narrative and solution-focused therapies and cognitive behavioural therapy (Gallagher, 2016; Baker and Bonnick, 2021).

Also noted by Brennan et al., (2022) is the London-based Family Based Solutions (FBS). This service was developed by secondary school support workers who identified CPVA as a significant issue with a poor service response. They use a solution-focused approach, providing supports to parents and children – as well as training for professionals ([www.familybasedsolutions.org.uk](http://www.familybasedsolutions.org.uk)). FBS provides intensive support for families experiencing CPVA (Baker and Bonnick, 2021).

Respect, a domestic abuse organization, specifically works with young people who use violence in their close relationships. Using the Respect Young People’s Programme (RYPP), this service provides interventions where children between 8 and 18 years of age are abusive or violent towards their parents or carers ([respect.uk.net](http://respect.uk.net)). Unlike NVR, this programme works with parents and their child/young person simultaneously. One evaluation of this programme has taken place and reported significant pre-to post – programme improvements (Baker and Bonnick, 2021).

As noted earlier, Ireland participated in a five-nation research project on CPVA. As part of that project, Break4Change was developed in England. It is specifically designed for parents who are experiencing CPVA. It is currently delivered in England, elsewhere in the UK and Europe. This programme draws on NVR and also utilizes principles of restorative practice and solution-focused interventions. While an evaluation of this programme reported positive changes, Baker and Bonnick (2021) note that these were not sustained in the longer term and consisted of a modest sample of just 15 families.

In South Australia, the KIND (Kinship, Improve Relationships, No violence, Developing skills) programme has been offered as a response to CPVA and Dating Violence. This programme adopts a *“family-inclusive and trauma-informed”* approach (Moulds et al., 2019, p.14). A small pilot study (Moulds et al., 2019) concluded that the programme was well-received and participation by young people and their family members was good. However, the researchers acknowledged that their study involved a modest sample of just eight young people and their families. Nevertheless, there appears to have been sufficient evidence that the intervention was useful, and the researchers recommended further research on the programme.

In 1996, in King’s County, Washington, 63% of 500 juvenile domestic charges were against juveniles who assaulted their mother or father (Routt and Anderson, 2011). The Step-Up programme was

developed in response to that concern. It is based on an adult domestic violence treatment but adapted for parent/child relationships. An evaluation in 2005 named Step-Up as a promising intervention, citing significant improvements in attitudes, skills and behaviours for teenagers and their parents (Routt and Anderson, 2011; Gilman and Walker, 2020). Adapted versions of this model have been used in the UK (Baker and Bonnick, 2021). There have been five evaluations of this programme “*demonstrating broadly positive outcomes*” (Baker and Bonnick, 2021, p55).

## **Conclusion**

This chapter began with a reflection on NVR and its origins in the socio-political domain. The core elements of NVR were presented and the application of those strategies into the field of family support was considered. NVR was presented here as a systemic, trans-diagnostic approach with the anchoring function underpinning the application of the NVR model across various parenting concerns and challenges.

NVR is often referred to as a New Authority – a response to the increased weakening of authoritarian structures and parenting styles associated with an old authority. This authority is based on the anchoring function which was elucidated in this chapter.

The practice of NVR and the outline of sessions as used in the Irish context were presented. It was acknowledged that a small but growing body of evidence for the efficacy of NVR exists. Having explored in detail the model of NVR, I will now proceed to present the research journey that was embarked upon in this exploratory study of CPVA and NVR as a response.

# Chapter 5 Methodology

## Introduction

*“After all, violence is preventable. The more we gather knowledge about it, the better off we are to contribute to its minimisation in society”.*

(Lee and Stanko, 2002, p.36)

The central concern of this study is to gather knowledge of parents’ experiences of Child to Parent Violence and Abuse (CPVA) and to give voice to those experiences. Parents’ views of Non-violent Resistance (NVR) as a response to this violence are also elicited.

In this chapter, I will present the process of the research journey – a process which was significantly impacted by the arrival of a global pandemic. The chapter will open with an outline of the rationale for the study. The central research questions will be presented and the decision to select Constructivist Grounded Theory as the methodology for the study will be outlined. As a mixed methods study, the selected qualitative and quantitative methods and the process of selecting these methods, will be discussed.

This chapter also presents a profile of the research participants and reports on the collection and management of data. How that data was analysed will also be described. Essentially, the study aims to gather knowledge on CPVA and in doing so, to contribute in some way, to its minimisation.

## Rationale for the study

CPVA has been described as a *“growing concern in Ireland and elsewhere”* (Coogan, 2016, p. 2). Parentline (the national helpline for parents in Ireland) reported in 2014 that the most common reason for parents contacting their helpline related to their child’s aggression and violence in the family home (Coogan, 2018). Indeed, Coogan reports that during Covid-19, Parentline experienced *“a dramatic and unprecedented 500% increase in requests for its NVR programme”* (<https://www.parentline.ie/non-violent-resistance/>). (NVR is offered by Parentline to parents experiencing CPVA and is described in detail in chapter 2).

Although other parent concerns are frequently heard in media reports – drug and alcohol misuse, sex and sexuality, mental health – there has essentially been a silence surrounding the experiences of parents with a violent or abusive child. Indeed, it appears that CPVA rates are not insubstantial (Lyons et al., 2015). Despite this, Ferrando et al. (2015) suggest that people in most European countries are only just starting to recognise and talk about it. While Bonnick contends that it is *“far from being a new phenomenon”*, she asks *“...why are we coming to it so late in the day?”* (2019, p.7). Other forms of family violence such as child abuse, elder abuse and intimate partner violence are now well recognised,

with a range of evidence informed responses available to parents and practitioners. CPVA, however, “has yet to become a visible and explicit concern of social work policy and practice development” (Coogan, 2014, p.1). Explanations for this delay are offered by Ferrando et al. (2015) who propose that it is both hidden and misunderstood as a form of violence and parents, practitioners and wider society struggle with the idea that children can be violent towards their parents. Murphy-Edwards and Van Heugten concur and contend;

*“The idea that children can exert power and control over their parents remains a socially unpalatable one.”*

(2018, p. 619).

### **Aims and research questions.**

This study sought to explore this ‘socially unpalatable’ phenomenon and to elicit parents’ experiences of this form of family violence. With this in mind, the following aims were arrived at:

1. To explore the views of parents who have experienced CPVA.
2. To consider the impact, if any, of parental participation in an NVR intervention on the parent/child relationship.
3. To consider the views of parents of the NVR intervention as a response to CPVA.
4. To contribute to the growing body of research on CPVA in Ireland and internationally.
5. To develop an understanding of CPVA grounded in the perceptions and experiences of parents who live with this problem.

In order to meet these aims, five key research questions were formulated.

1. What are the experiences of parents who are faced with CPVA?
2. What is their understanding of the contributory factors to this violence?
3. In what ways, if any, does CPVA impact on the parent/child relationship and on family relationships?
4. What impact, if any, does participation in an NVR intervention have on the parent/child relationship?
5. What are the views of parents of NVR as a response to CPVA?

To answer these questions, I elected to employ Constructivist Grounded Theory (CGT) as my methodology. The rationale for this decision will be outlined later in this chapter. The study received ethical approval from both the ethics committee in the University of Galway and in Tusla, the Child

and Family Agency. Further approval was obtained from both following amendments as a result of Covid-19.

## **Research design**

Creswell proffers that a research design “*involves the intersection of philosophy, strategies of inquiry and specific methods*” and presents a useful framework to structure the design consisting of these three elements. (2009, p.5). He suggests the overall decision relates to the design to be used which should in turn be informed by the researchers’ worldview and the selected strategies of inquiry (2009, p.3).

Here, the research design will be presented using Creswell’s framework.

1. Philosophical positions and worldviews.
2. Strategies of inquiry
3. Specific methods

## **Philosophical positions, paradigms and worldviews**

*“Life’s grand questions could be termed religious or philosophical or worldview questions.”*

(Gauch, 2009, p.667)

Creswell (2009) contends that philosophical ideas influence the practice of research and therefore need to be identified. Researchers must be aware of the philosophical assumptions guiding their work (Mertens, 2011). Slevitch defines a paradigm as “*a set of shared beliefs to which a particular discipline adheres*” (2011, p.74). Lincoln and Guba contend there are four paradigms – (i) positivism, (ii) postpositivism, (iii) critical theory and (iv) constructivism. They suggest, however, that the paradigms are beginning to “*interbreed such that two theorists previously thought to be in irreconcilable conflict may now appear, under a different theoretical rubric, to be informing one another’s arguments*” (2000, p.164). As evidence for this ‘*interbreeding*’ of paradigms they refer to their own work as being “*heavily influenced*” by practitioners of action research and postmodern critical theorists (2000, p.164). Yet, Slevitch argues that while methods can be integrated, methodologies cannot (2011).

Creswell also presents four worldviews or paradigms – (i) postpositivism, (ii) constructivism, (iii) advocacy/participatory and (iv) pragmatism. He defines these worldviews as “*a general orientation about the world and the nature of research that a researcher holds*” (2009, p.6). Slevitch (2011) suggests that no one paradigm is superior, and it is for the researcher to decide which paradigm suitably reflects her beliefs.

## Selecting a paradigm; the constructivist worldview

Creswell advises the researcher *“to make explicit the larger philosophical ideas they espouse”* (2009, p.5). It is from a social constructivist position that I approached this study. A constructivist epistemological approach, suggests Levitt, is *“especially appropriate for studying questions that relate to psychosocial experience”* (2021, p.13). Research conducted from within the social constructivist worldview, relies mostly on the views of the participants (Creswell, 2009). Differing from a postpositivist position, the constructivist does not begin with a theory – rather, she generates theory while recognizing the impact of her own background on the research (Creswell, 2009). The constructivist understands phenomena to be produced through social interaction – while in a constant state of revision (Bryman, 2012). Constructivism, argue Denzin and Lincoln, *“means that human beings do not find or discover knowledge so much as we construct or make it”* (2000, p.197).

Levitt (2021) proposes Grounded Theory for researchers who take a constructivist approach and who are concerned with research questions that relate to social and interpersonal problems. She posits that Grounded Theory methods are most often used in psychology to describe and detail the lived experiences of research participants. These methods, she contends, tend to be used mostly *“to analyze semi-structured interviews of participants that contain a rich description of an experience”* (2021, p.6). It is those very experiences that I aimed to pursue in this research.

Shah and Al-Bargi suggest that for the novice researcher, selecting the most appropriate methodology is *“an uphill task”* (2013, p.252). They argue that it is essential for the researcher to understand how the underlying epistemological and ontological assumptions of the various paradigms *“narrate the chosen methodology and methods in connection to the findings of the research study”* (p. 253). Hunter et al. (2011) concur and argue that researchers new to Grounded Theory must become familiar with – and understand – the various options if they are to be consistent and critical in applying the methodologies.

From the outset, Grounded Theory presented as a promising option. The reasons for this will be outlined below. Reflecting on using Grounded Theory in the PhD process, Breckenridge et al. advise that *“the decision to use Grounded Theory is only a starting point”*. In deciding which *“version”* to use, they warn of the *“challenge of navigating ...through the methodological mire in order to arrive at an informed decision...”* (2021, p.1). Farragher and Coogan (2020) advise that researchers can, however, be enabled to make informed choices if they understand the variants of methodologies in Grounded Theory (2020).

## **Grounded Theory: Understanding the variants**

Grounded Theory has evolved significantly over time (Khanal, 2019, Timonen et al., 2018). It was first developed by Glaser and Strauss in the 1960's in their research on the experiences of patients who were dying. Grounded Theory focuses on "*interaction, action and processes*" (McCreddie and Payne, 2009, p.781). This approach was a shift from a paternalistic position in medicine at the time and Hunter et al. (2011) propose that they "*emphasised enquiry into social processes and interpretation of meaning...*" (2011, p.7). Grounded Theory is "*grounded in the views of participants*" (Creswell, 2009, p.13). It is concerned with empirical data and everyday social life (Hunter et al., 2011). With its origins in experiences that were often hidden, Grounded Theory offered significant possibilities for a study on CPVA.

Since the work of Glaser and Strauss in the 1960's there have been twists and turns in Grounded Theory. In fact, Mills et al. suggest that Grounded Theory "*can be seen as a methodological spiral that begins with Glaser and Strauss' original text and continues today*" (2006, p.25). These variants or traditions can perhaps be best understood as three schools of thought – Glaserian, Straussian (Strauss and Corbin) and Constructivist Grounded Theory (Qureshi and Unlu, 2020, Kenny and Fourie, 2015). The variations contain similarities but also differences. Kenny and Fourie offer a useful description of points of convergence and points of divergence between the three variants. They suggest the three "*derivatives*" ... "*retain a familial resemblance*" (2015, p.1272) and yet they are sufficiently divergent so "*that they are neither homogenous nor interchangeable methodologies*" (2015, p.1270). In fact, Breckenridge et al. cautions the researcher to ensure an understanding of the differences in order to avoid a "*methodological pick and mix*" (2012, p.6).

Kenny and Fourie summarise the areas of convergence as follows: -theoretical sampling, saturation, comparative analysis, memos, and substantive versus formal theory. These precepts, they suggest, "*signify quintessential characteristics of GT*" (2015, p.1272). The variants diverge, they advise, in the areas of coding procedures, opposing philosophical positions and the use of literature.

Here, I will consider each of the variants and their key elements.

### **- Classic/Glaserian Grounded Theory**

Grounded Theory –as developed by Glaser and Strauss – essentially describes the discovery of theory from data (Glaser and Strauss, 1967). Glaser and Strauss sought to formalise a methodological approach that would recentralise the generation of theory rather than the act of verifying theories which they argued had become primary in sociology (Levitt, 2021). Indeed, a positivist approach was dominant in research at that time (Levers, 2013). Glaser and Strauss considered there to be “*undue emphasis on verification and neglect of theorizing*” in the field of social science research after the second world war (Timonen et al., 2018, p.4). Their key text, *The Discovery of Grounded Theory* (1967) was written at a critical point in social science history (Charmaz, 2000). Their work defended qualitative research and countered what Charmaz describes as the “*dominant view*” that only quantitative research could provide “*systematic, social scientific inquiry*” (2000, p.509).

Grounded Theory is an inductive method, used predominantly in qualitative research (Alemu et al., 2015). It has been established as a rigorous method for data analysis (Qureshu and Unlu, 2020). Grounded Theory methods are most often used to “*develop detailed descriptions and explanations of lived experiences*” (Levitt, 2021, p.7). It is a methodology widely applied in research (Timonen et al., 2018) and has become “*one of the most commonly used qualitative methods...*” in psychological research (Levitt, 2021, p.4). Indeed, in the field of nursing research, it “*has proved an enduringly popular choice of methodology...*” (Mills et al, 2006, p.25).

As the central goal of the study is to explore parent experiences of CPVA, Grounded Theory presented as a viable option. Charmaz suggests it is useful for “*exploring and theorizing individual and social life*” (2017, p.299). Where there is relatively little known about the topic, Grounded Theory is considered a useful method “*for researchers aiming to generate novel theory*” (Howard-Payne, 2017, p.50).

However, despite its popularity as a research methodology, Timonen et al. suggest that the advice pertaining to Grounded Theory is “*relatively lightly documented*” - unlike later variants (2018, p.4). In fact, in considering the different types of Grounded Theory for their research in nursing, Hunter et al. (2011) experienced Classic Grounded Theory as lacking in detail and guidance on how to turn the core concepts into research practice.

Glaser did not attribute GT to any particular philosophical position – advising that GT stands alone as a conceptualising philosophy or a research method. Charmaz (2000) and Timonen et al. (2018) disagree and contend that it is situated closely to positivism – assuming there is an objective external reality. Kenny and Fourie (2015) suggest that the absence of discussion on philosophical positions in the original GT texts have resulted in GT remaining cloaked in ambiguity.



Bryman (2012) contends that researchers have drifted away from a positivist position since the 1960's, suggesting it is a difficult position to clarify. On the one hand, Bryman adds, positivism is understood to be a descriptive category but for others, it is "...a pejorative term used to describe crude and often superficial data collection" (2012, p.27).

Charmaz presents the defining components of the practice of Grounded Theory as follows:

- Simultaneous involvement in data collection and analysis
- Constructing analytic codes and categories from the data
- Engaging in constant comparison
- Advancing theory development during each step
- Memo-writing
- Sampling aimed toward theory construction
- Conducting the literature review *after* developing an independent analysis

(2014, p.7-8)

#### **- Strauss and Corbin's Grounded Theory**

The divergence from the original Grounded Theory method occurred when Strauss – alongside his co-author, Juliet Corbin, "*moved the method toward seeing Grounded Theory as a method of verification*" (Charmaz, 2014, p.11). Hunter et al. refer to this diversion by Strauss and Corbin in the 1990's as "*the first fracture from Classic GT*" (2011, p.6). The purpose of social research, they suggest, is to work towards a greater understanding of reality with limitations to that understanding.

Glaser understood this variation as being contradictory to the fundamental elements of Grounded Theory (Charmaz, 2014). Strauss and Corbin's position has been located in the post-positivist tradition –suggesting that while they also assume an external objective reality, it is their proposal to give voice to respondents that takes them from a positivist to a post-positivist position. (Levers, 2013, Charmaz, 2014, Timonen et al., 2018). A post-positivist position recognizes "*that we cannot be 'positive' about our claims of knowledge when studying the behaviour and actions of humans*" (Creswell, 2009, p.7). While understanding that truth exists, post-positivists accept that the discovery of truth is impossible (Levers, 2013).

Hunter et al. (2011) report that Strauss and Corbin's version of Grounded Theory provided more clarity than Classic Grounded Theory in terms of data collection and analysis. Furthermore, they note that Strauss and Corbin do not object to an initial literature review unlike in Classic Grounded Theory. They concurred, however, with criticism of this form of Grounded Theory as being over-prescriptive. In

Strauss and Corbin's version of Grounded Theory, the coding structure was re-designed to *create* rather than discover theory. It advocates that the researcher abstains from literature to correct for bias and diminish the effect of the researcher's input. The researcher should remain objective and trust that the theory will emerge. The coding procedures are more meticulous than in Grounded Theory, and Strauss and Corbin asserted that this was necessary as human life is complicated. Their coding was criticised for being too complex for the novice researcher, but they objected and said their directives were more specific and clearer – and thus more of a help than a hindrance.

Strauss and Corbin, however, argued the benefits of these coding strategies – contending that the techniques provided more clarity for the researcher than Grounded Theory (Kenny and Fourie, 2015). They presented four stages of coding which are as follows, advocating that the researcher should move back and forth between these stages (Kenny and Fourie, 2015).

1. Open coding
2. Axial coding
3. Selective coding
4. Conditional matrix (where 3 previous stages are collated)

Having moved through these four stages, the researcher then creates a Grounded Theory (Kenny and Fourie, 2015).

### **- Constructivist Grounded Theory**

Moving away from the idea of theories being discovered, Charmaz brought a constructivist approach to Grounded Theory – proposing that theory is co-constructed between the researcher and the participant (Qureshi and Unlu, 2020). Glaser is highly critical of Charmaz's approach (Kenny and Fourie, 2015). He argues that the emphasis Charmaz places on the role of the researcher is unnecessary and describes her view of emergence as interactive rather than objective. He suggests that her method of interviewing and understanding the position of the researcher is “*an almost therapeutic stance*” and not a frequent approach in Grounded Theory (2012, p.7).

The constructivist ontological position asserts that social phenomena are produced through social interaction and constantly being revised - researchers accounts of the world are also considered to be constructions (Bryman, 2012). Charmaz asserted that both earlier versions of Grounded Theory – that of Glaser and Strauss and later Strauss and Corbin – were objectivist – aiming “*to uncover a reality that is external to social actors*” (Bryman, 2012, p.575). Constructivist Grounded Theory, Charmaz (2014) contends, emphasises social contexts and interactions.

Constructivist researchers, Levitt posits, “*examine their dialogue to learn about the meanings held by their participants and their interpersonal systems*” (2021, p.11). Farragher and Coogan (2020) concur – contending that CGT aims to privilege the voice of the research participant. Timonen et al. suggest that the key point of departure in CGT is the role of the researcher and the participant in the process of generating knowledge – “*CGT fully implicates the researcher in generating data and theory*” and participants are also “*active in the construction of knowledge*” (2018, p. 5). However, Glaser argued that the constructivist researcher is concerned with describing participants’ experiences but “*the unequivocal objective of GT is conceptualisation...*” (Kenny and Fourie, 2015, p.1279).

With regard to coding, Charmaz argued that Strauss and Corbin’s prescriptive approach to coding “*stifles and suppresses the researcher’s creativity*” (Kenny and Fourie, 2015, p. 1278). Her coding procedures are more straightforward. She proposes two stages to coding: 5.8 (i) initial or open coding and (ii) refocused coding. In parallel, the researcher engages in a process which includes memo writing, constant comparisons and theoretical sampling while remaining mindful of the concept of saturation (Kenny and Fourie, 2015).

As Charmaz notes, many researchers, and graduate students “*have a sound footing in their disciplines before they begin a research project*” (2006, p.2017). This certainly describes my position and I recognize the “*vantage points*” as described by Charmaz. However, Charmaz also cautions that we need to “*remain as open as possible to whatever we see and sense in the early stages of the research*” (2006, p.2017). The challenge of maintaining a ‘sound footing’ while ‘remaining as open as possible’ is discussed in more detail in the reflexivity chapter.

### **Reflections on my methodological choices**

Perhaps my extensive time as a practitioner was a key influence in my leanings towards a Constructivist Grounded Theory approach to this study. It would be virtually impossible for me to enter the research process without bias for various reasons. My position as I began the process was one of considerable knowledge of the subject to be explored. I had immersed myself in the theory, the practice, and the teaching of the matter at hand. I was familiar with the theory applied to the emerging problem of CPVA and have developed my thinking and reflection over time. To revert to a position where my personal input is low would likely be impossible. I have been a practitioner for a considerable period of time. My understanding of Glaserian Grounded Theory is that it may not be suited to a researcher who has been so immersed in the subject. Constructivist Grounded Theory, on the other hand, allows researchers “*to mirror their professional backgrounds by engaging with the participants and encouraging active influence over the outcomes of the research*” (Hunter et al., 2011, p.10). While Glaser’s assertion that the participants’ perspective is paramount is commendable, Charmaz seems more realistic in asserting

that it is impossible to forge an unobtrusive relationship with social research as we are part of the world we study. This idea seems pertinent to my position as a practitioner entering the field of research.

In attempting to “*remove the researcher from the research*” (Kenny and Fourie, 2015, p.1284), Grounded Theory asserts that knowledge of literature or personal experience should be put aside. The goal is to ensure that the researcher enters the process with an open mind that is free from influence. In fact, Glaser asserts that prior knowledge is anathema to the basic principles of Grounded Theory and argues that literature should only be consulted at the end of the study. Strauss and Corbin (2014) take a different approach which is perhaps more realistic in the Social Sciences. They suggest that experience and knowledge of the subject can be utilised throughout the research process. They not only counter Glaser’s argument that this is harmful, but they also suggest that it can be helpful by identifying gaps in the literature and perhaps inspiring questions. They warned, however, of the need to avoid becoming so immersed in the literature that creativity is potentially stifled. Charmaz moved the argument further along – suggesting that the literature should be contained within a specific chapter *and* interspersed throughout the entire thesis. Timonen et al. note their agreement with Charmaz that “*the idea of a researcher as a blank state is no longer a realistic proposition*” (2018, p.8). Furthermore, they observe, scholarship and funding applications for research now require the production of a literature review from the outset. As such, other factors are likely to impact on the decisions to be made by the researcher.

Hadley (2017) offers the researcher a useful research philosophy inventory. This inventory supports the researcher to reflect on and understand their core beliefs regarding the nature of knowledge, reality and philosophy. The user scores their responses to a range of statements, plots their position and interprets their results. This allows the researcher to identify the most relevant variant of Grounded Theory for their research. To assist me in reaching a decision, I completed this exercise which located me in a social constructionist paradigm and recommended Charmaz’s Constructivist Grounded.

### **Researching sensitive subjects**

Definitions of what constitutes a ‘sensitive’ research topic vary. Mallon and Elliot (2021) advise that a sensitive topic cannot be reduced to one factor. In researching researchers’ experiences of sensitive research, they concluded that the topic itself was not experienced as sensitive – rather the sense of responsibility held by the researchers for the participants. Lee and Stanko suggest that research is sensitive “*where it poses an ‘intrusive threat’, dealing with areas which are private, stressful or sacred*” (2002, p.21).

While noting the safeguards in place to protect research participants such as ethics boards, Mallon and Elliot (2021) observe that little attention is afforded to determining the suitability of researchers. This is concerning if, as Scerri et al. (2012) contend, in-depth research interviews are essentially

interventions. They report “*enhanced emotions*” in the researcher when their personal experiences and research topic intersect. Williamson et al. (2020) recommend that clinical supervision should be made available to researchers working with sensitive issues – having concluded from their research that there can be a significant impact on the researcher in this field.

Scerri et al. advise the “*sensitive research interviewer*” to give “*paramount importance to the participant’s well-being*” (2012, p.107). In their study of women’s experiences of domestic violence when they were children, they reflect on the ethical dilemmas inherent in researching sensitive topics. The researchers were also clinicians and consider the implications of these dual positions. They suggest that their professional training could be an important resource as they conducted the research – in terms of ethical considerations and understanding the complexity of the interactions between both parties in the interview. They argue that in-depth qualitative research constitutes “*an intervention*” (2012, p.102) - particularly if the researcher has been professionally trained.

While it could be argued that a risk of distressing the parent should be avoided, it is my understanding that the interview is not what *causes* the distress – but rather it gives the opportunity to describe the source of distress. Lee and Stanko suggest that the research community may be “*overly conscious*” about researching violence as an area that presents so many “*thorny problems*” for the researcher (2002, p.19). Having conducted an “*extensive*” literature search, Potrata (2010) concluded that “*...the existing literature provided no evidence that any kind of interviewing has ever caused (considerable) distress to anybody*”.

Furthermore, Potrata contends:

*“Since in a more focused way we investigate only those patient populations and experiences which are relevant for a particular problem, it does not burden patients unnecessarily and, from this point of view, the Grounded Theory approach may also be considered more ethical”.*

(2010, p.158)

Nevertheless, the presentation of distress was anticipated, and I formulated a distressed person’s protocol. (See appendix H).

### **Strategies of enquiry**

Creswell explains strategies of enquiry (also known as research methodologies) as “*types of qualitative, quantitative, and mixed methods designs or models that provide specific direction for procedures in a research design*” (2009, p.11). Slevitch proffers that qualitative and quantitative methods originate in “*two entirely different epistemological and ontological perspectives – representing two distinct worldviews*” (2011, p.73). She contends there is a common flaw in studies that compare qualitative and quantitative studies in that they view methods as techniques – “*not methodologies as logic of*

*justification*” (2011, p. 73). Methodologies define how the researcher will study the phenomenon while methods are specific research techniques (Silverman, 2000).

Slevitch (2011) also asserts that the terms ‘methods’ and ‘methodology’ are used interchangeably but argues that they have different meanings. She continues with an assertion that methodology – i.e., the philosophical position taken by the researcher – will determine the methods. She describes methods as the tools used by a researcher “*on the grounds of its appropriateness within that specific methodological orientation*” (2011, p.75). Silverman (2000) contends that methodology defines how a researcher will study a particular phenomenon while methods refer to the research techniques employed by the researcher,

If selecting a methodological position is an arduous task, decisions regarding methods are equally challenging. How to obtain the most pertinent and relevant data has been a key question in this study. Essentially, I wanted to find methods to elicit data on parental experiences but also to identify what impact, if any, an NVR intervention would have on the matter at hand. It should be noted that this process has been designed with a view to facilitating an in-depth *exploration* rather than *evaluation* of the subject.

With two key questions at the centre of the study, a mixed methods approach was selected.

The central questions were as follows:

1. What are parents’ experiences of CPVA.
2. What impact, if any, does the NVR intervention have on the parent/child relationship?

### **Selecting specific methods.**

*“No single measure, or group of measures, can hope to capture the complexity of family functioning completely.”*

(Pritchett et al., 2011, p.173)

As a Social Care Worker, qualitative methods initially appeared more attractive as I veered naturally towards interviews as a method most aligned with my practitioner experience. Furthermore, I had chosen Constructivist Grounded Theory to underpin and guide my research. As such, I looked to Charmaz who advises, “*the inductive, iterative process of Grounded Theory can complement moving between methods and mixing the results*” (2014, p.323). Yet, a mixed methods approach can be an added burden and as such it is important to establish if mixing methods brings additional value to the study (Slevitch, 2011).

Mixed methods research can be defined as the combination of “*quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study*” (Johnson and Onwuegbuzie, 2004, p.17). It is research that integrates qualitative and quantitative methods within a single study (Bryman, 2012, p.628). It has been referred to as the “*third wave*” or third research movement (Johnson and Onwuegbuzie, 2004, p.17) or indeed the third research community (Teddlie and Tashakkori, 2009). Yet, mixed methods are relatively new as a research strategy – only emerging in the 1980’s – and it is only in the last twenty years “*that the idea of mixed methodology as a ‘new’ field has come into being*” (Kettles et al., 2011, p.535). Despite this, numerous studies utilizing mixed methods studies have been published in various fields and literature on this method emerges yearly (Creswell, 2009, p. 204). Indeed, Charmaz suggests that mixed methods are developing as “*a major force on the methodological scene*” (2014, p.324).

Creswell (2009) advocates the use of mixed methods research in the social and health sciences – noting that the problems addressed in this field are complex. Indeed, qualitative and quantitative measures, he suggests, are by themselves inadequate in such a complex field. In this complex field, however, Mertens (2011) contends that mixed methods can be a tool for social change. Such methods, suggests Mertens, are preferred in the social justice domain as they allow for both qualitative dialogue and the collection of quantitative data. She cautions, however, that simply using both qualitative and quantitative methods is insufficient and argues that “*the integration of these components is necessary*” (2011, p.3).

Sandelowski, however, does not necessarily advocate for integration. Indeed, she suggests three types of ‘mixes’ –(i) simply using qualitative and quantitative measures together, (ii) linking them both or (iii) fully integrating them (2013, p.4). Charmaz (2014) also suggests that there is not one “*mix or combination*” in mixed methods. In the case of this study, her reference to research that is “*qualitatively driven with a quantitative component*”, fits well (2014, p.325). In this study, qualitative data provides the primary body of research while the quantitative data is a secondary data source.

### **Choosing qualitative methods**

Braun and Clarke (2013) echo Slevitch’s (2011) assertion – advising that qualitative research is concerned with “*meaning*” rather than numbers. The central concern, they contend is to capture “*some aspect of the social or psychological world*”. It is not, they continue, for those who love certainty – advising that there is not one “*single ‘right’ answer*” (2013, p.20).

In practice, much of my work involves group-work with parents who experience CPVA. I have delivered the NVR intervention in both groups and with individuals or couples. For this reason, I considered both interviews and focus groups. Researchers seeking to “*elicit experiences, beliefs and opinions from study participants*” must decide which method to use (Guest et al, 2017, p. 693). There

were many factors to consider. Guest et al. (2017) conducted a randomized study comparing focus groups and individual interviews. Their findings provided useful answers to some of the questions that presented as methods were considered for this study. They concluded that interviews and focus group yielded very similar items. Comparing the logistics of both methods however, it emerged that the time and resources required to reach those results differed significantly. They reported that the use of focus groups required 6-10 times more participants than individual interviews. They observed that scheduling of focus groups was more problematic - usually requiring two data collectors and taking twice as long to conduct. Furthermore, transcribing and analysing focus groups as longer data-collecting events, required more time. Yet, they noted that personal and sensitive data was most likely to be collected in a focus group. This was a surprising finding, and they note that it was in contrast to findings from three previous studies. They suggest that group participants may have been most comfortable revealing sensitive information with individuals from a similar background.

### **- Interviews**

*“If you want to know how people understand their world and their life, why not talk to them?”*

(Kvale, 1996, p.1)

While the selected questionnaires covered a range of issues, my goal was to explore the lived experiences of parents of CPVA. Interviews are increasingly used by grounded theorists as their main tool for gathering data (Charmaz, 2014). My goal was to understand the lived experiences of parents of CPVA – *“their world and their life”* -and Creswell suggests they are a *“powerful data collection strategy”* (2009, p.229). There is much to support Creswell’s assertion in the literature that interviews are widely recognised as a commonly used and powerful tool in research (Kvale, 1996; Fontana and Frey, 2005; Teddlie and Tashakkori, 2009; Rabionet, 2011; Bryman, 2012). Yet, it should also be noted that interviews are not without criticism. Charmaz (2014) notes that the assumptions underlying the use of interviews in research has had significant criticism. She suggests these criticisms centre on accuracy -that critics warn researchers not to assume that the data from interviews is authentic. This may be a particular concern with a sensitive subject such as violence. With regard to researching violence, Lee and Stanko question if researchers can be sure if their findings *“adequately represent the phenomenon”* and furthermore if those findings - in methodological terms - can be both valid and reliable (2002, p.20).

Kvale (1996) offers two useful metaphors to illustrate the different approaches of the interviewer – as ‘miner’ or ‘traveller’. The miner, he proposes, *“digs nuggets of data or meanings out of a subject’s pure experiences...”* (p.3). The traveller *“...wanders through the landscape and enters into conversations with the people encountered”* (p.4). My intention was very much to ‘enter conversations’ with parents – mindful that for many, this might be the first time that they had told their story of experiencing



violence and abuse from their child. Charmaz suggests that it is often the case that grounded theorists seek to interview “*people whose experiences can illuminate the topic they wish to study*” (2014, p. 57). Mindful that I was researching a sensitive topic and was seeking to explore the lived experiences of parents, I opted to devise a semi-structured interview schedule (see appendix A).

Previous experience in the field led me to consider how mothers and fathers experience CPVA differently and indeed, often respond to it from very different positions. As will be noted later, this is borne out in the literature (Micucci, 1995; Lebowitz and Omer, 2013). With this in mind, I decided to interview mothers and fathers separately to establish different perspectives, if any. This decision was made prior to recruitment and was also intended to allow for the engagement of separated parents who may not have been willing to engage in joint interviews.

### **- Semi-structured interviews**

*“Research into parent and child relationships, however, has been most commonly examined using observational measures or semi-structured interviews.”*

(Pritchett et al., 2011, p.181)

With what appears to be significant support for interviews as a research method (see above), I then had to select what type of interview might be used. Rabionet (2011) cautions the researcher to note that interviewing without structure runs the risk of not eliciting responses that relate to the research questions. Indeed, I could relate to Rabionet’s position in her research when she noted that there were specific topics that she wished to cover, yet she was also concerned with hearing the stories of her participants.

While a lack of structure in the interview can be problematic, it appears that completely structured interviews can also fail to yield the fullest picture. Fontana and Frey advise that there is little room for variation when the interviewer poses the same series of questions to all respondents. Indeed, they suggest that most structured interviews “*leave little room for the interviewer to improvise or exercise independent judgement*” (2000, p. 649-650).

### **- Designing the interview schedule.**

Charmaz asserts that Grounded Theory researchers “*start with the participant’s story and fill it out...*” (2014, p.87). While I had considerable practice experience of the matter at hand, the fact remained that I had no experience of being a parent of a violent or abusive child. Charmaz (2014) cautions that interview questions should both explore the topic and fit the experiences of the participant. She provides

comprehensive guidance on constructing the interview guide and recommends that the completed guide is used as a flexible tool.

In the interview, the parent was the expert on the subject. Yet, Levitt (2021) notes that participants may be somewhat intimidated by the interviewer. She suggests that the researcher make clear their position as a learner who acknowledges the participants as experts in their situation and is seeking to learn from them. While this was certainly something I aspired to, the fact remains that parents were agreeing to work with me over time and in that context, I was their practitioner and not their researcher. They were engaging with me as a professional. I then understood that the challenge of managing the dual positions of researcher and practitioner named earlier was not just mine. Parents had to engage with me initially as a non-expert researcher, later as a practitioner and then to return to the process (for Time 2 interviews) with their practitioner reverting to a research position. This was clearly a process that had to be navigated carefully and was not without its challenges.

As noted previously, I conducted interviews before providing the intervention (Time 1) and again after the intervention (Time 2). A separate interview schedule was formulated for each process. Time 1 interviews were conducted with a view to establishing parents experiences of CPVA while Time 2 interviews were conducted with a view to establishing parent views and experiences of the NVR model. (See appendices A and B for interview schedules).

The three research questions relevant to Time 1 were as follows:

1. What are the experiences of parents who are faced with CPVA?
2. What is their understanding of the contributory factors to this violence?
3. In what ways, if any, does CPVA impact on the parent/child relationship and on family relationships?

The research questions relating to parent experience of NVR were as outlined here:

1. What impact, if any, does participation in an NVR intervention have on the parent/child relationship?
2. What are the views of parents of NVR as a response to CPVA?

#### **- Number of interviews and saturation**

*“Sample size becomes irrelevant in qualitative methodology. An attempt is usually made to understand a small number of participants’ own frames of reference and worldviews, rather than to test hypothesis on a large sample “*

(Slevitch, 2011, p.78).

Charmaz notes that the question of how many interviews should be conducted by the researcher “*pervades qualitative research and remains contested among grounded theorists*” (2014, p.105). It would appear there is reluctance in the literature to specify an appropriate number. Noble and Smith contend that the depth of data is more important than recruiting large numbers of participants (2013). Kvale simply advises “*Interview as many subjects as necessary to find out what you need to know*” (1996, p.101). The number of interviews to be conducted will depend on the purpose of the research (Kvale, 1996; Saunders et al, 2017). Kvale (1996) gives the example of a study designed to predict the outcome of a national election and suggests about 1,000 subjects would be required. On the other hand, Kvale suggests that if the study is concerned with understanding the world as experienced by one person, then one subject is sufficient. In attempting to establish a suitable number, I noted Kvale’s report that 15+/-10 interviews tend to be the norm in current studies (1996, p.102).

Mason (2010) argues that the concept of saturation should be the “*guiding principle*” in deciding on the number of interviews to be conducted. Yet, he acknowledges that this is a concept that is “*hotly debated*” and “*poorly understood*” (2010). Charmaz concurs, referring to findings that reported that researchers held “*fuzzy, contradictory criteria for saturation concepts*” (2014, p.106) while Mason refers to it as an “*elastic notion*” – noting, however, that saturation is reached at a comparatively low level. He cites Guest et al. (2000) who conducted sixty interviews but reached saturation at 12.

Saunders et al. (2017) define saturation as the point in the research when further data collection and analysis is no longer necessary. In line with Kvale’s assertion above, they also suggest it may serve different purposes for different types of research. As a Constructivist Grounded Theory study, Charmaz (2014) was the reference point for matters such as saturation. She offers guidelines on reaching a decision regarding interview numbers. She suggests increasing the number when pursuing a controversial topic, anticipating or discovering provocative findings, when constructing complex conceptual analyses, when using interviews as your only source of data and when seeking professional credibility. In this study, while qualitative measures provided the primary source of data, questionnaires – described by Creswell as a very efficient strategy for data collection (2009) -were also used.

### **Choosing quantitative measures**

Charmaz proffers that “*having access to multiple forms of data can strengthen a study...*” (2014, p.48). Questionnaires facilitate research participants to express their attitudes, beliefs and feelings through self-report (Creswell, 2009). In this study, the questionnaires were employed to facilitate a broader exploration – to bring strength to the study as proposed by Charmaz. Indeed, Charmaz suggests that questionnaires “*can foster frank disclosures that a person might not wish to make to an interviewer*”

(2014, p.36) This mixed methods study, guided by Constructivist Grounded Theory, was expected to facilitate a robust exploration of parents' experiences of CPVA and NVR.

This study is concerned with two key questions: (i) parents' experiences of CPVA and (ii) parents' views of NVR as an intervention. It is important to reiterate that I did not intend to conduct an *evaluation* of the NVR intervention – rather to *explore* parents' views. It must also be noted that it is difficult to capture the complexity of family life in a single measure (Pritchett et al., 2011). With regard to measuring NVR as an intervention, Omer notes that “*NVR research has branched out in a number of different directions, each of them following similar principles, but different protocols and goals, as required by the problem at hand*”. Omer concludes, “*there is no unified tool for assessing a widely branching tree of related studies*” (2021, p.38).

A significant and complicating factor in selecting appropriate measures was the absence of agreement on the particular construct to be measured in NVR. Previous studies on the impact of NVR interventions had included measures of parental helplessness, parental submission and parent/child escalation processes (Weinblatt and Omer, 2008; Lavi-Levavi et al, 2013), parenting stress and behavioural problems (van Holen et al., 2018), self-efficacy and goal-based outcomes (Attwood et al., 2019). Parental strengths and difficulties (pSDQ) and the Children's Global Assessment Scale (CGAS) have also been employed to measure the efficacy of NVR in treating children who use aggressive and/or controlling behaviour (Newman et al., 2014). In a study of NVR outcomes with parents of children with ADHD, Schorr-Sapir et al. (2021) measured parental helplessness, emotional regulation, the anchoring function in parenting and family chaos. In another study where NVR was adapted for use with parents of young adults with, what they describe as High Functioning Autism, Golan et al. (2016) also used mixed methods. They employed three quantitative measures; (i) Beck Depression Inventory, (ii) A Hopefulness Scale (designed specifically for the study) and the Vineland Adaptive Behaviour Scale – measuring the child's adaptive behaviour.

Extensive consideration was given to the question of what construct was to be measured. A minimum of fifteen potential measurement tools were reviewed. These included the Parenting Stress Index (PSI), the Kansas Parental Satisfaction Scale, the Parenting Sense of Competence Scale, the Conflict Tactics Scale and the Family Environment Scale to name just a few. I required a measure that would incorporate periods of childhood and adolescence, yet the majority of measures were for parents of young children. I also required a measure that was suitable for both one and two-parent families.

In addition, I consulted with NVR practitioners within Ireland (Nixon, E. and Sharry J.) and abroad. This resulted in advice to focus on what the central construct to be measured might be. Yet, as reported above, the construct that is measured varies significantly between studies. Essentially, there is no 'unified tool' for measuring NVR.

In consultations with academics abroad, I was advised to avoid measuring parent satisfaction as parents tend to report satisfaction if they feel supported, regardless of outcomes. I was also cautioned to avoid self-developed or translated questionnaires (Van Holen, 2018). Parental self-efficacy was suggested (Jakob, 2018) but I was unable to locate a suitable instrument for parents of children and adolescence. Furthermore, Jones and Prinz bemoan “*the paucity of validated task-specific measures of parenting self-efficacy*” (2005, p.15). They argue that “*a systematic taxonomy for describing parental self-efficacy instruments does not exist*” (2005, p.15). Difficulties arose in identifying an instrument that would span the age range of the study. In addition, I noted that many of the measures focused on the maternal role, and some assume that parents are married, e.g., the Cleminshaw-Guidubald Parent Satisfaction Scale (1989).

Faced with a wide array of measures and a lack of clarity on the construct to be measured, I returned to those measures employed in the responding to Child to Parent Violence (RCPV) study. This was a European study – a partnership of five countries and six institutions. As previously noted, Ireland joined with England, Spain, Sweden and Bulgaria on this inter-country study. The aim of the study was to generate knowledge on strategies that are used in interventions for the prevention and treatment of CPVA. In that study, researchers and practitioners proposed that their project “*provides a starting point for evidence-based research on this topic*” (Ferrando et al., 2015, p.6). They developed an evaluation framework by “*defining measurement dimensions adopting a comprehensive and evidence-based approach*” (Ferrando et al, 2015, p.6).

Ferrando et al. (2015) continue to report that the RCPV team began by reviewing the literature on CPVA and then consulted with experts and professionals to agree the dimensions to be measured in that study. They report that the following steps were taken to ensure validity and suitability of parent questionnaires.

1. Review of several violent behaviour checklists.
2. Review of previously used instruments to measure Domestic Violence or Gender Based Violence.
3. Identification of dimensions from other instruments that were deemed to be transferable and useful (such as those that measure protection/care styles in parenting).

Ferrando et al. then proceeded with several validation processes to “*ensure accuracy and usability ...of the questionnaires*” (2015, p.7) for parents, children and professionals. A number of changes followed before the suite of questionnaires (seven in total) was agreed and piloted. The dimensions they selected consist of variables linked with CPVA. They are presented below and include parental confidence and authority (a key construct in NVR), family dynamics, the quality of the parent/child relationship and the typology, frequency and severity of CPVA. It is the parents’ perception of the dimension that is measured – again, the emphasis is on the parents’ views.

**Table 2. Dimensions to be measured in questionnaires**

<b>Dimension</b>	<b>Indicator</b>	<b>Timing of measures in current study</b>	<b>Location in questionnaire</b>
Affirmation of the parental role	Items assessing the confidence and self-assessment of their parental skills	-Pre-intervention -Post-intervention	Section 1
Familial roles structuring	Assessment of the familial dynamics, including dependency and authority relationships	-Pre-intervention -Post-intervention	Section 2
Emotional parent/child link	Assessment of parents' view of parent/child relationship	-Pre-intervention -Post-intervention	Section 3
Child to Parent Violence characterisation (Behaviour typology and frequency)	Number and typology of child to parent violence events reported by parents (No. of aggressions/episodes of each specific violent behaviour per week).	-Pre-intervention -Post-intervention	Section 4
Intensity and severity of the violence	Assessment of factors related to the intensity and severity of the problem (medical assistance)	-Pre-intervention -Post-intervention	Section 5

Permission was obtained from the Irish lead on this research project (Declan Coogan, NUI Galway) to use the questionnaires (see Appendix C). These questionnaires had been approved by the ethics boards in both the University of Galway and the University of Valencia. The instruments had been identified by a panel of experts from five European countries who formulated an evaluation framework as part of the CPVA research project (Ferrando et al, 2015).

In the European project, additional questionnaires to those employed in this study were used. They include questionnaires for young people and professionals and an extensive range of questionnaires for parents. For the purpose of this research, however, a smaller number of questionnaires were selected

with a view to ensuring the process is less arduous for parents. As parents were also requested to participate in two interviews – pre and post intervention – it was important that the questionnaires were used carefully. The questionnaires provided a secondary source of data with the emphasis on data collection through interviews. I selected the questionnaires from the European study which cover what appear to be the most relevant areas such as experience of CPVA, confidence and competence in parent role, quality of parent/child relationship and family functioning. A baseline measurement on these constructs was taken through the administration of the questionnaires. The nature and frequency of CPVA was measured before and after the intervention. It should be noted that these questionnaires simply represent a moment in time. The study was not, as reported previously, intended to be an efficacy study but an exploratory study. I then delivered the NVR intervention to parents on an individual parent/parent couple basis. (Delivery of the intervention is described later in this chapter). Finally, I returned to a qualitative approach and conducted semi-structured interviews with parents who have completed the NVR intervention for a more in-depth examination of their views of NVR as a response to CPVA. The same questionnaires were used again at Time 2 to provide what is essentially a ‘snapshot in time’ of parents’ experiences. (See Appendix D).

## **Recruitment**

On receipt of ethical approval, the intention was to advertise the research through various services – Social Work departments, schools etc. (See Appendix E). However, as the manager of a Family Support Service, I was regularly receiving referrals of families that were experiencing what presented as CPVA. I decided to invite those parents to participate in the research before advertising as I was concerned that advertising would simply create a large waiting list of families. The geographical area for the research was significantly larger than the catchment area for the service and so there was a definite concern about creating a demand for a service that could not be met. While Lee and Stanko (2002) contend that the matter of access is often a struggle in researching violence generally, this was not the case as parents were consistently being referred or self-referring for support. However, a flyer was prepared and shared with colleagues. When reflecting on ethical considerations for this study, I had committed to assist parents who elected not to engage in the research, to access a service within my own team or with partner agencies. I was concerned that if I ‘over-recruited’, I would be unable to meet that commitment.

As I screened parents through the course of my work, I continued with that process and in the initial contact, I advised them of my research. If they indicated consent to receive further information, I posted the information leaflet (See Appendix F). In total, 34 parents received an invitation to participate. Of that number, 23 consented to proceed. Those who chose not to participate were offered an NVR service with a member of my team. Efforts were also made to link those parents to other local services providing NVR where there was less waiting time.

The table below reports on the source of referrals to the service of the families that engaged in the research and indicates that CPVA presents at a range of services.

**Table 3: Source of referral**

<b>Family</b>	<b>Source of referral</b>
1	HSE Drug and alcohol service
2	Tusla (Duty Social Work)
3	Child and Adolescent Mental Health Service
4	Tusla – Family Support Service
5	Tusla – Family Support Service
6	Tusla (Duty Social Work)
7	Special education school
8	Special education school
9	Child and Adolescent Mental Health Service
10	Children’s Hospital (Social Work)
11	ISPCC
12	Family support service (External to Tusla)

**- Criteria for inclusion**

I decided on the following criteria for inclusion.

- Anybody with parental responsibility for a child under eighteen years of age
- Parents (or anyone in a parental role in relation to a child) who are referred to the Family Support Service identified above.
- Parents whose experiences are in line with the definition of CPVA provided above.
- Parents must be over the age of eighteen years.
- Parents who have signed the requisite consent forms.

**-Criteria for exclusion**

The following criteria for exclusion were reached.

- Parents who are in active addiction.
- Parents whose child/children have been placed in care as a result of child abuse or neglect.



-Parents who do not meet the criteria outlined in the above definition of CPVA.

-Parents who are part of an on-going Social Work assessment for allegations of child abuse (In these cases, the presenting concern may be the abuse of a child rather than the abuse of a parent).

### **Ethical considerations**

Ethical decision making should be considered a gradual process whereby the researcher “*proceeds incrementally*” (Oliver, 2010, p.38). As such, identification and resolution of ethical dilemmas is likely to be an on-going concern. In fact, given that the methodological approach is Constructivist Grounded Theory, the researcher may be taken to “*unexpected places*” as themes emerge (Potrata, 2010, p.154). Here, the ethical considerations that were attended to in this study will be presented. It should be noted that ethical approval was obtained from both the University of Galway and Tusla, Child and Family Agency.

#### **- Anonymity and confidentiality**

*“However desirable as a basis for the researcher-subject relationship and effective in negotiating the agreement of subjects to take part, the assurance of confidentiality is not universally offered and there are situations in which it is regarded as inappropriate...”*

(Homan, 1991, p.146)

From the outset, it was anticipated that anonymity and confidentiality might pose significant challenges in this study. Despite the terminology – CPVA – this form of violence is, at times, bi-directional. My professional experience shows that sometimes a parent may use force to restrain a child, verbal aggression to admonish or threaten an aggressive adolescent or damage the property of their son/daughter in response to provocative behaviour. Of course, a child who is threatened or physically hurt requires protection – regardless of context. Descriptions of incidents where children have been injured would require a report to the Child and Family Agency under the mandatory reporting requirements of the Children First Act (2015). In practice, there is an on-going discussion about this matter – where a child can be injured as a result of restraint. As with many child protection issues, the lines are not always clear. In practice, I face decisions around reporting such concerns on a regular basis. Professional judgement is required and as is the case in practice, parents were informed from the outset of the reporting responsibilities and confidentiality limits.

## **- Consent**

Mallia suggests “*informed consent entails giving as much information as possible about the research so that the subject can make an informed choice*” (2018, p.55). I was particularly mindful that parents were seeking a service *and* simultaneously being invited to engage in research. It was essential that parents were clear that receiving the service was not contingent on their participation. Mallia (2018) offers useful guidelines on ensuring consent is informed. These guidelines were followed throughout this process.

### **(i) Information**

Contact with parents was initially made by telephone on receipt of their referral. A brief outline of the service, the NVR model and the research was provided and only when consent was obtained was information sent by post (see Appendix F). Parents were informed that their referral was accepted, and should they decide not to participate, they would receive the service from another member of the team or another service if that service could respond more quickly. Information was then sent by post and parents were asked to contact me with any further questions. For those who agreed to participate, further information was provided in the first session when parents were also informed that they could withdraw any stage. It was particularly important that parents understood my child protection responsibilities and clear information on confidentiality was outlined.

### **(ii) Understanding**

Of course, as Mallia advises, the participant “*is doing both science and the researchers a service*” and they must be allocated sufficient time to ensure comprehension of the materials they have been sent (2018, p.55). I approached this concern by re-visiting the information throughout the research process.

### **(ii) Voluntariness**

As stated above, the matter of voluntary participation required close attention. Apart from parents needing the service, some were referred by other agencies. It was important to check with parents that they understood that not participating was certainly an option. This was evident in one case where a parent reported that while in court, the judge had been informed that both parents had refused the offer of my service previously. Her husband later said, in the first interview, that they agreed to “*tog out*”. I understood this to mean that they were engaging as a result of a Social Worker’s direction. I addressed this directly and offered them the option to withdraw but they declined and said they had decided to participate. While 34 parents were invited to participate in the research, just 23 engaged. I am hopeful that this is evidence that parents did not view participation and receipt of a service as connected in any way.

(iii) *Competence to participate*

Decisions about competence were based on the exclusion and inclusion criteria.

(iv) *Actual consent*

Mallia (2018) observes that written consent is always required in research . A consent form was devised, and interviews did not begin until they were received and signed by the parents. (See appendix G).

### **Participants or Parents?**

Oliver advises the researcher to clarify the terms and definitions to be used from the outset and suggests that how people who provide data are described will have implications for how they are viewed and the role they play in the research (2010, p.4). ‘Subjects’, ‘participants’, ‘respondents’ – each term clearly holds different connotations and conveys differing levels of power. He contends that the term ‘subject’ indicates that the research is “*unidirectional*”, ‘respondent’ indicates the person is providing data but not closely involved and ‘participant’ suggests fuller involvement in the research process (2010, p.6). Mindful of the implications of the language used, I elected to use the term ‘parents’ as the use of a broad category “*...should not imply any value or status differentials between the researcher and those who provide data*” (Oliver, 2010, p.7). This fits well with Constructivist Grounded Theory as the chosen methodological approach where the researcher is constructing theory *with* those engaged in the study (parents) rather than simply describing their experiences.

Twenty-three parents consented to engage with the research. These were made up of ten two parent families, one separated couple and one one-parent family. Three of the original twenty-three parents withdrew from the process at various stages although they all attended for the first interview. Of the remaining twenty, only six parents (three families) completed the research in its entirety before Covid-19 arrived. (The impact of the pandemic on the research will be discussed later in this chapter).

### **Data collection process**

The data collection began in September 2019. Between that time and the arrival of Covid-19 restrictions in March 2020, six parents were interviewed and received the NVR intervention, completing Time 2 interviews and Time 1 and Time 2 questionnaires.

The twenty-three parents who engaged made up ten co-habiting couples, one lone parent and one separated couple. The minimum period of time between data collection points 1 and 2 was 3 months

while the longest period between data collection was 20 months. This can be explained by parents' availability, willingness to attend for interview and the method of interview that they approved – in-person or by telephone.

### **- Questionnaires**

For those who completed the process before the pandemic, questionnaires were completed in my workplace – a community-based Family Support Service - on the same date as the interview. (The validity of these questionnaires had been tested in a previous study and will be discussed later in this chapter). I remained with the parent while they completed the questionnaire to offer support if required – leaving the room only to get additional refreshments for the participant. Several parents requested guidance on the completion of the questionnaire. For those who engaged after March 2020, the questionnaire was posted to their home (with a stamped and addressed return envelope). I offered to be available by telephone as the parent completed this. This offer was not availed of.

### **- Interviews: Recording and transcribing**

Interviews were recorded using a dictaphone. This was the case in both face to face and telephone interviews. This was certainly not ideal for telephone interviews and resulted in a more arduous transcription process. The total duration of Time 1 interviews was 21.5 hours (23 parents). The total duration of Time 2 interviews was 10.5 hours (20 parents). The interviews were then uploaded on to my laptop. Approximately half of the interviews were transcribed with support from an administrator in Tusla. The remaining interviews were transcribed by me with some use of an Artificial Intelligence service which was established as being in line with GDPR regulations. All transcripts were stored on my laptop in a secure location. While support was obtained with the transcriptions, it was nevertheless a very time-consuming process although it facilitated significant reflection on the data and also allowed me to reflect on my own interviews skills and become more confident and indeed competent in this area as the research progressed.

### **Delivering the intervention**

In chapter 4, the core elements of the NVR intervention were presented. Sessions were carried out with parents as couples – even in the case of a separated couple who agreed to engage jointly. The sessions were based on the Non-Violent Resistance Handbook for Practitioners (Coogan and Lauster, 2015). The content of each session is presented in chapter 4 also. The table on the next page displays the timing of the research process – from data collection at Time 1 to data collection at Time 2. The table shows the number of sessions per family, the duration of time between data collection points, the method of delivery and the timing of the intervention in relation to Covid-19.

**Table 4. Number of sessions, duration and method of intervention**

Famil y no.	Start date (Interview 1 and T1 Q)	No. of sessions	Date sessions ended	Date of T2 Interview and questionnaire	Duration of time between data collection points	Method of delivery/engagement	Timin g in relatio n to Covid -19
1	19/09/19	9	20/2/20	14/09/20 (M) 06/01/21 (F)	12 months 15 months	Face to face	Pre
2	04/10/19	12	30/7/2020	17/09/20	11 months	Face to face and telephone	Mid
3	07/10/19	9	07/2/2020	20/02/20 (F) 28/02/20 (M)	4 months	Face to face	Pre
4	29/11/19	6	28/2/2020	5/03/21 8/03/21	16 months	Face to face	Mid
5	02/12/19	18	21/1/21	19/02/21 22/02/21	13 months	Face to face and telephone	Pre Mid
6	27/01/20	7	20/4/20	3/07/21	18 months	Face to face and telephone	
7	03/12/20	0				Telephone (Int.1 only)	Mid
8	17/12/20	14	15/7/21	05/8/21 09/8/21	8 months	Face to face and telephone	Mid Covid
9	10/12/20	6	26/02/21	14/4/21 5/5/21	4 months	Face to face and telephone	Mid Covid
10	18/01/21					Telephone only	Mid Covid
11	18/01/21	9	22/4/21	05/05/21 12/05/21	3 months	Telephone (1 face to face session)	Mid Covid
12	21/12/20	3	12/2/21	Did not complete interview/q.		Face to face and telephone	Mid Covid

### **And then came Covid-19!**

It is of no surprise that the arrival of a global pandemic significantly impacted on the research process which began in September 2019 when I conducted my first interview. By the time Covid-19 reached Ireland in March 2020, I had six families (12 parents) engaged in the study. Three couples had completed the interviews (Time 1 and 2) and pre- and post- intervention questionnaires. Thirty NVR sessions had taken place with a total amount of 45 hours of session time. The arrival of Covid-19 significantly disrupted the process. The research design clearly involved in-person interviews, followed by in-person NVR sessions and finishing with in-person post-intervention interviews. This had to stop abruptly in the week beginning March 10<sup>th</sup>, 2020.

Initially, it appeared that all was lost. As a practitioner, I was busy considering how we might continue to support families during the period of lockdown. A key goal of the service in which I work is to reduce the isolation of families, develop networks and to increase the presence of supportive adults in the family home. Indeed, reducing isolation and promoting support networks is a fundamental part of NVR. This, however, clearly did not fit with government guidelines. Services rapidly struggled with this situation and over a period of time, moved services online. However, while it was agreed that services could be provided online, Zoom as a potential platform was not approved by my organisation. As a practitioner, supporting families during Covid-19 was very challenging -finding new ways to continue with my research even more so.

### **- Covid-19 and ethical amendments**

As Covid-19 guidelines stipulated that in-person contact had to be suspended, I was required to seek another way to proceed. I had placed great emphasis on these in-person interactions – drawing on my professional experience and the literature guiding researchers, to ensure the comfort and safety of the parent. I considered the environment to be of the utmost importance for the parents' comfort, confidentiality, and confidence. The additional information that can be acquired from in-person interactions cannot be overstated. Face to face interviews provide the researcher (and indeed the practitioner) with immediate verbal and non-verbal feedback (Sipes et al., 2022). These plans had to be quickly reconsidered as we entered our first lockdown period in March 2020.

Rutter et al. (2022) report that for those working with families living with CPVA, the challenges were compounded by Covid-19. Yet, they also assert that practitioners quickly adapted to remote working during periods of lockdown – continually adapting their practice to the challenges arising. My initial thoughts were to suspend the research and wait until Covid-19 had passed. In hindsight, for obvious reasons, that would not have been a good choice. Rather, I attempted to move the research online and I had to return to the process of applying for ethical approval. This was complicated with two ethics

committees taking two different positions. Tusla decided not to permit Zoom for any of its work – promoting MS Teams as a suitable online platform. I knew from my work that this was not a platform widely used outside of professional circles. As I considered how to proceed – if at all - one parent, keen to begin, requested that we proceed by telephone. On receiving approval for this change, I proceeded with the study.

As noted above, ethical dilemmas were an on-going concern in the research process. The pandemic presented challenges to confidentiality as the original storage site for the data – a secure Tusla office- was no longer accessible and the data collected had to be stored in my home. While access to the secure office was available again later in the pandemic, the fact remains that it raised an element of risk as data was transported between two locations.

### **- Moving interviews to the telephone**

Adams (2010) advises that good preparation for an interview is essential – suitability of location, privacy and technical issues. As interviews moved to the telephone, I was unable to ensure a suitable location and privacy for the parents. Block and Erskine, while noting that conducting interviews by telephone is gaining popularity as a method of data collection, suggest that research by telephone -due to its association with marketing - *“is often considered suspect within the academic community”* (2012, p.428). Indeed, in-person interviews are often seen as the gold standard (Johnson et al., 2019). My concerns about this method were many but largely centred around the establishment of trust and rapport, the ability to convey regard and care for parents and the potential impact on the depth of the conversation. The usual methods of conveying care and trust – providing a confidential space, provision of refreshments and the ability to convey regard and care – were no longer available.

In short, telephone work was challenging. One family, after two telephone sessions, decided that they could not proceed, and the work had to be paused until we could meet face to face. One of the parents in that case reported that he simply could not engage in the conversations over the telephone. Two of the families, now faced with children home from school and parents required to work from home, also withdrew – reporting that they simply could not proceed as the child that they were discussing was always present. Only one of those families re-engaged in the work. Another parent agreed to the telephone and in the first session gave a detailed account of her child’s history and the difficulties she was experiencing only to discover that her child heard the entire conversation including her mothers’ distress and frustration and became very distressed herself. While I can go to great lengths to ensure a confidential space in in-person work, having to use the telephone prevented me from ensuring confidentiality as I had no control or influence over the parents’ environment.

Of twelve families that attended, only one had no face-to-face contact at all. Others – depending on the stage of lockdown – managed a combination of face to face and telephone work.

### **The Research Site**

Between September 2019 and late February of 2020, the interviews and the administration of questionnaires were conducted in my workplace. The service is a community-based Family Support Service which is located in a primary school where Tusla is a tenant of the school. The premises have recently been refurbished and a room, known as the parents' room, was identified as the most suitable. In that space, I could ensure privacy and comfort and had easy access to refreshment facilities. With the arrival of Covid-19, as discussed elsewhere, interviews were conducted by telephone and questionnaires delivered and returned by post. As restrictions eased, some Time 2 interviews were conducted at this site.

### **Data analysis**

In parallel to coding, Charmaz advocates techniques which are also used in Classic Grounded Theory and Strauss and Corbin's Grounded Theory. These include the practice of writing memo's, constant comparisons, theoretical sampling and addressing the concept of saturation (Kenny and Fourie, 2015). These strategies of Grounded Theory can support the researcher with theory construction (Charmaz, 2015). Beginning with coding, I will consider these practices and concepts in relation to this study.

#### **- Coding**

Having collected and transcribed the data, Grounded Theorists are now required "*to stop and ask analytic questions of the data we have gathered*" (Charmaz, 2014, p.109). This analysis begins with coding. The coding process, Charmaz (2014) proffers, involves at least two phases – initial coding followed by focused coding. Kenny and Fourie note that this is not dissimilar to the coding procedure of Classic Grounded Theory which also consists of two stages: (i) substantive coding and (ii) theoretical coding. These two stages support the *emergence* of a theory to be *discovered* (2015, p.1274). Constructivist Grounded Theory, however, "*fully situates the researcher in the gathering and interpretation of data and theory*" (Farragher and Coogan, 2020, p.43). Rather than theory being discovered, Charmaz promoted the co-construction of data between researcher and participants (Qureshi and Unlu, 2020).

All forms of Grounded Theory begin with developing codes. Coding defines what the data are about and involves naming pieces of data to summarise each segment (Charmaz, 2014). This process "*generates the bones of your analysis*" (Charmaz, 2014, p.111). It involves the "*deciphering*" or



*“interpretation”* of data (Böhm, 2004, p.271). In Grounded Theory, Böhm continues, the researcher avoids *“theoretical codes”*, but identifies ‘in-vivo’ codes *“which, as colloquial interpretations of the phenomena, are taken directly from the field of investigation”* (2004, p.271). In vivo codes, Charmaz contends, *“help us to preserve participants’ meanings of their views and actions in the coding itself”* (2014, p.134). Despite their significance – and indeed the fact that they may be *“catchy”*, Charmaz cautions that in vivo codes *“do not stand on their own in a robust Grounded Theory”* (2014, p.134). They must, she advises, be integrated into the theory. Charmaz asserts that the process of coding forces the researcher to look at data in a new way – one which may differ from that of the participants.

Each of the interviews that I conducted were analysed through line-by-line coding. This process, as Charmaz suggests, allowed me to gain *“a close look at what participants say and, likely, struggle with”* (2014, p.125). Transcripts were printed with columns on either side as each line was analysed and initial codes assigned. These codes were then reviewed and categorized with each category containing several codes. On the next page, is an example of the coding process for the first six interviews concerning parents’ experiences of CPVA.

**Table 5: Sample of initial coding process of Time 1 data**

Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6
Isolation	Tension	Navigating	Controlled	Conflict on-	Conflict on-
Telling	Threats	services	Fear	going	going
friends	Worry	Seeking	Home	Child getting	Finding ways
Seeking	Vigilant	interventions	destroyed	bigger	Tried
support	On alert	Seeking prof	Tension	Disregarded by	everything
Fear of being	Like prison	support	Worry	child	Not knowing
hurt	warden	Working	“No going	Powerless	Worry for
Stress	Always	hard	back”	Working hard	future
Anxiety	working	Child getting	Poor response	On alert	Worry for child
“Life	Always trying	bigger	Better if	Fear	Threatening
shortening”	Very difficult	Fearing	hospitalized	Intimidated	removal from
On alert	Rejection	future	Not calling	Controlled	home
Tender hooks	Not knowing	Serious	Gardai	Targeted	Feeling
Working	Trying	injury	What can	Seeking	conflicted
hard	different	Refusing	they do	support	Catch 22
Lacking	things	school	Always	Property	Not knowing
confidence	Not letting	Fearing for	vulnerable	damage	Nothing helps
Worry	things go	life	Anything can	Fear of serious	Looking for
Terror	Crossing a line	Strangling	happen	injury	consequences
Exhaustion	“Red lines”	Could kill	No support at	Threats to kill	
Telling	Intervening	me	home	Wearing	
Belief in self	with force	Conflicted	Fear of his	Fed up	
shaken		Losing	increasing	Switching off	
		confidence	strength	Not knowing	
Good exp of			Not telling	Unpredictable	
parenting			friends	Worn out	
			Confident I	Provocation	
			can protect	Ignoring	
			myself	Avoiding	
				Imploring	

One of the *in vivo* codes noted here is ‘Catch 22’ as used by Jack (T1 L 308). Jack uses this to describe a dilemma – having to care for a child who behaves violently. *In vivo* codes in later interviews included

‘Treading on eggshells’ with Ann noting “*Our house is carpeted in eggshells*” (T2 L180). This *in vivo* code represents the fear inherent in living in a volatile situation where a child could react aggressively at any time. John talked about his child’s level of violence being “*Off the Richter scale*” (T2 L85). In explaining types of *in vivo* codes, Charmaz (2014) includes terms that everyone ‘knows’ that flag significant meaning. She also lists participant’s innovative terms. Ann’s report that her home is “*carpeted in eggshells*” is an example of such an innovative *in vivo* code.

Below is an extract of the coding process at Time 2 (Post-intervention).

**Table 6: Sample of focussed coding process of Time 2 data**

Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6
Definitely changing	No epic showdown	Child’s awareness	Worked to a certain extent	Reflecting more on self	De-escalation the big thing
Not completely	Better self-esteem for child	raised De-escalation	– led to other things	Previously focusing on getting child fixed	Not getting drawn in
Skilling up	Worst parts have mellowed significantly	not easy for Dad	NVR but being listened to and understood	Learning I need to work on myself	Stepping out of the battle
On same page	Stating we will not argue	Dad has lost hope	Continues to be verbally abusive	Going to different places	Not adding fuel to the fire
Helpful structure	Didn’t know what to do	Gardai involved	Wife seeking support	Looking for answers	Changing my response
Delaying reaction	Had sig threats	Should have done NVR earlier	I’m almost immune	Never got anywhere	De-escalation “biggest single improvement”
Remaining calm	Life or death Imp to de-esca	Brought Dad to new position			No longer parenting in a confrontational way

### **- From codes to sub-categories**

Progressing from initial to focused coding, I then proceeded to name sub-categories. The first sub-category – *Suffering* – was reached having identified codes such as ‘terror’, ‘strangling’, ‘could kill me’ and the *in vivo* code of ‘life shortening’. Codes such as ‘fear’, ‘isolation’, ‘conflict on-going’ and ‘controlled’ led me to name the second sub- category, *Under Siege* to represent the parents’ experience. Codes such as ‘threatening’ in relation to the child, ‘like a prison warden’, and ‘intervening with force’ became a sub-category ‘*Engaging in Battle*’ which reflected some parents’ views that the aggression was at times bi-directional. Finally, the fourth sub-category ‘*Seeking a Resolution*’ was named after codes such as ‘seeking support’, ‘navigating services’ and ‘finding ways’. Codes in Time 2 interviews confirmed this latter category with codes such as ‘skilling up’, ‘reflecting more on self’, ‘stepping out of the battle’ and ‘no longer confrontational’. In summary, the four sub-categories identified were as follows: (i) *suffering*, (ii) *under siege*, (iii) *engaging in battle* and (iv) *seeking a resolution*.

### Reaching a core category

The table below displays an extract from the process whereby, using the strategies of Constructivist Grounded Theory, I moved from the initial process of line-by-line coding to develop sub-categories and finally, the core category – *Embattled*.

**Table 7: Process of identifying a core category**

Focused codes	Sub-categories	Core category
<b>Terror</b> <b>Strangling</b> <b>Could kill me</b> <b>Life-shortening</b>	<b>Suffering</b>	<b>Embattled</b>
<b>Fear</b> <b>Isolation</b> <b>Conflict</b> <b>Controlled</b>	<b>Under siege</b>	
<b>Threatening child</b> <b>Like a prison warden</b> <b>Intervening with force</b>	<b>Engaging in battle</b>	
<b>Seeking support</b> <b>Navigating services</b> <b>Finding ways</b> <b>Skilling up</b>		
<b>Reflecting more on self</b> <b>Stepping out of the battle</b> <b>No longer confrontational</b>	<b>Seeking resolution</b>	

### - Memo writing in data analysis

Throughout the coding process, I undertook continuous memo writing. Kenny and Fourie (2015) note that the technique of writing memos was introduced by the original Grounded Theory method. Describing memo writing as “critical” (p.1271), they explain this as the process of reflection on the part of the researcher whereby “reflections, deliberations and conjectures” are recorded (p.1271). Charmaz concurs that writing memos is crucial and describes memo-writing as “the pivotal intermediate step between data collection and writing drafts of papers” (2014, p.162). Memos, she

continues, make visible the researchers' assumptions, standpoints and this supports the developing analytical framework (2014). Furthermore, engaging in this process, Böhm (2004) suggests, requires the researcher to distance herself from the data and allows her to avoid simply describing the data.

Levitt (2021) advises that the process of memo-writing should start at the outset and continue throughout the research journey. Looking back, initial memos were quite stilted and consisted of notes on my activities rather than reflections – almost written for someone else. Indeed, Charmaz (2014) observes that those who are new to Grounded Theory, may consider memos to be more formal in nature than they should be. Instead, she advises, memos are written for personal use only and in informal language. Understanding this allowed for more freedom in my use of memos. As my memos increased, they became more reflective, and created a space to pursue new ideas. For example, a memo (see below) following an early interview noted that some of the aggression and violence had become bi-directional in the parent/child relationship. This reflection also encouraged me to be aware of differences in parent reports and experiences of the same incidents.

**MEMO. 01/06/2020** *Family 5. Example of a violent situation. Child (boy, age 10 years) becomes very violent in car while Dad is driving. Child sitting in front seat with mother in back. (Does this say something about parental authority and positions in family??). Dad reports becoming very angry. Is aggression uni-directional? Bi-directional? Dad reports situation as significantly worse than Mum. Why are parents having different experiences of the child's violence? Dad recognizes his role in escalation but feels powerless to stop it. Parental collaboration is poor. Is Mum trying to appease Dad and child.? Confirms importance of separate interviews.*

In memo writing, Charmaz contends, “*you take the time to discover your ideas about what you have seen, heard, sensed, coded and then you examine these ideas*” (2014, p.170). This memo then led to increased attention to the possibility of aggression being more bi-directional than reported initially when the problem was essentially located in the child. This was pursued in further interviews and led to a deeper exploration in the literature. As Charmaz assures the researcher – “*Your observations and ideas matter*” (2014, p.132).

#### **- Constant comparison**

This process refers to the identification of similarities – and indeed differences - in the data (Hunter et al., 2011). The researcher compares and integrates incidents and statements (Allen, 2011, Charmaz, 2014). Remaining in the process of comparative analysis is a Grounded Theory strategy (Charmaz, 2014). It requires the researcher to compare incidents within the data and to identify differences and similarities before grouping similar incidents and giving that group a name (Corbin and Strauss, 2008). Parents were conflicted – essentially talking about moving from love to hate with their child. Feelings

ranged from mistrust to commitment to the child. The process allowed for the identification of the parents' struggles, dilemmas and challenges.

### **- Theoretical sampling**

Charmaz (2014) asserts that theoretical sampling distinguishes Grounded Theory from other types of qualitative research. The process, she advises, involves constructing tentative ideas about the research and then examining them through further enquiry. An example can be seen in the memo previously shown where I identified some ideas about what was happening in the interviews e.g., differences in parents' experiences of the same incident with the same child - and then proceeded to re-visit those ideas in subsequent interviews.

Theoretical sampling is a method that is concerned with the collection and analysis of data and then collecting more data based on the analysis (McKibbin et al., 2017). Farragher and Coogan (2020) suggest that memos are important in the process of theoretical sampling. In the memo below, it can be seen that I noted a father's role in the family.

**MEMO 05/03/2020** *Family 4. 10-year-old girl. Dad is invited (by Mum) to be present only in response to the child's difficult behaviour. What impact does this have on the child's relationship with her father? What message does it give the child about who is 'in charge'? Dad has retreated.*

Based on this memo, and using theoretical sampling, I examined, as advised by Charmaz (2014), the idea of the parent role as assigned by the other parent, through further enquiry. Alemu et al. (2015) note that Grounded Theory studies cannot predetermine the number of respondents. Theoretical sampling, they propose, guides the collection of data and this process continues until theoretical saturation has been reached.

### **-Theoretical saturation**

The concept of saturation has been explored and defined earlier in this chapter. Twenty-three interviews were conducted at Time 1 and 20 were conducted at Time 2. At both times, saturation was reached before the interviews concluded. However, interviews proceeded as parents had been recruited and consented to participate. Although saturation was reached, there is no doubt that the additional interviews, while not necessarily bringing new dimensions, certainly broadened the data and confirmed the codes and categories that had been identified in the analytic process.

### **Limitations of the study**

This study set out to explore parents' experiences of CPVA and their views of NVR as a response to their child's violent behaviour. The study uses mixed methods and a Constructivist Grounded Theory

methodology. This methodology was selected for its emphasis on the voice of the parent. It has provided a rich and detailed account of the experiences of 23 parents. Nevertheless, there are limitations to this study which are outlined here.

The small sample size means these findings cannot be generalized to the wider population. In addition, some parents did not complete Time 2 interviews and questionnaires. As such, it cannot be proposed that the experiences of parents in this study are representative of all parents who experience CPVA. Additionally, there is limited diversity in the study with the majority of parents being white and Irish.

The challenges of identifying a suitable quantitative method have also been discussed in the methodology chapter. The selection of suitable instruments was complicated by the fact that there is no consensus on the construct to be measured in CPVA or indeed, in NVR. There exists an array of instruments measuring violence, relationships, conflict and other dimensions relevant to the matter at hand. Many of these were reviewed and consultation took place with other academics and practitioners. Again, there was no consensus on what should be measured. Yet, as will be presented in the chapter on quantitative findings, the questionnaires which were validated in a wider European study, yielded pertinent and in-depth accounts of CPVA. Nevertheless, Ferrando et al. (2015), in reporting on the development of the questionnaires adapted for use in this study, conclude that the validation of an assessment tool should be a continuous process.

Furthermore, CPVA, as has been argued in Chapter 3, has been largely overlooked in the field of family violence in terms of research, policy and practice. This compounded some of the challenges as I navigated my way along the research journey, without a robust body of literature or evidence.

It must be noted, that Covid-19 resulted in a number of limitations. Initial plans were amended, and this meant that some parents participated in person while others engaged by telephone or indeed a combination of both. It has not been possible to identify what impact those changes had on the outcomes of the study as there are so many variables in the mix. As the pandemic arrived during the study, it was necessary to make amendments and so the data gathering process and the implementation of the intervention differed for parents depending on the timing of their recruitment. Furthermore, gaps between Time 1 and Time 2 data collection were significantly longer than expected with up to 18 months between collection dates for one family.

Finally, it must be acknowledged that this study hears just the voice of parents. Children's voices are essentially silent in this study. Further research is required to hear different perspectives – including those of the interest child and their siblings. As Pritchett et. al. observe:



*“A key area for future research lies in the area of multi-informant data. Many of the measures described claim to measure how a family functions, while only requiring the input of one member of the family.”*

(2011, p.182)

However, despite these limitations, this study has succeeded in giving voice to parents who experience CPVA. It is likely to make a significant contribution to an understanding of parents’ experiences and the impact CPVA has – on parents but also on siblings and indeed, the interest child. Furthermore, the study provides an in-depth exploration of parents’ views of the contributory factors with regard to their child’s violent/abusive behaviour. It not only highlights the impact of this form of family violence, it explores parents’ views of NVR and what they believe is the impact of NVR on their situation.

## **Conclusion**

This chapter opened with the rationale for this exploratory study on parents’ experiences of violence and abuse from their child and of NVR as a response. The aims and research questions were presented. The reasons for selecting a Constructivist Grounded Theory methodology were discussed in detail as was the rationale for a mixed methods research design – using semi-structured interviews and questionnaires.

The process involved in reaching a core category which began with line-by coding of the interview transcripts was described and extracts from that process were presented. The process of data collection and analysis was reported. The arrival of a global pandemic and its impact on the study was also considered.

This chapter concluded with consideration of the limitations of the study – the instruments, the sample size, the methodology and of course, Covid-19. Despite these limitations, this study set out to explore parents’ experiences of CPVA and NVR. As will be seen in the following chapters, the study has collected a wealth of data and insights into the daily lived experiences of parents – and indeed the child who is behaving violently and their siblings. While there is little doubt of the need for further research on these matters, this study is intended to make a significant contribution to our understanding of CPVA as an emerging phenomenon in the field of family violence that is becoming increasingly prominent.

# Chapter 6 From reflection to reflexivity, practitioner to researcher

## Introduction

This chapter is dedicated solely to the matter of reflexivity. Considering the dual positions I held in the research study – practitioner and researcher – and how these roles interacted, I concluded that the matter required significant consideration. For this reason, I decided to allocate one chapter to reflexivity. Here, I will make the case for reflexivity and reflect on the importance of being reflexive in a Grounded Theory study.

## The case for reflexivity

It is worth noting that guidance for incorporating reflexivity into a grounded theory study is in the early stages as it has only relatively recently been “*explicitly described in the context of grounded theory*” (Gentles et al., 2014, p.1). Engward and Davis caution that how to be reflexive in a grounded theory study is unclear (2015, p.1531). There appears to be consensus in the literature that reflexivity is a complex concept and indeed a complex process (Finefter-Rosenbluh, 2017, Barrett et al., 2020). In fact, Finlay refers to it as a “*swamp*” which must be negotiated – suggesting that the process “*is full of muddy ambiguity and multiple trails....*” (2002, p. 209).

Equally, there appears to be consensus on the importance of reflexivity in research – Rae and Green suggest it is of “*the utmost importance*” (2016, p.1548). In a Constructivist Grounded Theory methodology, Charmaz (2011) describes reflexivity as a fundamental process. Probst and Berenson are equally unambiguous in making this point. Arguing that it is central to the “*trustworthiness*” of a study, they explain “*reflexivity can be understood as the process through which the researcher establishes and articulates the basis for that trust*” (2014, p.815). Reflexivity in the researcher’s role is essential for improving transparency (Darawsheh, 2014). Indeed, Finlay advises that “*researchers no longer question the need for reflexivity: the question is how to do it*” (2002, p.212).

## How to ‘do’ reflexivity?

Despite consensus in the literature on the need to be reflexive in research, Probst and Berenson contend that the notion of reflexivity remains abstract “*without qualitative data to illuminate what qualitative researchers actually do when they utilise reflexivity*” (2014, p.814). It appears that practical guidance on how to be reflexive in the research process is lacking (Engward and Davis, 2015). Darawsheh observes that “*few studies unravel the practical employment of reflexivity as a strategy for ensuring*

*rigour and quality in qualitative research*” (2014, p.560). Yet, a number of models have been proposed and these have been referenced as I engaged in a process of reflexivity throughout the research process.

Rae and Green developed a reflexivity matrix “*to aid qualitative health researchers in exploring reflexivity*” (2016, p.1544). This matrix proposes different tasks at varying stages of the research. The pre-research guidance encourages the researcher to consider motivations and conceptualisations. They propose, at this stage, consideration of the relationship between the researcher and the field and being mindful of where the researcher’s interests and conflicts lie. During the period of data collection, the tasks involved in a reflexive approach, they assert, include the “*shared and divergent understandings between the researcher and the participants*” (p.1545). Social differences, they suggest, such as gender, education and experience are to be considered. Asking if researchers and participants share the same language and looking at power differentials are also key questions during the period of data collection (2016). Later, at the point of data analysis, Rae and Green proceed to recommend consideration of how does the “*researcher’s experience with the field shape analysis?*” (2016, p.1545). Questions around the data that is omitted or dismissed must also be asked.

Jacobson and Mustafa (2019) developed a Social Identity Map as a research tool. They argue that the production of reflexive research requires researchers to be explicit about social identities. This, they suggest, allows for the reader to understand how the data was produced. Their proposed map consists of three tiers. The first of these relates to the “*broader facets of social identity*” (p.4) – some of which are age, gender, class and race. The second tier in this model encourages the researcher to take this process further by considering how these positions impact their lives. The third tier of their model suggests the researcher should proceed even further to reflect on the emotions that relate to their identities.

When Probst and Berenson embarked on their study of how qualitative social work researchers use reflexivity, they assumed that reflexivity needs to be “*more precisely mapped and operationalised*” (2014, p.825). Yet, they concluded that this assumption may be “*problematic*” and question if something “*so messy*” can be placed in “*a tidy analytic catalog?*” (2014, p.825). They suggest that the production of formulas and tools should not, in fact, be the goal. Rather, the aim should be for “*...engagement in the complex and slippery process of struggling to understand the meaning of human experience*” (2014, p.826). While the models considered above have not necessarily been strictly adhered to, they have provided helpful guidance for adopting a reflexive position – both in terms of understanding the concept and establishing the ‘doing’ part of reflexivity. The truth is, as Finlay advises, that “*reflexive analysis is always problematic*” (2002, p.212).

## **From reflection to reflexivity**

Reflexivity requires the researcher to “*identify her biases, values and personal backgrounds*” and attend to other issues such as “*gender, history, culture and socio-economic background*” that may influence her interpretations throughout the study (Creswell, 2009, p.177). As a practitioner in the field of Family Support, reflection, self-awareness and personal development are familiar concepts. Much of our on-going professional development involves training and reflection on these areas. Indeed, critical practice is considered integral in the field of social work and social care. Critical practice “*enables us to question the knowledge we have and our own involvement with clients – including our taken-for-granted understandings*” (Adams et al., 2002, p. xxi). Examining personal values and ensuring accountability are equally part of the process of practising in the field of social care. As such, self-reflection is not new to this practitioner. And yet, the process in the context of the research, was surprisingly more challenging than anticipated.

While in the initial stages of attempting to take a reflexive position, I assumed that my experience of reflection would support me in doing so. Yet, this was not the case and the process of viewing myself in relation to research was, as Rae and Green contend “*a tricky business*” (2016, p.1546). At times, I confused the processes and returned to the literature regularly to gain further understanding. Barrett et al. (2020) offer a useful distinction between reflection and reflexivity which explained why moving from one to the other was not straightforward. Indeed, they suggest that “*the notion of reflection is often used synonymously with the concept of ‘reflexivity’*” (2020, p.10). Yet, they argue, reflexivity is a combination of reflection and recursivity – where outcomes are considered in context (2020). Engward and Davis also helped to explain the often-interchangeable concepts of reflection and reflexivity suggesting that reflection is “*a means of looking back, or more deeply, to gain insight...*” (2015, p.1532). However, reflexivity, they suggest, is a bi-directional process requiring self-awareness and scrutiny. It is not simply reflecting on personal values and processes, but it involves consideration of the impact on the ‘other’ – the participant. It was the understanding of the bi-directional nature of reflexivity that helped me to move from a reflective position which I assumed as a practitioner to a reflexive position which is required as a researcher.

## **On being reflexive**

If the process of reflexivity is “*the explicit quest to limit researcher effects on the data by awareness of self*” (McGhee et al., 2007, p.334), it is incumbent on the researcher to put forward an account of her position. The requirement for reflexivity can cause discomfort in terms of public disclosure - with tensions arising with regard to what researchers “*should or need to disclose about ourselves*” (Lazard and McAvoy, 2017, p.14). Indeed, Finlay questions if, when researchers focus on their own experiences, “*the researcher’s voice may eventually overshadow the participant’s* (2002, p.225). With regard to personal views and experiences of violence, looking at how broader contexts influence those

experiences, it might be more effective to unpack those contexts “*rather than a specific private occurrence*” (Lazard and McAvoy, 2017, p.15). As a woman and a mother, it is likely that I brought to the research certain experiences and views on violence.

### **- Motivations**

As the manager of the service, it is my responsibility to identify emerging family concerns and to develop appropriate responses to those concerns. The subject of Child to Parent Violence and Abuse (CPVA) had presented in the work of the team some years before the study began. A number of approaches had been attempted and with little guidance on how to respond to this form of family violence, I embarked on a search for suitable responses. In 2014, I trained in Non-Violent Resistance (NVR) and found this to be a useful support for parents experiencing violence from their children. The model grew in popularity, and I became a trainer in this model. However, I was mindful that support for this was evident at a professional level and demands for NVR training were increasing. The success of NVR interventions with families was anecdotal and reported mainly by practitioners. With a keen interest in empowering parents and involving them in decisions around what works best for their family, I decided to focus my PhD on the voice of the parent.

Of course, in examining my motivations, it would be unfair to suggest that I undertook a PhD just for those parents. This was a very personal decision, motivated by a variety of reasons – an interest in academic work and a desire to reach a higher level of education.

### **- Positionality**

McGhee et al. (2007) argue that researchers should be aware of the impact of their life experience prior to the research and indeed of any related reading. This is not to suggest that it can in any way be forgotten – rather that it is incumbent on the researcher to share the awareness of this impact on the research with readers. I arrived at this study from a number of directions – as a service manager, a student and indeed a parent. My engagement with the subject prior to the research period has been substantial. The question was how to mitigate against previous knowledge and experience influencing my interpretation of the data.

My professional experience involved working with parents and children under stress for many years. I had accumulated significant experience and while I arrived at the study as a novice researcher, it was not as a novice practitioner. This was important as I received referrals based on my familiarity with this form of family violence. The service had been known for delivering NVR for a number of years. And yet, I approached the study very much as a student and the challenge of changing position from practitioner to researcher was evident from the outset. Memos show that I noted – with some discomfort – the shift from a position of *providing* a service to essentially *requiring* a service, i.e., a parent to

participate in the research. I became mindful of the time I was taking from the parents. While an interview style conversation is common in practice, recording the interview and even initially relying on notes on the interview schedule was challenging. I was essentially *asking* parents for something rather than *providing* them with something and it initially felt like a very uncomfortable shift in my position. This was obvious in my experiences of interviews 1 and 2 (Time 1) which were markedly briefer than later interviews. Furthermore, in early interviews, I found myself moving into my practitioner position when I began to advise the parent on how to manage rather than simply listening to their experience. It must be said, however, that when faced with significant violence, it would be unacceptable not to give some information around safety as a matter of urgency. Charmaz (2011) advises that positions and standpoints shift during the research process, and this was certainly my experience. If I felt like I was on solid ground as a practitioner, this was certainly not the case as a researcher. My standpoint certainly shifted throughout the process as I grappled with the move from the position of practitioner to researcher and back again.

And yet, as the research proceeded, I became increasingly comfortable and able to be more curious with parents. While the first two interviews lasted not much more than half an hour, later interviews lasted for one to two hours. I interpret this as evidence of my shifting position as described by Charmaz (above) – from practitioner to researcher. Essentially, I maintained dual roles throughout the process. In their grounded theory study related to domestic violence, Scerri et al. note the dilemmas of professionals researching sensitive areas. They observed that “*the boundaries between therapy and research become blurred...raising issues of what participants have consented to*” (2012, p.102). In this study, while I struggled to manage the boundaries, the fact that parents had also agreed to engage in work with me addressed any concerns about consent in this instance. Scerri et al. (2012) also note that their training in this area was an important resource as they interviewed women who had experienced domestic violence. As I consider the ways in which I may have impacted on the parents, it is hoped that my experience and position as a practitioner allowed me to build “*a working alliance between interviewer and interviewee that is supportive, empathic, and compassionate*” (Scerri et al., 2012, p.106). I relied very much on my previous professional experience to achieve this.

As noted above, I approached this research from a number of positions, mindful of the need to maintain “*methodological self-consciousness*” as described by Charmaz (2011, p.169). This was to be undertaken by “*scrutinizing our positions, privileges and priorities...*” (2011, p.169). Reflexivity is not simply concerned with professional positions, but it is important to note that I chose to undertake the research in an agency in which I had worked for more than quarter of a century. How my position – and indeed my relationship with the parents who had engaged– was affected by my “*positions, privileges and priorities*” had to be examined (Charmaz, 2011, p.169).

### **- Power and agency**

While my professional experience gave me the skills to manage interviews on such a sensitive topic, I was also mindful that I held significant power as a professional and perhaps particularly as the manager of the service. This matter of power was considered at the various stages of the study. From the outset, it was essential to ensure that parents were fully aware that receiving a service was not in any way contingent on their participation in the research. A number of parents chose to avail of the service outside of the study which I hope is evidence that it was clear that they could do so. I also held significant power in terms of child protection reporting. Parents were aware that I would report any concerns of a child protection nature – giving me particular power in the work. To be reported to a state agency for child protection concerns is of great significance for parents. While this was explained from the outset, it was important as part of the reflexivity process to tune in to what this meant for parents and how they experienced me as a professional working for the state.

### **- Personal experiences**

As Charmaz notes, *“Neither observer nor observed come to a scene untouched by the world”* (2014, p.27). It is the observer – the researcher, however, who *“is obligated to be reflexive about what we bring to the scene...”* (Charmaz, 2014, p.27). As the central subject in the study is that of violence, I needed to address my experience of violence and my views on the subject. This was to ensure that any views I held did not impact on the parents as they recounted their experiences. Supervision provided support and an opportunity to share the distress that comes with hearing accounts of violence. There was space in each supervision session to reflect on how I was personally and in terms of research progress. The use of memos facilitated the process, and these memos tracked the ‘movement’ in my reflexive processes. Reflexivity – as stated previously – is a process that occurs at varying stages of the research (Rae and Green, 2016). My views and experiences of violence had to be understood not only at interview stage but also at the stage of data analysis. Charmaz asserts *“Engaging in reflexivity about preconceptions holds special significance in focused coding because these codes shape our analysis”* (2014, p.155).

## **Conclusion**

There is little doubt that “*reflexive activity is central to the research process*” (Lazard and McAvoy, 2017, p. 16). As a grounded theory study, it is indeed fundamental - as noted by Charmaz (2014). Nevertheless, it has clearly not been a task that can be ticked off a list as the research proceeded. Rather, it was very much a process which occurred from the outset to the conclusion of the study. My position in relation to the subject has been altered considerably by the process. My positionality has changed as I grew in confidence and navigated the dual roles of researcher and practitioner over time. It has certainly been an “*introspective process*” as described by Darawsheh – a process that supports the researcher to become more “*aware*” and indeed more “*transparent*” as they present their influence on the research process (2014, p. 562).



# Chapter 7 Qualitative Findings Part 1: Parents' experiences of Child to Parent Violence and Abuse

## **Chapter summary**

This study set out to explore parents' experiences of Child to Parent Violence and Abuse (CPVA) and of Non-Violent Resistance (NVR) as an intervention. As a mixed methods study using semi-structured interviews and questionnaires, both qualitative and quantitative measures were employed. This section presents the qualitative findings from the Time 1 interviews which explored parents' experiences of child to parent violence and abuse. Quantitative findings are presented separately. Both will then be integrated in the discussion chapter. The nature of parents' experiences, the extent of those experiences and indeed the impact they had on the parent and the family will be discussed. Parents' views on the contributory factors to their child's violent and abusive behaviour will also be outlined. Consideration will be given to how parents responded to that behaviour.

## **Introduction**

The research was conducted at two stages. Time 1 involved exploring parents experiences of CPVA. Parents were then invited to participate in the NVR intervention. On completion, parents were invited to complete questionnaires again and to participate in semi-structured interviews to elicit their views of NVR as an intervention (Time 2). This chapter will present the qualitative findings of Time 1 interviews. A total of 23 interviews were conducted – 12 mothers and 11 fathers. These 23 parents made up 12 families – 11 two parent families (with one couple separated) and one one-parent family. Each parent was interviewed individually to allow time for each parent to give an account of their own personal experiences. A total of 21 hours of pre-intervention interviews were transcribed – yielding a wealth of data on parents' experiences of CPVA.

Essentially, I sought to glean an account of the parents lived experiences – the nature and extent of the violence and the abuse and the effect this had on parents and indeed other family members.

The research questions at Time 1 were as follows:

1. What are the experiences of parents of child to parent violence and abuse?
2. What is their understanding of the contributory factors to this abuse?
3. In what ways, if any, does CPVA impact on the parent/child relationship and on family relationships?

### **Research question 1. Key findings**

#### ***What are the experiences of parents of child to parent violence and abuse?***

The nature and extent of violence ranged in severity – but fear of fatal injury – of themselves or one of their children - presented for four parents. Injuries to parents were common and at times visible during my time with the parents – at interview stage and during the period of intervention. Mothers were the primary targets of the violence although fathers also experienced serious violence. In every family where there was more than one child, parents reported that their other child/children had direct experiences of violence and that those children were adversely impacted by this.

Damage to property was reported by all parents. The financial implications of this were clear as was the distress of living in homes that were ‘*destroyed*’ as one parent noted. The risks to family members during incidents of property damage were clear as parents described heavy objects being broken or thrown.

Parents reported experiencing high levels of stress on a daily basis – ‘*life-shortening*’ as Sarah described it (T1 L91). Significant levels of fear for the future were presented– the future of the child, their siblings and indeed parents themselves. This fear related to physical and psychological safety but also to concern for the outcomes for the interest child. Some parents reported that they were always on alert, noting that anything could happen at any time. Threats of self-harm or suicide occurred in 50% of the families and there were variations on how this was understood by parents – at times as a genuine threat, at others, as an attempt to control or punish the parent.

Parents had made extensive efforts to address the problem of their child’s behaviour. Six families had accessed the services of private therapists and reported varying outcomes. Parents also sought to address the problem within the family home. Responses ranged from attempts to support and distract the child (a strategy reported by all parents) at the time of escalation, to restraining the child in order to keep parents, siblings or the interest child, safe. In some situations, parents found themselves embroiled in battles for control with their child and in conflict with their partner (just one person parented alone) regarding what might be the most effective response. There was significant variation for all parents on how to respond to the interest child – these variations resulted in on-going conflict in the parental relationship. The target of the interest child’s violence differed, and the next section begins with consideration of this.

## Target of the violence

Of the twelve families that attended for interview at Time 1 (23 parents), eleven reported experiences of direct physical violence. The direction of the child's violence, however, varied within the families. Of twelve mothers, nine experienced violence directly (75%) while six of eleven fathers (54.55%) experienced the violence directly. In ten families, both parents were resident. Of those families, mothers alone experienced physical violence in four families, fathers alone experienced physical violence in two families and both parents were the target of this violence in four of those families. In the remaining two families, one parent alone without contact from the child's father. In the second family, the parents had separated and only the child's mother was targeted.

Aisling reported that she bore the brunt of her son's violence and described being deliberately targeted by her son.

*"He came outside, and he was huffing and puffing around, and I was kind of ignoring him. He says, 'Do you want a fight?'. He was coming then to fight with me. I said 'No. Go talk to your Dad, I don't want to talk to you about this'. He kept saying 'You want a fight?'. He was coming to attack me. He was obviously annoyed and wasn't going even to dream about attacking his Dad. He came to seek me out to take it out on me" (L252).*

Mark suggested that his partner "gets most of it because she's at home" (L57). However, he noted a difference in the severity of the violence.

*"If I am there, I will get it alright. He will probably go worse at me than he would at Caroline. He runs at you – pushes, punches and kicks. You could be just sitting there and ask him to do something like brush your teeth. Everything is a battle" (L58).*

James, too, was clear that his wife was most often the target of his son's violence. He attributed this to the fact that he was confident in standing up to his son.

*"It's different for me as I just stand up to him. It is probably not the best strategy. Otherwise, you have to have these conversations and it goes on and on, but he usually won't hit out at me. A couple of times he will try and start it but then I am like, stand over him and say 'go on then, what are you going to do? Nothing, so just sit down and shut up" (L201).*

Despite his confidence in his own safety, however, James could see that it was very different for his wife.

*"She is trying to say 'Well, I am the mother here' and he is saying 'I don't care. I am still going to knock you out. What are you going to do about it? Nothing' (L362).*

John believed his son was somewhat fearful of him and that this reduced the level of violence he experienced relative to his wife's experiences:

*“He still would probably fear that I would be able for him, that I might hit him a box or something. That protects me a little bit. He knows Clare won’t, so she is more of a victim”* (L130).

David believed that his own physical strength meant that he was more capable of managing his ten-year-old daughter than his wife was. He believed that he was not the target of as much violence as his wife and young son because of his strength and noted that he was able to restrain her. Yet, despite his strength, his daughter continued to behave violently towards him:

*“There was a battle at a time when she constantly tried to do things – trying to push me down the stairs, head butt and stuff like that, trying to kick you in the private area. She would try everything but because I was stronger than her, she wasn’t able to do that”* (L97).

Fran considered that his child was aware that should he assault his father, then Fran would respond to his son with force. Jack noted that his son had not physically assaulted him but he said he was not confident that he would not do so in the future.

There was just one view that the violence was directed equally at both parents. When asked about who is subjected to most of the violence, Mick replied;

*“Initially I would have said he directed it mostly at Ann but laterally (sic), I think it is equal. There could be a month or a couple of weeks where it would be very directed towards one or the other of us. By and large, it is both”* (L60).

### **Violence towards siblings**

Although the study was concerned with the experiences of parents, it quickly became apparent that the interest child was also violent towards both younger and older siblings. Ten of 12 families had more than one child and in each of those families, parents such as David, Caroline, and Aisling, reported significant concerns about the impact of CPVA on their other children. Indeed, this was perhaps one of the most distressing aspects of the situation for parents who greatly feared the impact of the situation on their other children. Not only did parents report concerns about their other children witnessing the violent child’s behaviour, but they also reported that their other children had direct experiences of physical violence and emotional and psychological abuse.

Parents described their other children’s exposure to actual violence, threats and intimidation and verbal abuse. While John reported that his daughter feared one of her parents being killed, Jack noted that his daughter believed that she herself could be killed by her brother. Parents were very clearly distressed by this. David said that his son (who was not using CPVA) has been *“exposed to things which he should never have been exposed to”* (L131). He explained that his son *“can hardly sleep with the fear”* (L533).

Other parents such as Mary, Joan and Jenny clearly shared those concerns. Mary described a level of harassment and intimidation inflicted by her son on to his younger sister.

*“She would have gone asleep earlier than him, kind of intimidating her, going into her room which he shouldn’t have been doing. She could have been getting changed or whatever. He was going in playing videos out loud when she was asleep to wake her up, intimidate her” (L235).*

Laura described how her daughter, aged ten, had physically injured her younger son.

*“When she was maybe six she has done stuff, like, her brother was sitting on one of those booster seats that are tied to a chair instead of a highchair, she just pushed him right back and he cut his head open and another time when she was about seven, he was looking over the banister and she just pushed him and he fell head first down the stairs” (L10).*

It was clear that her daughter’s behaviour had significantly impacted her son. He had sustained a number of injuries as described below.

*“...that was when (daughter) was being horrible to her brother and she was chasing him around. She went into the kitchen and got a big heavy knife...and caught him on the...”*

(Indicates area on her eye) (L419)

Laura reported that her son is attending a psychologist for support as a result of the violence. She described how he would sometimes hide in his bedroom. At other times, however, he attempted to protect his mother when she was being assaulted.

Emma also described how impacted her other children were during a particularly violent episode.

*“Our eleven-year-old had barricaded himself in the room. He had used a little metal pole that is used for opening the sky light and had stuck it on to the door handle. He had figured out how to do it a few days before when (interest son) was screaming and shouting. The eight-year-old was upstairs crying his eyes out in bed saying, ‘Is he hitting Daddy, Is Daddy ok?’” (L164).*

Jenny was very concerned about her daughter’s mental health as a result of the exposure to her son’s violence. Her daughter, who experienced significant levels of anxiety and was older than her son by several years, was still very much impacted – to the point where she reported suicidal ideation – telling her mother that she cannot cope with her brother’s violence.

Jack reported that he could not leave his daughter alone with their son who was behaving violently – although both were adolescents with a small age gap – his son being older. Mary also reported a need to be present at all times for fear that her daughter would be attacked.

*“Then I got that I felt afraid to leave her with him because we were afraid of what he might do to her. He was going around with this carry on with the knives saying he was going to kill them and all that” (L317).*

While Caroline did not report actual physical violence to her daughter, she was very mindful of the impact her son’s behaviour had on her two-year-old daughter. She also reported concerns about what she believed to be her lack of emotional availability to her daughter as she struggled to manage her son’s behaviour.

For Aisling a situation where her young daughter was attacked by her son was clearly very distressing for her.

*“There was one incident about a month ago, the first time that he hit his sister. He punched her in the face and pulled a lump out of her hair. For me, that was a turning point” (L354).*

This was something that Aisling clearly could not tolerate.

*“Enough is enough, whatever about coming for me, I am constantly covered in bruises and bites etc. Whatever about that, I am not having him hitting the two little girls” (L358).*

The violent behaviour appeared to have a range of consequences for siblings. Joan believed that her son’s behaviour impacted on her availability to her other son who had additional educational needs and experienced high levels of anxiety. James was concerned that his daughter was trying to compensate for her older brother’s violence and noted how compliant she was – never challenging in any way. Relationships between siblings themselves seemed to be very fractured – again, another source of distress for parents. Pat described how his other sons *“have a nightmare time”* (L193) while Jack was clear how his other children felt, saying; *“They don’t like him. The children don’t like him at all”* (L533).

### **Nature of the violence**

CPVA can involve the use of physical violence, emotional and psychological abuse, and damage to property - often described as financial abuse (Loinaz and de Sousa, 2020). Emotional and psychological abuse also include threats of violence or abuse and indeed, threats of self-harm, suicide and running away (McKenna et al. 2010). In this section, parents’ experiences will be considered in relation to each of these forms of CPVA. The table on the next page illustrates the nature of violence in each of the households as reported by parents.

**Table 8. Nature of violence experienced by parents**

	<b>Physical violence towards parents</b>	<b>Property damage</b>	<b>Psychological and emotional abuse</b>	<b>Self-harm and/or threats of suicide</b>	<b>Violence towards siblings</b>
Family 1	✓	✓	✓	✓	✓
Family 2	✓	✓	✓	✓	✓
Family 3	✓	✓	✓		✓
Family 4	✓	✓	✓		✓
Family 5	✓	✓	✓	✓	✓
Family 6	✓	✓	✓		N/A
Family 7	✓	✓			✓
Family 8	✓	✓	✓		✓
Family 9	✓	✓	✓	✓	✓
Family 10	✓	✓			✓
Family 11		✓	✓	✓	✓
Family 12	✓	✓	✓	✓	N/A

**-Physical violence**

*“One day, I will potentially be dead on the floor” (Clare, L534).*

All but one family reported that their child had been physically violent to one or both parents. The severity of this violence varied but included what I considered to be serious threats to the life of some of the parents.. The severity of violence had changed over the years – increasing as the child grew in strength and stature. All the children were aged ten years or more at the time of the research interviews and although parents reported being able to physically restrain the child at a younger age, they were clear that this became increasingly difficult with the child’s increase in age.

Aisling described their son’s behaviour – reflecting on a time when he was smaller and could be restrained.

*“He was like the hulk, he would turn into this kind of animal, trash the house, throw furniture, attack us, bite-kick, the whole shebang – but he was like 6 or 7. He was a young child, easy to manage, we could hold him until he calmed down” (L38).*

Aisling described the serious nature of the violent incidents – often witnessed by her two young daughters.

*“He would be biting, kicking. Last time he nearly broke my wrist, I still have bruises. It is very aggressive and could go on for an hour or more. I had 90 minutes of it last week. It gets to a stage where I have to get the girls to grab my phone and ring their Dad”* (L241).

While some parents did not experience direct physical violence, others - both male and female – gave detailed accounts of their experiences. Indeed, some parents bore the marks of recent assaults throughout my time with them. On the morning that we met for the interviews, Mick told me he was in pain at the time due to an assault that morning. *“My nose is very sore from this morning. I got a right slap in the face”* (L93). (Of course, in this instance, care was offered first to the parent and a suggestion that the interview could be resumed at a later stage, but he requested to continue at that time). Mick reported that his wife had also been assaulted just that morning – *“...stabbed in the back with a pen”* (L336).

It was not unusual for parents to report that they had required medical attention – such was the seriousness of their injuries. Mick told me his son threw a mug at him, which caught him on the wrist. *“I was in a splint for three weeks”* (L340).

The violence was significant and continuous for some. Mick noted *“There is probably not a day that goes by that he doesn’t hit one or both of us”* (L42).

Ann described the nature of her son’s violence which had the potential to cause serious injury.

*“He will hit, kick. At the moment he is going through a phase of hitting around the head”* (L47).

Referring to a recent assault on her husband, she said:

*“He hit Mick such a dig in the head that Mick’s ear was very swollen, red, purple and we were flying a couple of days later, so he had to go to hospital to check his ear was ok before the flight. We are both regularly bruised, split lips”* (L68).

In Clare’s case, it did not follow that violence occurred in response to a dispute or disagreement. She described the violence as occurring randomly and without warning, reporting how fearful she was for her life.

*“He goes for me. He just does that any time he likes, and he will go right ahead and try to strangle me”* (L529).

Clare had suffered significant injuries because of her son’s violence – including a broken nose and cracked ribs. This violence was not only confined to the family home. Clare described an incident where she was seriously assaulted by her son in the street.



*“Another couple of times, he pummelled me to the ground on the street. I was driving to school one morning, I got out of the car, because in the car he hasn’t got enough space. He could just kill me in the car” (L567).*

Clare described regular and repeated incidents of serious assault and injury. On many occasions, this violence included choking.

*“So, at home he went for my neck. I can’t specifically say the first time, all I know is he would put his hands around my neck and close my windpipe and he did it loads of times – 10 or 12 times now” (L656).*

Laura also experienced violence from her child when outside of the family home and described an incident on a family day out when her ten-year-old daughter assaulted her and trying to choke her in public because Laura did not have money to give to her daughter. On other occasions, Laura said her daughter planned to be violent.

*“I went away for a night. She rang me to say goodnight and everything. I hadn’t told her I was staying away for the night because she just kicks off. I didn’t know what was the best thing to do and she basically said to me ‘prepare for a day of hell when you come back tomorrow’” (L29).*

Everyday scenarios were sometimes fraught with danger and, as Clare and Laura had, Caroline reported that her son’s violence was also not confined to the family home.

*“We were in the car one day. I had picked him up from school and had to go to my Mum’s to collect (daughter) and he was flipping because he had to go. Hand brake on, off, indicators up, down, up down, hazard lights on. Then he threw a bottle at the window and smashed the window” (L30).*

Although her son was just ten years of age, Caroline was clearly overwhelmed by his violence and how powerful he was when angry.

*“...because his whole body comes at you, he is out, it is not like he is going to come over and give you a little smack. His full force body is raging at you” (L92).*

Mark also described his son’s violence as a ‘rage’.

*“When he gets into a rage and gets violent, he will hit, throw stuff at you. He doesn’t care where he hits me really” (L25).*

John was hugely fearful for his wife: *“I mean, I am afraid that I will get home one day, and Clare will be dead on the floor” (L148).* Indeed, fear of violence seemed ever-present for some. David described

a sense that anything might happen and a need to be prepared at all times, stating *“You always have to be careful with her. You don’t really know what is going to set her off”* (L6).

Jack had similar thoughts regarding the unpredictability of the escalations., stating that *“Yes, it is just constant. Every week. Today, you wouldn’t know what we will find”* (L67).

The extent of physical violence was significant as was the level of risk and injury experienced by parents. However, for some, the violence was not physical but was experienced as distressing and stressful.

### **Psychological and emotional abuse**

*“He hasn’t hit me, you know”*. (Sarah, L57)

Although Joan, Sarah and Rachel did not report experiencing direct physical violence, they did receive threats and were subject to intimidation and property damage. While Joan said that her son did not assault her directly, there were times when there was an element of physicality in the abuse.

*“Like, he’s never done anything directly to me. But he will try and break things. It was only last week that he went to grab my laptop off me.”* (L265).

At times, Joan had been frightened of what her son might do.

*“He went through a phase when he was a bit younger – he’d go to the cutlery drawer and get a knife and that did scare me I have to say”* (L287).

Sarah reported that her son directed his physical aggression towards his father (L69) and resorted to intimidation with her.

*“It is rarely physical in a sense that it’s violent. He would do stuff like obstruct my passage through doorways, or he would sort of make himself bigger than he is, so in that way it is physical, but he hasn’t hit me you know – or anything like that”* (L55).

As with Joan, Sarah lived with the fear of what her son might do and was clearly not confident that he would not physically assault her.

*“But I mean, at the same time, Tara, he really will, if he wants to hurt us, I could see him doing it out of something like that”* (L142).

Emma also said that the violence was directed solely at her husband but described significant physical intimidation.

*“It is very much, ‘I am going to stand over you’, really close to you and shout and shout and stamp my feet and throw things, pick up anything to hand and throw it at me but he has never*

*hit me with anything. It is thrown in the area – thrown to intimidate. I don't think it is thrown to hit or hurt me” (L443)*

Rachel also talked about intimidation and verbal abuse rather than actual physical violence, noting that her son *“is taller than me and he is wider than me. He uses that. He knows I don't like bad language” (L88).*

She continued:

*“So, he will use gutter language and I still ask myself where he learned it. Really foul, foul language. A raised voice, threatening body language. He will invade my personal space. I am really sensitive at that point – when his voice is raised, and he is using bad language and it is within two inches of my face” (L91).*

Joan also experienced regular verbal abuse and attended for interview directly after such an experience.

*“And – less than an hour ago, you know, he was telling me where to go. So, you know, it's just constant. It's kind of like a normal pattern just to be told to F off. It's all words – I know it's only words, so...” (L706).*

Even in cases where a parent was not the direct target of abuse, distress was reported by those parents as they described their partners' experiences. Jack referred to the psychological abuse and threats of harm that his wife experiences.

*“There have been incidences of things. Putting the knives down on the table – he put a load of knives down on the table and just left them. That was just sending a message – mostly to Mary” (L119).*

John also appeared distressed and worried for his partners' safety.

*“Sometimes he is very sinister with Clare. He comes up behind her and grabs her around the neck. He says – you know Mom, I could kill you. I don't know what Clare says to him but when I get home, Clare is in bits over it” (L295).*

While Alan noted that he was not at the receiving end of his child's violence, he was nevertheless impacted by it; *“Not the violence part but the emotional turmoil that it creates” (L28).*

Apart from threats to parents themselves, threats of self-harm to the interest child were also reported with variations in how parents experienced those threats.

## - Self-harm and suicidal ideation

*“It is very hard to make a 12-year-old kind of want to live”* (Sarah, L147)

The parents reported that all the children at the centre of the study had past or on-going contact with Child and Adolescent Mental Health Services (CAMHS) although not all had received a particular diagnosis. Of the twelve families, six reported experiences of their child self-harming or expressing suicidal ideation. Parents’ perceptions of self-harm varied. For some parents, such as Sarah, Jenny and Eileen, threats of self-harm resulted in significant concern –particularly where children had a history of actual self-harm or appeared to parents to be depressed. In other cases, parents such as Laura and Emma, were not unduly concerned and understood the threat to self-harm as an intention to upset the parent and exercise control over them. Threats of self-harm appeared to serve different functions.

Eileen talked about feeling completely over-whelmed by her daughter’s self-harm which often occurred after a difficult incident.

*“...it was always dark in those circumstances, she’ll come in with tears in her eyes and she’ll say, ‘I’m really sorry Mom but look what I’ve done to my hand’ or she will be very, very apologetic, you know, be dramatic. I’m so sorry. I’m sorry. I love you so much and all this kind of thing”* (L424).

Sarah also talked about the distress she felt when she discovered her child was struggling.

*“He used to be very, very depressed. We would have a lot of conversations where he would call me up at night you know. I would be sitting on his bed, and we would have some difficult conversations about how he didn’t want to live anymore, didn’t see a future for himself. It is very hard to make a 12-year-old kind of want to live...”* (L147).

Although concerned about his mental health, Sarah also noted how she struggled to cope with her son’s threats to leave or harm himself in the context of conflict in the family home.

*“He will tell us that he will kill himself if he doesn’t get his phone back or he will run away and we will never see him again, he is going out that door and we will regret it”* (L65).

Although Laura also experienced threats of suicide, she believed it was not a real risk but rather aimed at hurting her and her concern was not as high as other parents.

*“She has said things to me before like ‘I am going to kill myself’. I knew by the way she was saying it wasn’t that she really wanted to kill herself. She said to me, ‘I just wanted to make you sad because you made me sad, so I wanted to make you feel bad’”* (L149).

For Sam, he reported that the violence is occasional but noted that his son would sometimes threaten to hurt himself – as well as other members of the family. Attempts to keep everyone safe involved remaining vigilant.

*“...there is threats of violence, threats of being punched. We have had to hide all the knives, pills, sharp things because of threats of self-harm” (L12).*

When asked what he thought might happen, Sam replied;

*“That he would hurt himself, hurt his brother, or needs two of us here because he might hurt Sarah” (L16).*

Threats of self-harm were a significant source of stress for parents. In addition, damage to property and possessions was experienced by all parents.

#### **- Property damage**

*“...the house has been destroyed” (Ann, L74)*

Experiences of property damage were reported by all parents. The distress this caused was apparent and the financial costs were significant. Apart from the obvious impact of damage to the family home and parents' belongings, there was a considerable level of fear for personal safety when the child was behaving in a destructive manner.

Mick described the damage that his adolescent son had caused in the family home:

*“He has broken two televisions, he has broken several mobile phones, lamps, pictures, microphones – all the gadgets that are part of the family home” (L55).*

Ann agreed that property damage was extensive and said her son will throw *“anything he can get his hands on. He will throw a cup of tea, a plate of food” (L51)*. In fact, Ann reported that they had experienced *“thousands of pounds worth of damage to the house and cars” (L84)*.

She continued;

*“...but the house has been destroyed. Taking paintings off the wall and throwing them down the stairs. Threw a mirror over the banister down on top of me the other day” (L74).*

Mary also reported feeling fearful when her son was in the throes of damaging property and described an incident that left her feeling very scared.

*“He went into a spare bedroom downstairs, and he took out a golf club, he swung the golf club around repeatedly and that time, he cracked a double bed, hit the walls. Now, luckily, he didn't*

*do that much damage, but he cracked a bed, hit a wall, hit a chair. The main thing was that we were scared to go in. I felt that if I went in, I was going to get hit with the golf club... ” (L254).*

John and David both referred to their homes as ‘destroyed’. They noted the extensive repairs that they had arranged –at significant financial cost.

When asked to describe what happens when her son becomes angry, Caroline talked about physical assaults and extensive damage to the family home and indeed the family car. Joan also described considerable damage to her home by her son:

*“Oh, he has got like ...kicked doors in and, you know, and you could hear him and like the desk, you know, or the back of a chair will be smashed, like, he will try and, you know, bash as much or break as much as he can” (L262).*

These were obviously the homes of the interest child’s siblings too who endured not just the damage to the family home but also experiences of actual violence or exposure to violence.

### **Impact of living with CPVA**

*“It is like hyper-vigilance – it is that on steroids”.* (Rachel, L80).

All parents reported significant levels of stress, and some noted the effect it was having on their health. In addition to the effects of being assaulted and experiencing significant injuries, parents described the psychological and emotional impact of living with a violent child. Sarah reported;

*“It is awful, it is really awful, Tara, really when it is bad and it’s not always bad, we go through ups and downs. I have this knot of anxiety in my chest all the time. “I am grinding my teeth at night. Also, palpitations, it really affects me physically. When there is an encounter, I can actually feel my life shortening. It is so acute and so exhausting” (L89).*

John described it as “...walking on eggshells all the time and there is tension in the house. There is a level of tension in the house that you just have to be careful of” (L89). For Rachel, there was a continuous sense of fear:

*“So, it is a constant fear that you will do something that will provoke that behaviour, so constantly trying to avoid things that will trigger it and then if I see things changing or things are escalating in any way, shape or form -trying to de-escalate it as quickly as possible, so that just becomes a constant and the flip side of that is regular discipline goes out the window” (L58).*

Mick also reported being continuously on alert:

*“We are treading on eggshells all the time. Your weekend is totally geared around not upsetting (son) because if you upset him there will be violence. The violence is physical, verbal, emotional, blackmail”.* (L37).

Jenny noted the impact on both her and her husband – *“neither of us are particularly alive you know. You’re just kind of muddling on through...”* (L354). As with other parents who described a sense of ‘treading on eggshells’, Jenny talked about *“just waiting for the next meltdown”* and *“constantly finding yourself on edge trying to pre-empt things”* (L362). She described herself as *“terrified”* when she was with her son (L409) – *“always thinking ahead because you’re always trying to think of the trigger you might have missed”* (L413).

Stress was reported by all parents. Caroline told me:

*“It is so stressful. It is crazy stressful the way he goes on. Then you have people throwing their opinion. Just do this. Just do that. A lot of people have the opinion of ‘just give him a smack’ and I say – I’m not smacking him. I don’t want to smack my children”* (L153).

Mary talked about trying to detach herself somewhat – and talked about not knowing what else to do.

*“I would have been upset before or angry or whatever. Now I am just worn out with it actually”* (L365).

Aisling too felt a sense of hopelessness with the situation and without any confidence that it might improve.

*“Nobody seems to be able to help us. There is no answer. We know there is no answer. Nobody can give us clear direction. I think we just feel like – how are we going to get out of this. It is just – you are in this constant suppressed bubble. I just can’t see the exit”* (L934).

Caroline was clearly distressed about being unable to deal with her son’s behaviour.

*“I feel like I am failing. I say this all the time. I just feel like I am failing as a parent because I am upset to see that I can’t help him”* (L79).

A sense of hopelessness for parents was evident as many had tried various approaches to address the violence.

*“I don’t see any evidence of it getting better. It is getting worse all the time”* (John, L426).

## - Fear for the future

*“...it is going to get harder” (Mark, L34)*

All of the parents reported fear for the future. They made reference to the child’s increasing size – worrying how they would manage as the child –and indeed the parents themselves– became older. David believed that for now, his daughter is manageable but thought this would change.

*“As I said, up until the age of about 65, I will be ok, but she will get stronger, and I will not be able to deal with it” (L538).*

John, David and Jack talked about how they worried that their child will inevitably become physically stronger over time. Although they reported feeling powerless in the moment that an escalation occurred, they were keenly aware that, from their perspectives, they can only become increasingly powerless. Mark feared his son’s increasing strength.

*“I don’t want to get to that anger, where one day, especially as he gets older, it is going to get harder, it is going to hurt more” (L34).*

Emma also discussed her son’s increasing size.

*“Now he is taller than me, he is stronger than me. He is very loud when he gets angry, and it went beyond door slamming. It became aggressive, it became standing three feet away, shouting and just repeating it and repeating it and it was really scary” (L30).*

John felt confident that he could manage his son’s violence at the time of the interview but the prospect of his son getting older was something he dreaded.

*“If he continues to get worse at 18/19/20, he will be way stronger than me by then so then we are all goosed” (L421).*

Conor had a similar view;

*“I said to myself, if something doesn’t change very, very quickly, I could see myself being on the end of him hurting me. Because he’s bigger than me now” (L427).*

Jack talked about how the dynamics had changed in the family as his son grew bigger and stronger – and ultimately more powerful.

*“When a child is small, you kind of live with it to a degree and he would have been more afraid of me or his Mum when he was smaller. As he has progressed in age now, he goes to the gym, and he is a big guy so all that went out the window. It then escalated into a different area” (L99).*



## **Parent responses**

All parents reported on-going attempts to address their child's behaviour. In some cases – such as Clare and Sarah describe below – giving in to the child's demands was a way of avoiding an escalation or an assault. For others – mostly fathers – a physical response involving restraint or threat of restraint was employed in response to the physical violence. Parents sought support from various services – namely Tusla, CAMHS, An Garda Síochána and private services where finances allowed for this.

### **- Giving in**

As Clare understood it, her only option was to give in to her son's demands. Indeed, she noted that the team of professionals she had contact with advised her to give him what he wanted rather than risk a serious injury.

*“Well, it is better that he doesn't go for my neck because if he kills me or hospitalises me, it is better to give him the drink or whatever. I am disciplining him less. It is damage limitation. He is controlling more. That is what is happening” (L670).*

Sarah also attempted to appease her son when she sensed that he might become aggressive.

*“I would find I am much more on tenter hooks with him. Depending on how brave I am feeling, I would be inclined to let things go a lot more or I would have little things...like sweeteners...” (L104).*

Sarah found herself using small treats and rewards as distractions and expressed her concern about this approach.

*“I had one time, in fact, a drawer full of stuff. I keep things so I know if things are kicking off, I can tempt him back. Sometimes it takes something like that to re-route him – which is not very healthy” (L14).*

### **- Fighting back**

It appears that, overall, mothers and fathers responded differently. Mark, John, Sam and James found themselves drawn into the child's escalation and in those cases, it appeared that, at times, the aggression was bi-directional, with parents struggling to manage their own behaviour in the face of their child's aggression.

Sam admitted he had difficulty handling the situation:

*“I suppose I have a problem. I do admit that I have a problem with just letting everything go. I mean when he disrespects Sarah or uses the most abusive language that you can possibly imagine, I am just not comfortable with letting it go” (L157).*

Sam continued by describing situations where he feels force is required.

*“He is very provocative, and it is not ok to always beat up his little brother and if that gets violent, I am going to intervene and that may be with force” (L166).*

Mark responded in a similar way:

*“I can kind of grab him and silly me, I am egging him on sort of. When you are there, it is just a nightmare” (L76). He continued; “Yeah, it would be kind of like, he says I am coming to hit you. I would say – ‘go on then, try’. I am egging him on by doing that and I know that” (L80).*

Fran was unequivocal about using physical force in response to his son’s violence:

*“I’ve quite happily sat on him. What, even opened the back door to push him out the back door into the garden” (L89).*

Fran was also clear that he will threaten to hit his son:

*“And also, I’d like...quite happily tell him, if you hit me, I’m going to hit you back. I’m not putting up with it” (L118).*

For Conor, he considered that his own experiences of being raised in a violent home to be a significant factor in how he managed his son; *“If there wasn’t a bomb going off in our house, there was one ticking continuously” (L114).* He recognised that it was not the way he wanted to parent and made a conscious decision to bring those patterns to an end:

*“When you come from the family that has all of that in it growing up, you either become the person who breaks the chain or the person who carries it into the next generation” (L307).*

The challenges of breaking that cycle were clear when faced with an abusive child:

*“What I can’t shut down from is this – dinner is put out for him, and he comes in. ‘I’m not eating that fucking shite’. His mother would say – ‘you had it last week’ – and he’ll say ‘I’m not eating that fucking shite – put it in the bin. Shut the fuck up- fucking this and you fucking that’ and when he’s calling her names, yeah, I go to a very different place. That place brings me very close to a clenched fist” (L352).*

Seeing his son being abusive and disrespectful to his mother was also a challenge for John and he struggled with his response.

*“Clare is there making the stuffing and the vegetables, and he is there saying ‘I wouldn’t eat that fucking shite’. I would feel like flying him out the door” (L384).*

Conor was very clear about his responsibilities in the situation, saying how much it would “kill me” to “turn in to my father at any stage” (L464). He considered his response to be a contributory factor to the conflict in his family home - “I’m taking it on board as my fault.... I shouldn’t be reacting the way I am” (L492).

John also described his past response to his son’s violence:

*“In the past when he was being aggressive, I tried to hold him down. I have held him down on the floor at times. Since then, he has said ‘you tried to murder me on the floor’. You have to try and grab his arms and calm him” (L269).*

John continued to describe his current approach:

*“Now, my strategy is to move out of the way, knock his hand out of the way and stuff like that – even though I have a temptation to hit him when he comes after me – and if I hit him, I would really hurt him” (L273).*

Jack described a sense of desperation after many years of seeking professional support. He resorted to threatening his son that he would have him removed from the family home.

*“You can’t just keep doing this. You are going to have to go into a home, a children’s home where they will help you. So, I am saying this to him, taking him to places and nothing materialises. Then he is laughing at me going ‘This is all a joke’” (L275).*

He proceeded to describe a sense of being stuck.

*“I can’t really throw him onto the streets. What do I do – just keep him in the house?” (L308).*

## **- Restraint**

Pat was mindful of how restraint could become very dangerous. He described a situation where he became involved with his child in a struggle for a laptop, saying “I kind of wrestled the laptop out of his arms – it all happened in the space of ten seconds” (L254). When another incident occurred sometime later, he decided to take a different approach.

*“It was only two weeks later when he was standing in front of me with an iron bar and a hurley, striking me. I didn’t even raise my voice. Knew I needed to stay calm here” (L266).*

Pat remained in control of himself during the incident.

*“Physically, I could have wrestled him to the ground and held him, but I knew it would do him no good. It wouldn’t have been the right thing to do” (L272).*

John said it was just too hard not to step in at times.

*“When he is banging up the house, I cannot restrain myself from trying to stop him. I can see the bills about to come in. I just try and stop him from breaking up the house” (L852).*

Mark also engaged in attempts to restrain his son.

*“After 10/15 minutes, I’m up here – fuming inside and I have to stop him. Sometimes I have to grab him, kick in and restrain him, I do” (L29).*

Later in the interview, Mark explained how he restrained his son.

*“When I say restrain him, I just hold his hands. I would never grab him or anything like that ...” (L338).*

Although these fathers were clear that they would and could use restraint to a certain extent, some of the mothers had different experiences. Laura reported being uncertain what to do when faced with her child’s violence:

*“I think what I find is that I don’t know what to do in that situation where she is hitting, kicking or punching me. First of all, she is nearly the same height as me. I can’t say go to your room because she will say ‘no’” (L53).*

Mary also felt helpless when faced with aggression from her son, saying;

*“I just walk away because I don’t know what else to do at this stage. He is too big. I can’t physically pull him” (L341).*

Only one of the mothers – Aisling – reported restraining her son (although Clare reported that she had done so when her son was younger and smaller). Aisling worried about the impact of restraint on her son but felt she had no choice at times if she was to keep herself and her younger children, safe – noting that if she tried to leave the room, he would follow her.

*“I can hold him, but it is at a stage now, I hate to say it, but I could hurt him to restrain him, almost pin his arms behind his back to hold him down” (L226).*

Aisling found her son’s distress very upsetting during the restraint.

*“That is killing me because he is screaming that I am hurting his arm and I feel like the worst Mum in the world” (L231)*

Clare talked about times when she had restrained her son when he was about 11 or 12 years of age. However, as he grew stronger, this became more dangerous.

*“So, this particular day, now he was getting taller than me. I put his two hands behind his back. This will tell you how bad it was, and I had my two feet on his as he was headbutting me. I would say he broke my nose. I didn’t go to the doctor because if it is broken, you can’t do anything about it anyway...” (L515).*

For some – namely mothers – a sense of powerless and helplessness was evident when faced with their child’s aggression. For others – namely fathers – a physical response was reported.

### **Seeking support – Down so many cul-de-sacs**

*“And you know, no matter who I speak to, that’s what they seemed to say, is that you have to go through A and E (Accident and Emergency department)” (Jenny).*

All parents reported that the conflict with their child had been on-going for several years and that I was certainly not the first person they had discussed this with. Indeed, parents reported many years of seeking support from various services and agencies. Ann, for example, reported that she was sent “*from pillar to post*” (L619). Emergency services were also contacted at times when safety was a concern for parents.

### **- An Gardaí/The Police Service**

On occasion, 3 couples felt it necessary to call An Gardaí. Emma described one such incident:

*“Pat (husband) had picked up the PS and was walking away and (son) started hitting him – initially with the controller. Pat just kept walking away and then he (son) went into the kitchen, he dragged the kitchen island across the room – like, they are heavy...He ended up with an iron bar which was part of a weights training set – hitting him with that, hitting him with the hurley. He ripped off a piece of the radiator, a decorative piece of the wall and he just kept hitting Pat. Pat – a few times – had to protect his face. When the iron bar was involved, Pat said to me, ‘I think we need to phone the Gardaí and we did’” (L147).*

Emma reported that she had very positive experiences with An Gardaí and found them responsive and helpful. Ann also reported receiving good support from An Gardaí;

*“They have been very good. Last year we started getting them involved because of the level of violence and we had them three times to the house, twice one day, it was a Sunday. Mick’s brother got called on Monday and then we had the guards back on Tuesday and that was in*

*July. The first time he was officially arrested was 21<sup>st</sup> October and that is when we refused to take him home” (L226).*

(Mick and Ann’s son was subsequently placed with a relative for a period of time).

For Mary and Jack, it was a neighbour who contacted the Gardaí during an incident where they were out of the family home and their son was behaving violently towards his siblings:

*“The first incident of the guards coming happened to be a positive one for him. The guard said to ring him in fairness if there was issues. Mary did ring about two weeks ago because she had just had enough but in fairness it wasn’t big enough for the guards to get involved and he didn’t come” (L394).*

### **- Contacting Tusla, the Child and Family Agency**

Jenny described an incident where she needed support but had nowhere to go. Her husband was away when her son became violent *“and it was just clanging in my head- there’s nowhere to go but A and E” (L642).*

*“He was throwing things at me. He was reaching for all sorts of things in the kitchen. And then eventually he reached for a knife, and he pulled it on me and then he pushed it on himself. And now, he didn’t use it, but it was the straw that broke the camel’s back” (L657).*

Jenny contacted Tusla during one incident to ask for help, she reports that she was advised to go to the Accident and Emergency department of her local hospital.

*“And can you please come and help us? We need help and they said, ‘unfortunately we can’t’. And they said that they can only get involved if the child is at risk – but not us. And that I was the third family to ring that morning and all they could say to everybody was go to A and E...” (L817).*

Jenny continued – *“And you know, no matter who I speak to, that’s what they seemed to say, is that you have to go through A and E”.* (L670).

Ann reported that when she asked Tusla what she should do if the violence occurred again, she was advised to contact An Gardaí (L941). Ann continued to say that Tusla representatives advised her that there was nothing they could do as their son was not considered to be in danger (L253). Mick reported disappointment in response to Tusla’s input.

*“Unfortunately, I think Tusla are throwing darts at the thing, they have no ideas” (L423).*

## **- Other professionals**

Jack described his experience of seeking help from CAMHS (Child and Adolescent Mental Health Services). He presented his concerns for his son who was behaving aggressively and indeed, his daughter. He talked of times when his son would stand in his daughter's bedroom, staring at her, describing it as "*abominable*" (L199).

*"That is why I wrote to (CAMHS) and I made a complaint to the head person. It was a complaint that the service wasn't there to support us. I sent a copy to Dr. X, saying 'you people are in charge' and I explained about the child welfare in our house and our daughter..."* (L203).

Jack said the response he received was "*there is nothing we can do*" (L210). Jack requested respite or other support but was told of one option and advised not to avail of it.

*"I was basically told there is nowhere. There is one place in town but don't send him in there because they are all on drugs in there and if he doesn't go in there as a drug addict, he will probably come out as one"* (L222).

Ultimately, Sam struggled with how to respond, noting that they had sought help from many different professionals and had tried several approaches with their son. He concluded "*So, it is very hard to know the right thing to do*" (L143).

Sarah agreed that they had repeatedly sought support from various services – public and private sector practitioners.

*"We have gone down so many cul-de-sacs and we have reached out in so many different ways and some things have been helpful"* (L19).

Sarah proceeded to name the various specialists they had attended – autism specialists, psychotherapists, behaviour analyst but noted that there was never a "*whole family approach*" (L29).

Finding an effective response to their child's violent/abusive behaviour was clearly challenging for parents. They reported different responses – ranging from giving in to responding with force -namely restraint - or threats of force. Most parents sought professional help but with little satisfaction from Tusla or CAMHS. Indeed, some were advised to take their child to hospital or to call An Gardaí. Those who called the latter, reported positive experiences despite not wishing to take further action against their child.

## **Research question 2.**

*What is their understanding of the contributory factors to this violence?*

### **Key findings**

Parents differed significantly in their views on the factors that contributed to their child's behaviour. Reasons for violent behaviour ranged from a particular diagnosis to hunger. Lifestyle, developmental stage, gender, and technology were all named by parents as potential reasons for the violence or aggression. Although the children in question had several diagnoses – and indeed eight had a diagnosis of autism, parents did not report this as the most significant contributory factor. Of the eight autistic children, two had an additional diagnosis of ADHD at the time of interview. (For one, the ADHD diagnosis was later rescinded). As noted above, all children had previous or on-going contact with CAMHS.

## **Diagnosis**

Of the twelve families that participated in the research, eight had a child with a diagnosis of Autism. The level of support needed varied significantly – four of those children were in a special school. One child attended a class for autistic children in a mainstream school. For some, parents believed the diagnosis was significant but for Joan, she did not consider it to be relevant.

*“He’s on the spectrum but for me it is very mild – like it’s probably not even noticeable” (L42).*

John noted that his son had a diagnosis of Autism and an intellectual disability.

*“Yeah – he was a child with special needs so there was always challenges but he wasn’t physically and verbally threatening us. He wasn’t” (L170)*

John attributed the onset of his son's aggression to be directly related to a stressful school-based incident with a member of the school staff at the time of his son's transition to secondary school.

Five parents (three families) used the term ‘meltdown’ to explain their child's violent behaviour – a term that I have noticed parents often using to describe an autistic child's behaviour when overwhelmed. John used this term several times in the interview. Yet, he also suggested that his son *“is able to control himself”* (L241) and expressed concern that his son threatened violence even at times when he was not overwhelmed.

Jack and Mary's son had attended CAMHS and been assessed. He did not have a diagnosis. Yet, Jack attributed the behaviour to what he understood to be an undiagnosed condition.



*“I’m not an expert on bi-polar, Autism, all this kind of stuff but I think he is kind of, I suppose if I had to put a name on it, I would say Autistic, everyone is on the spectrum, and I suppose I am because I have dyslexia” (L22).*

Mary reported how they arranged an assessment believing a diagnosis was forthcoming but did not receive one. However, her son continued to have significant problems with anxiety and panic attacks. Her son’s GP prescribed anti-depressants for him, and she reported a positive impact. However, she wondered if some of his dietary supplements were contributing to his aggression.

*“He was also taking powder to build muscle, so we were wondering is that making him aggressive. We looked it up and saw something about that” (L285).*

While Ann noted that her son had been diagnosed with a global developmental delay as a small child and with autism at the age of 7, she considered that how he was parented was a contributory factor.

*“So, you know, we would have experienced some of the behaviours back in the early days. We may have let him get away with stuff that we shouldn’t have at that time because we were told he probably doesn’t understand because of the global development delay but we were never satisfied with the diagnosis” (L21).*

As a result of this advice, Ann said, *“he gets his own way”* (L29). She also understood adolescence and the associated changes to contribute to his violence.

*“Yes, there is patterns, but it is also the fact he is a teenager, he is going through puberty and all those things. He is using his parents as a sounding board as teenagers do but it is amplified. You might as well have ten teenagers in the house” (L32).*

Jenny reported that her son had long-standing struggles with anxiety and obsessive-compulsive disorder (OCD). She believed she could support him with his OCD until Covid-19 arrived.

*“But I think over lockdown we stopped being able to reach him. So that’s where it escalated to violence quite dramatically” (L67).*

## **Growing up**

Others attributed their child’s violent behaviour to developmental stages or physiological stresses. John said that it had developed as his son grew:

*“Since he became twelve or thirteen, his aggressive streak has surfaced. I don’t know where it has come from or if it was always there. He is getting bigger and bigger – he is bigger than me now and I am not all that small. So, he is over six feet. He is big on top of that, and he has become very controlling” (L12).*

Mark believed his son's aggression started after a significant bereavement in the family, saying that his son "*went kind of downhill*" (L6). He explained that his partners' father had died and as she was so distressed, he wanted to make life easier on her. Their approach was "*let the kids do what they want*" (L13) and he said, "*I think that is where it started*" (L20).

Although Mary talked about many years of stress in the relationship with her son, she noted that it became more serious when he was fifteen.

*"There was a point, I remember, when he was about fifteen and he could just say 'no'. If I said, 'Get off your Play Station', he would just say 'no' and nothing would happen – what could I do? Ever since then he knows and then I knew that whatever I would say he would just refuse because nothing happens (L95). Over time, I feel like I have no authority at all (L102)".*

Mary's husband Jack agreed also stating that his son "*has been difficult since he was born*" (L5). Jack said that "*from then on, he was just constantly difficult*" (L12). Laura also reported that her daughter began to show signs of aggression at a young age.

*"I'd say when she was five or six was when she would stand up on the table and throwing heavy ornaments and things. She has broke the tellies and things like that" (L8).*

Caroline's son was a similar age when he showed signs of aggression and violence. She recalled that it began with school avoidance – kicking and hitting Caroline when she tried to get him up for school when he was six years of age. She described that at this age, "*he started getting out of hand*" (L10). While she suggested that it was mild at the time, the aggression "*is progressively getting worse and worse. Now is the kind of peak of it all*" (L12).

Ann recalled that her son's behaviour has been difficult "*probably since he started walking*" (L8). Her husband, Mick, agreed.

*"Even as a child, a young school going...we always got a little bit of the usual hitting, throwing. A great man for the throwing" (L6).*

Mick believed the serious violent behaviour came a bit later than the early school years.

*"I would say he was nine or ten when we would say he is actually hitting us, actually kicking us" (L20).*

Rachel's son behaved violently at a very young age and while she noted that began at the age of two or three years of age, she noted that it was "*easier to control when he was younger*" (L9). She realised that his violence was not typical of a child of that age.

*“Yeah, as a toddler he would have taken his younger sister’s head and bashed it off the wall. I know toddlers have tantrums, I get that, but we are talking about something in a different realm altogether- from a very young age” (L12).*

### **Lifestyle - Staying In is the new Going Out**

One parent wondered if his son’s violence may be to do with modern lifestyles. James believed he was quite like his son when he was young but suggested that how he lived helped to de-escalate situations when he was growing up. He acknowledged that he would also argue with his mother but told me he would then go out on his bike with friends for hours and come home hungry and glad to see his mother. He continued;

*“If I had a fight with my mother, I’d be like, ‘screw her, I’m gone’. Then you are out, there is so much going on, you don’t get annoyed with your friends in the same way. If you are out playing sport and someone kicks the ball away and you are angry and you would just be like ‘come on guys, let’s get out of here, let’s go to the other end of the park or whatever’. At home, you can’t go anywhere. You are trapped like. It is just like a pressure cooker scenario and then it is worse if you have got someone who actually has like diagnosed anxiety issues (L31).*

Apart from this lifestyle difference, James suggested that the level of activity he was involved in from the age of eight to twelve was much healthier than his son’s lifestyle.

*“I just think we had better relationships, there wasn’t time to think about anxiety or an opportunity for anxiety to be there as you were so active. Maybe it was there?” (L56).*

The impact of staying home on computers on behaviour was a common concern. Emma said;

*“He was in quite a good place until about seven weeks ago. Again, the odd blow out but nothing big. Then when the new season of FIFA launched, he fell off the cliff face and he became super aggressive” (L28).*

Emma continued to explain how she believed computers to be a factor. She told me that there had never been violence in her house – or shouting arguments:

*“We don’t have blow-outs; we don’t have big disagreements. So, I am like, where on earth has this come from. Now, I think it comes from screens and gaming and all of that”. (L190).*

James held a similar view:

*“Where do they go to release it if they are not into sport. The whole thing is probably further compounded by the likes of computers and stuff where it is now easier for them to escape somewhere” (L40).*

## Gender

Just one parent named gender as a contributory factor. As a lone parent, Rachel observed her son to be respectful of male authority. Although he had a range of additional emotional and educational needs, she believed he had the capacity to regulate his behaviour.

*“Then there is a huge gender piece. A male teacher totally can exert different authority. Male authority figures, so put a uniform on, be like a Principal, not sure if he recognises the profession...someone like the Principal in (names school) for a long time and had tons of experience, so he had a way with him. There was no way he was going to cross that line. He knows where the line stands, and he knows when he can push it. It is not like a complete and utter lack of capacity or because he is brain damaged”. (L154).*

When I noted that it was a long time to be living with violence, Rachel replied *“It gets normalised unfortunately” (L17).*

In summary, parents’ views on the contributory factors to their child’s violence varied considerably. Despite the fact that most of the children had a diagnosis, this was not understood by parents to be a factor or the sole factor. Developmental changes, modern lifestyles and parenting approaches were named as possible factors. Only one parent suggested that gender was a factor – suggesting that her son had respect for males in positions of authority but not for females.

### **Research question 3.**

*In what ways, if any, does CPVA impact on (i) the parent/child relationship and (ii) family relationships?*

#### **Key findings**

Parents reported significant pressure on the parent/child relationship as a result of their child's violent behaviour. In some cases, despite sustaining serious injuries, parents talked of their love for their child and periods when they had a good relationship. Others reported a sense of being 'worn out' and a belief that there was no going back from the place they were in. In terms of other family relationships, all parents reported parental conflict - with differing views on how to respond to their child. The family atmosphere, one parent noted, was ruined.

### **The parent/child relationship**

Despite the obvious stress and indeed danger of living with a child who uses abusive and/or violent behaviour, some of the parents spoke about their love for and enjoyment of their child. Although Laura had suffered significant injuries, she told me;

*"Apart from all that, we have a very loving relationship. I love her so much. The thing about her, apart from all the things she does to you, she has a very loving side, and she is very funny"* (L239).

Aisling acknowledged the stress on the relationship with her son but seemed too worn out to address this.

*"At the moment it is shocking. I just think because it is so aggressive and bad at the moment, I am probably on a shorter fuse with him. I know now is the time I should be trying to be extra calm with him, but I am so worn out and fed up with him at the moment"* (L498).

Despite describing herself as "*terrified*" (L409), Jenny talked about loving her son's company and noted that she believed they had a good relationship. John, however, believed that his relationship with his son was beyond repair and said he no longer has a "*loving parent-child relationship with (son)*" (L143).

*"The things he has done in the last four or five years – particularly the last year or two – there is no going back from it"* (L146).

Jack, however, was open to the possibility of a better relationship in the future:

*"If he changed tomorrow morning, I would go 'That is fine'. I am very upset about what has occurred, but we have to get on with it you know"* (L607).

Mary also described a relationship that had been impacted significantly and that the stress on the relationship with her son had been there for a long time.

*“We don’t have dinner with him anymore either because he won’t talk to us. Often, I would speak to (son) and he won’t answer. This has been going on for years. He doesn’t answer me, no response when I speak to him, will just ignore you completely” (L350).*

Occasionally, Mary attempted to create a better relationship but to no avail.

*“I thought he felt like he didn’t get enough attention so I would say I would take him out because he is the middle child. So, I might suggest taking him out for his breakfast on his own, so then he would be nice, and I would say ‘Let’s start afresh’. Then, he would go back to the same” (L404).*

Ultimately, Mary said she had “given up really” (L553).

Jack gave some insight in to how his son seems to view their relationship.

*“He thinks we just don’t like him. It Is not that we don’t like him. We love him but it is just his behaviour. It is just constant and from our side it has just broken down completely and from his point of view, he thinks we are always giving out to him” (L70).*

Mark seemed to be conflicted about his feelings for his son.

*“I look at him now and love him to bits obviously. He was my first son – blah, blah, blah. Sometimes I look at him and think – why have you become so horrible? That is tough. The next day we are friends, and we are doing stuff, even that, we could be playing the play station and he will tell me to feck off. It is awful” (L111).*

### **Family relationships – We are battling.**

Mary struggled to enjoy family life, saying “It kind of ruins your family atmosphere to be honest - on a day-to-day basis” (L368).

When asked what effect his son’s violent behaviour had on the family, James talked about how the family atmosphere depends on his son’s mood.

*“I don’t know. There is always just this kind of tension. He is dictating the mood of the house I suppose. If things are going good with him, all is good and if he is pissed off, everyone knows about it. He will be screaming around the place” (L396).*

In all but one of the two-parent families, parents described conflict with their partner on how best to manage or respond to the child's behaviour. Laura noted that she has a good relationship with her husband but outlined the differences in their approach.

*"Yeah, I think like, we have the relationship but sometimes you are working against each other. What happens is she kicks off and we have no solid plan, dealing with it in the moment. I am doing one thing and he is doing another, then we are giving out to each other saying you are doing this, and I am doing that"* (L363).

Mark also described this conflict:

*"We are battling. As I have said, Caroline doesn't like the way I handle things, because it doesn't fall in with where she's at. Then in front of him we will argue. He is right in doing what he's doing. He's a ten-year-old. To a certain extent, he plays us off each other and why not, it works. That is where we need to change and go, right, we will work together"* (L155).

Mick was very clear that the situation had impacted negatively on his relationship, saying that *"all your energy is trying to keep yourself safe"* (L109). He continued;

*"Yes, absolutely. The physical and emotional part of our relationship. You end up fighting over things you would not normally fight about. You are just too tired – too worn out. The smallest things set you over the edge. Instead of talking things through, you just kind of snap"* (L103).

Most parents found themselves in a different position in relation to their child's behaviour to that of their partner. Sarah reported that *"...we are not really on the same page. We don't really have a framework to work between"* (L165). Fran, too, described the impact on his relationship saying that he and his partner were *"completely worn out by it"* (L587). Mary described how different approaches played out during conflict.

*"I would be saying something to (son) and Jack (husband) would say 'Just be quiet' to me, to 'stop giving out'. That kind of annoys me because I would say 'You are undermining my authority in front of him'. Which it does"* (L667).

Only one parent talked in terms of working collaboratively. For Joan, recent developments in her family – prior to the NVR intervention - included a more aligned approach. She said that she had reached more common ground with her partner on how to address the problem.

## **Conclusion**

From a rich body of data from interviews with 23 parents, there is evidence of significant physical injuries to parents and siblings - threats to kill, extensive property damage and serious psychological and emotional abuse. These narratives include accounts of threats to life and self-harm/suicide. Furthermore, with all parents of more than one child reporting actual violence and abuse towards other children in the family home - or at the very least, exposure to this - concerns for those children are significant. Parents reported experiences of living under threat, in homes that were frequently damaged – indeed ‘destroyed’. Parents reported significant adverse physical and psychological effects of CPVA.

The findings of this research portray the impact of CPVA on the physical, psychological and financial well-being of the parents. Furthermore, the effect on relationships – between parents and children and between parents themselves- were described. Parents’ accounts of these experiences serve to highlight the consequences of CPVA for families and the need to provide timely and effective responses.

In the next chapter, findings from the interviews that took place after parents participated in the NVR intervention, will be presented.



## Chapter 8 Qualitative Findings Time 2: Parents' experiences of Non-violent Resistance

### **Chapter summary**

This section presents the qualitative findings from the Time 2 interviews which were conducted after the NVR intervention period. There was significant variation in the duration and time scale of the intervention due to the arrival of Covid-19. It was also necessary, due to Covid-19 restrictions, to move some of the interviews and indeed, the NVR sessions, to the telephone. Here, parents' views on the impact, if any, of NVR on the parent/child relationship will be presented. Changes that had, or had not, occurred are outlined. Parents' opinions on the usefulness of NVR as an intervention for CPVA will also be discussed. For those who engaged in the intervention during Covid-19, a question about the impact of the pandemic was added to the interview schedule. Key findings from the Time 2 qualitative data will be presented before a more comprehensive account of the parents' views.

Before reflecting on the findings from the post-intervention interviews, an interview timeline will be presented along with the number of sessions per family and the method of delivery. The extent to which the intervention was implemented by parents will also be described.

### **Introduction**

With the intention of exploring parents' views on Non-Violent Resistance (NVR) as a response to CPVA, twenty semi-structured interviews were conducted on completion of the intervention (Time 2). As a mixed methods study, questionnaires were also employed. The quantitative findings are presented in chapter nine and integrated in the discussion chapter. The extent to which NVR was implemented by parents varied considerably as did the duration of the period of implementation of the NVR strategies. In some cases, Covid-19 contributed to this variation but for others, it related to personal choice and family circumstances.

Beginning with a review of the research questions at Time 2, this chapter will reflect on the changes, if any, that occurred as reported by parents. The views of parents on the NVR intervention as a response to CPVA will be presented. Finally, for those who engaged during the Covid-19 period, the matter of how the pandemic affected their situation, will be considered.

## **Research questions**

The research questions at Time 2 were as follows:

1. What effect, if any, does participation in an NVR intervention have on the parent/child relationship?
2. What are the views of parents of NVR as a response to CPVA?

For those who participated in the study after the arrival of Covid-19, a third question was added to the interview schedule as follows:

3. How did Covid-19 impact on the family?

## **Parents engaged at Time 2**

Of the twenty-three parents that engaged at Time 1, one parent withdrew due to the Covid-19 related demands in their employment. One couple withdrew after two sessions as they found it difficult to attend sessions by telephone when a period of lockdown was imposed. In total, twenty parents (ten families) were interviewed, individually, at Time 2.

## **Interview timeline and method of delivery**

The table on the next page presents the number of NVR sessions and the method of delivery. While the initial plan was that all interviews and sessions would take place on a face-to-face basis, Covid-19 related restrictions resulted in changes and some interviews and sessions had to take place over the telephone.

## **Parent implementation of NVR**

Parents differed in the extent to which they implemented the core elements of NVR (see table below). While all parents reported attempts to use de-escalation strategies when faced with conflict, only one family implemented all aspects of the intervention. Reasons for this varied – reluctance to use a support network, remaining at odds with a partner on how to manage the aggression or the impact of Covid-19 and resultant fear of addressing the child's violence while isolated from family and professional supports. Others reported that the early stages of the intervention – de-escalation, parental presence etc. had sufficient outcomes and the remaining elements of NVR – such as using a support network, making an announcement and implementing a protest sit-in - were not required at that time. Despite this variation in terms of implementation, most parents reported that they had taken a new position in relation to the problem. The strategy of de-escalation was named as the most useful and all parents reported that they had used this strategy – albeit to varying extents. During the Time 2 interviews, two

mothers reported that they did not agree that their partner had used de-escalation strategies. Some of those who implemented de-escalation strategies initially, later returned to engaging in escalations – in some cases, they reported, due to the associated pressures of periods of lockdown during the pandemic.

The table below presents the implementation of the various stages of the NVR intervention as presented in the Handbook for Practitioners (Coogan and Lauster, 2015)

**Table 9: Level of parental implementation of NVR strategies**

Family No.	De-escalation	Parental presence	Support Network	Refusing orders/breaking taboos	Announcement	Protest Sit-In
1	✓	✓	✓			
2	✓	✓	✓		✓	✓
3	✓	✓				
4	✓	✓		✓		
5	✓					
6	✓	✓				
7	✓	✓	✓	✓	✓	
8	✓	✓	✓	✓	✓	✓
9	✓	✓		✓		
10	✓	✓		✓	✓	

Having outlined the differing levels of implementation, the following section will consider the parents views on the outcomes, if any, of NVR.

#### **Research question 4**

*What effect, if any, does participation in an NVR intervention have on the parent/child relationship?*

#### **Key findings**

The majority of families (80%) reported an absence or reduction of violence on completion of the intervention. However, two families (20%) reported that the violence was on-going and significant. In fact, it had become worse for those families which they said they attributed at some level to Covid-19 and the consequent isolation and withdrawal of supports. The first of these couples had, with my support, involved An Garda Síochána (AGS, the National Police Force in Ireland) in response to this violence – such was the level of concern for the mother’s safety. The second of these couples, reported that Covid-19 had prevented NVR from working – because their child’s escalations increased in response to the period of lockdown and the fact that their supports reduced significantly due to restrictions.

For those who reported an absence of violence and property damage, this did not necessarily mean the parent/child relationship had fully recovered and some reported on-going challenges such as verbal abuse and abuse of siblings. Yet, in terms of the core category of ‘embattled’, most families had managed to disengage from the conflict and to take a new position in relation to it – a ‘higher view’ as described by David (T2L74). De-escalation was the most widely used strategy as reported by parents – a strategy that enabled them to step out of the ‘battle’ – a term used by several parents to describe their situation.

NVR was experienced differently for each family. The level of cooperation between parents, the timing of the intervention during Covid-19, the extent of the child’s needs and the availability of a support network seemed to be important variables in the outcome. Largely, parents reported an absence (eight parents) or a reduction (five parents) in violence. Four parents (two couples) reported on-going violence and abuse. Two parents reported that they had later reverted to old patterns and became embroiled with their child in the conflict. Ninety per cent of families increased parental presence but just 40% involved a support network. The strategy least used by parents was the Sit In. Most parents reported improved collaboration with their partners – and regarded this as having positive outcomes. Regarding the additional third question on the impact of Covid-19, seven parents reported positive or mixed experiences of the lockdown periods while five parents reported that Covid-19 and the associated restrictions had adversely affected their situation.

In this section, detailed consideration will be given to the parents’ responses to the research questions as listed above.

### **Change – Taking the fuel out of the fire.**

Emma reported a reduction in violence and was unequivocal in her response to the question of change, if any, that had occurred after NVR.

*“Everything has changed really – our own kind of perspective of it all. You know, obviously we’re in a better place now and that he’s not being as destructive as he used to be. But our own understanding of what is going on has changed as well. Our reaction to it, we’ve got kind of clear guidelines as to how we need to behave. So, I would always sit down to lower my body position. And I keep this really quiet, kind of calm voice when I’m speaking to him, and it just takes the fuel out of the fire with him. So, I would think everything has changed” (L19).*

Emma reported that taking this approach had positively impacted.

*“It’s not the big blow-outs that we would have had at the beginning. When we started doing the NVR programme with you, he was having these massive blow-outs. He’s not having them now” (L9).*

Emma had experienced threats of self-harm from her son when she refused to give in to his demands. These were understandably very distressing for Emma and her son but had stopped. Yet, her fear of what might still happen was evident.

*“Yeah, there’s none of that now and he seems to have stopped that stupidity to be honest with you. Ok – we still have the kitchen knives hidden. That’s our own security blanket, I think” (L139).*

Sam reported that *“the worst parts of it have mellowed significantly which is great” (L30)*. This was in stark contrast, Sam observed to the situation before they made changes:

*“We didn’t know what to do, because, you know, before we saw you, you know, it was really bad. He’d been breaking bottles, smashing things, bashing guitars – I was – my main concern was that he was going to hurt his little brother – threatening to cut his own throat with a broken bottle like. I wondered what was going to happen next – what do we do? Call the guards? Pin him to the floor? You know, just how bad could this get? It really was a life-or-death situation. So, yeah...that was pretty important stuff to de-escalate” (L70).*

When asked if anything had changed following completion of the NVR programme, Sarah reported that she and her partner had changed their approach to dealing with conflict.

*“Definitely, definitely Tara. I mean, I suppose our ways of handling situations, stressful situations, has changed completely – well not completely. Our ability to manage stressful situations – we both feel we skilled up in that area and I would feel we are much more on the same page ...” (L17).*

Aisling too reported a significant level of change since embarking on NVR:

*“Yeah. Yeah. Things have changed. Things have improved drastically, as you will have heard from us coming in every week. Things have definitely improved. We’ve gone from extreme violence almost on a daily basis to pretty much no violence over the course of four, seven, six months?” (L12)*

James agreed with Aisling reporting a significant reduction in violence. He recalled how he had considered giving up work before starting NVR as he was so concerned about his son’s use of knives and threats to his family.

*“God, has anything changed? I’d say definitely. I was only saying to Aisling last night, like, it’s been a while since we had any violence. I think she got one little punch there last week. But I think that, you know, before that, like, it was a daily thing. So, you know, that’s one isolated punch where more – it was nearly he was kicking off, I would say, like, you know, pretty much every day to a point where he was being, like, restrained. It wasn’t just a punch. It was like non-stop to the point where you had to pin him down” (L19).*

He concluded by saying *“So, yeah, it was pretty full on definitely for a point. I guess that’s all calmed down” (L179).*

Joan also described a calmer house and as with Emma, she reported that threats of self-harm from her son had stopped. Mary too reported an improvement.

*“Definitely there is an improvement in that he is definitely more calm I would say, calmer in the house, less banging and slamming doors and damaging things. We haven’t really had any of that for a good while now” (L35).*

Mary noted that a year ago, the situation had been very different, and An Gardaí had been called after a very serious incident. However, she reported; *“You know, nothing like that has happened. He has toned it down an awful lot” (L46).* This, she attributed, to the changes she and her husband had made:

*“... so it must be from the way Jack and myself have been towards him. There must be some difference” (L53).*

She continued to reflect on this new position.

*“I suppose that for so long we have been trying, going around different places to sort things out but we never managed really to get anywhere. So, with this, you can control things somewhat. So, if you can’t really control the person or situation, at least you can do something with yourself – at least you are doing something” (L13).*

While Jack continued to worry about the future, he concluded this reflection by saying; *“So, you know, that violent behaviour and everything has reduced very considerably”* (L154).

Conor described a situation where he had changed his approach to his son and identified an improved outcome as a result.

*“He came out of school the other day and he had his phone taken off him because he got caught with it. He got into the car, and I was just abused for ten minutes”* (L250).

Before NVR, Conor said he would have reacted to his son’s behaviour very differently.

*“Yeah, before the NVR thing, I would have been throwing him back out of the car for starting to call me names, but I didn’t get involved. I just went, he is feeling like that. I am the first person he has seen all day that he can talk to. This has nothing to do with me”* (L278).

The outcome in this situation was also very different to what Conor reported had become a regular occurrence.

*“You know, he came home, and he sat down and had his dinner. He looked at me and said, I am really sorry. I shouldn’t have said that. I shouldn’t have slammed the door of your car. It is not your fault. I am just really annoyed I don’t have my phone now for the Bank Holiday weekend”* (L257).

Caroline recalled that prior to engaging in the NVR intervention *“everything was just murder in the house”* (L31) but reported that the situation had changed significantly. She explained that she used to *“fly off the handle with (son)”* but now, *“I can manage to stay down 100%”* (L11). Caroline said that she did not realise that she had played a role in escalating the situation until she attended NVR sessions but that she became more aware of her responses.

*“Maybe it’s because I was going up there and fighting with him and I was making him more...and he was then getting violent”* (L438).

Eileen recalled that, before NVR, she had *“absolutely no tools to use”* (9). For this reason, she found herself embroiled in conflict with her daughter with no way out:

*“It was just a constant battle, arguing, rowing, shouting and everything escalating. Banging doors, silence all those sorts of things. That was just becoming very clearly the wrong way to deal with it but out of desperation, you tend to stay in the battle because you feel the need to stay in the battle”* (L10).

Taking the decision not to engage with her daughters’ escalations was *“one of the best pieces of advice I ever got”* (L18). As such, Eileen reported considerable differences in her situation.

Pat reported that *“a huge amount has changed”* (L12).

He recalled:

*“And obviously it all just completely just bubbled up in around of October of last year, Ok and then it all just accelerated so quickly, and it felt as though –we want to think back to like, it was about – you probably recall – there was probably a three-week window there. Oh my God. We were in touch with hospitals and looking for assessments” (L21).*

He described the impact his son’s behaviour was having on him.

*“And frightening stuff. I remember being like sick to the pit of my stomach every day, you know? You really couldn’t function normally, and it was very difficult to get your head around. Well, what can I do? How can I regain control?” (L37).*

Pat continued to refer back to a sense of being *“absolutely lost at that point”* (L62). NVR, he suggested, helped him and his wife to *“stabilise”* the situation. He suggested that stepping out of control battles had helped:

*“I think the first thing is the advice around removing the control battles. That was a really good piece of advice because there was little things when I think back to the PlayStation – he was just digging his heels in” (L191).*

He considered that the PlayStation *“was just being used as a battleground”* (L198).

*“So, I think that was...when we changed our approach with that, it definitely helped to diffuse the situation” (L198).*

Taking a new position in relation to the problem was also a positive step for Sarah and her family. Noting *“Our house is a much nicer place to be in”* (L176), Sarah had realised that they had located the ‘problem’ in their son.

*“I suppose as well Tara, we had certainly – before we came to you – we had certainly put the problem in (son’s) self. We really had and that was really starting to infiltrate into the way his brothers thought about him” (L177).*

According to Sarah, in their family home, *“The story was always that he was the one creating the problems”* (L182).

These findings show some clear reductions in violence and improvements in the family situation. However, this was not universal and some families continued to experience violence and abuse.



### **No change – *Would have been better when he was ten.***

Two families reported that, not only had their situation not improved, but the violence had increased. When I asked John if he believed anything had changed since doing NVR, he replied:

*“That is a good question. The NVR, I think, is a good idea. It is very hard to implement it with (son) because his level of anger and aggression is so high all the time. I think it has worked to a certain extent. It has led to other things” (L10).*

Ultimately for John, it was An Gardaí getting involved that made some difference.

*“I would say it has impacted. I am including the involvement of the Gardaí and the Safety Order in the whole process. All of that, I think, has stopped, it has cut down on the actual physical violence. The verbal abuse, if anything, is worse” (L283).*

Although Garda involvement was helpful, John was only comfortable accessing their support when the violence reached a certain level. He described how he informs his son that he will call the Gardaí when his son threatens him.

*“That is not true. The truth is Tara, he hits me all the time and I don’t do anything about it. He sort of punches me when he is passing by. If I was to call the Guards every time he did that, they would have special Gardaí for my house, so I don’t but if he does attack in a serious way or go after and try and strangle myself or Clare, I am definitely going to do something about it” (L59).*

For John, age was also a matter which he felt worked against him and he believed *“it would have been way better if it had happened when he was ten. I think there is a chance at that stage it could have been nipped in the bud some way” (L327).*

### **De-escalation – *They stop being battlegrounds***

*“You can’t have a fight with yourself” (Jack, L218).*

De-escalation strategies are a key element of NVR. Parents are invited to take a new position in relation to the conflict. Recognising the systemic nature of the problem and the parents’ role in leading the child out of the patterns that have become established around conflict, is a central goal of the intervention.

Some parents reported that the strategy of de-escalation in the conflict with their child was the most useful strategy. Having taken a new position in relation to the violence and aggression as just described, the skill of de-escalating was one which parents reported to be the most used and effective. All parents reported that they had used de-escalation strategies to varying degrees. However, interviews were conducted with individuals rather than with couples and two mothers reported that their partners had

not in fact managed to de-escalate but continued to contribute to the escalations that took place with the interest child.

Parents described changes they had made when faced with their child's aggression. These largely centred around strategies to de-escalate the situation. David explained why he feels it is best if a parent can think about what they are doing *"and not follow the child up the escalator"* (L260).

*"So, when you are in a high stress situation, your brain sort of shuts down. You get very sort of, you know, your options open to you diminish massively"* (L261).

Talking about the principles of NVR, Sarah suggested that the idea of not reacting in the moment to the child's behaviour was helpful:

*"The main one being 'Strike when the iron is cold' which is a major mantra that goes through my head. For me, that really is a big take away"* (L39).

Sam agreed, saying that dealing with things when the situation has cooled down *"was probably one of the most important pieces of advice that really stuck and worked"* (L4). In using de-escalation strategies, Emma noticed a change in the pattern that had developed.

*"Well, I probably think de-escalation because when we don't rise to him or give any fuel to his little battleground, they stop being battlegrounds"* (Emma, L150).

Taking a new approach and considering different ways to respond, helped Sam to change how he viewed the situation. Telling their son that they were not going to argue but to find a new way helped to de-escalate. While the situation at home, Sam reported, has improved, he acknowledged it is not perfect. Yet, avoiding dealing with difficulties in the heat of the moment was helpful. Indeed, Sam also pointed out that their youngest son had become a teenager and the lessons they had learned from NVR on dealing with conflict would also apply to him (L94).

Eileen described how she would respond to her daughter's behaviour before she started NVR.

*"I was certainly exhausted from the battles. I was exhausted matching her voice, words, everything. She would say one thing, I would say another, and it would literally go on and on until we were both shouting. She would be in tears. I would be heartbroken. So that no longer happens. It is funny, because sometimes I go up the first or second step of the escalator, then realise and get back down"* (L50).

She realised, however, *"that there is nothing to be served by shouting and roaring to get a point across"* (L58).

Conor also reported that he had changed his response – *"We don't rise when he rises because it just keeps escalating things"* (L12). Before NVR, Conor recalled *"I was always one to go straight in with*

him, even with the small things” (L66). In avoiding joining his son in the escalations, Conor reported that “...he (son) is not getting as aggressive because it only comes with the interaction with someone else” (L86).

Jack suggested that adopting a strategy of de-escalation “has been the single biggest improvement” (L50). Referring to previous conflict, he said;

*“But we weren’t parenting the way we are now. We were still in the confrontational thing whereas now, that is not there...this is why this (NVR) is so good – because it changes your position in it”* (L84).

Mary also reported that she had taken a new position in relation to the problem and no longer located the problem in her son but understood that her response also played a part in the patterns that had developed:

*“I think it made me think more about myself. Before, we were always going somewhere to get (son) fixed but now I have learned that I have to kind of work at changing myself – not just him and it (NVR) showed me that”* (L8).

Aisling considered de-escalation strategies to have been key in disrupting the usual responses and patterns that occurred during conflict.

*“I think learning the de-escalation...it obviously would have started...he would have started shouting. We would have started shouting. He would start hitting. We would start restraining. You know, we would have chased around to help pull stuff off him or, you know, yeah. As we learned not to engage in that activity. That’s a yes. And that kind of ...that’s what brought him that he realised that we weren’t going to play his game”* (L30).

She noted that her son recognised the change in her response.

*“He saw after a while that we had changed our tactic, you know, like you said, ‘why,’ you know, ‘are you not shouting at me’ or you know ‘why you’re not doing this anymore’, OK? And we would just say because we don’t want to because we love you. We want our family to be safe and happy. And he was so clued into that – he didn’t like it, he didn’t want to know about that, but he recognised our response had changed”* (L60).

James said that, through NVR, he too recognised that he had been contributing to the escalations when his son became violent and that he had changed his approach. Before NVR, James recalled “So, I think I was definitely antagonising the situations” (L65). While the violence had almost stopped, the verbal abuse continued. James said that he had reminded his son of an appointment that morning and his son responded, “Fuck off cunt, get the fuck out of here” (L79). So, while verbal abuse continued, it did not

end with violence. This was a significant change in how it was before when *“He’d been escalating, and we’d escalate as well. And then the top would just blow off it”* (L85).

James later reflected further on how conflict played out before he engaged in NVR.

*“If you remember back, like I think at the point we came to you it was fucking out of all control to the point where I was just like, I might actually have to stop work like. ‘Cos I was getting called home every day”* (L172).

He later noted that *“the de-escalation piece is the piece that I found the most beneficial”* (L542).

Learning that you do not have to join the child in the escalation, according to Eileen was perhaps the most helpful aspect of the work.

*“Be calm. Stay at the bottom of the escalator. I think that was one of the best pieces of advice I ever got. I have passed it on to others who have used it”* (L17).

Jack noted that, in the midst of an escalation, *“I can manage myself better in those moments”* (L20). He compared this to his previous response saying, *“I would be getting rised. This is not the case anymore”* (L23). Managing to use a de-escalation strategy was, he suggested, particularly helpful:

*“Yes, absolutely, so I would say to her (wife) ‘you have got to de-escalate so no point in doing that – so it has really improved from that point of view, and I think this has been the single biggest improvement rather than him growing up and everything. So, if you go at him, he is as nasty as ever, do you know what I mean? If you are having confrontation and no escalation, then it is very good”* (L48).

David noted that taking the time in the NVR sessions to plan a response to his ten-year-old daughter’s behaviour was helpful. He noted that her behaviour was *“becoming more aggressive with us”* (L42).

*“And we literally did not know what to do and because we were right in the eye of the storm there, we didn’t have the ability to step back and consider and have suggestions made to us”* (L42).

He stated that the approach seemed to make sense.

*“And you know, the whole sort of –what is it? – de-escalating – we were escalating, and we were going up that escalator. But to be aware of that and to think about our particular situation – and to be able to go back into it and back into the war zone and you had all this knowledge, and it was kind of energising...”* (L56).

Caroline, when asked if anything had changed, replied; *“For me yeah. One hundred per cent”* (L9).

*“I don’t – as I used to – fly off the handle with (son). Now I’m staying down. I definitely...I can manage to stay down 100 per cent. I feel like I’m calm now. That’s not it – I’m not going to raise my voice and I’m not going to do something that’s going to aggravate (son) and I’m trying to always diffuse the situation”* (L10).

### **Struggling to de-escalate – I lose the head with him.**

Not all parents managed to de-escalate situations. Mark reported that he continued to get embroiled in conflict with his son. While suggesting that NVR had helped, he suggested that he was about *“60% there”* but continued *“I still curse at him – tell him to feck off, whatever, but I don’t go mental anymore the way I used to”* (L38). While the violence had reduced, his son remained verbally abusive and continued to damage property.

John also struggled to remain calm in the face of such aggression and said *“I lose the head with him. I call him names. He completely provokes me in a way that I haven’t been able to control”* (L79).

### **Relationships – He is not as isolated.**

In NVR, parents are encouraged to take a new position in conflict but also in relationships. Strategies to repair and heal relationships – such as acts of reconciliation (see chapter 4) – are central to the intervention. Parents reported on changes they had made themselves but also on the improvements in their relationships.

Sarah reflected on how her son had been quite isolated in the family. Referring to the fact that her son is autistic, she continued;

*“His condition effectively means that he is very isolated which is a horrible feeling and within the family he is not as isolated because we are all obviously there talking to him and doing stuff with him, and we have been working on the relationship. He is more actively involved, and he is much more inclined now to come and join in with something”* (L456).

Conor also reported increased connections with his son – for himself and his wife.

*“There have been a lot of changes and I have noticed recently that he is doing things just off the cuff, like he might come over and put his arms around Joan and say, ‘how are you today, Mum?’. Even, sometimes, he will walk by me and give me a thump (indicates playful thump)”* (L236).

Conor talked about how he had worked to increase his parental presence with his son.

*“I went in and just sat beside him, and he was playing some game. He was playing a Batman game. We had a really good belly laugh about Batman and what he was like when I was growing up and the costumes. In this new game he had, you can click in the costumes. I was just saying, ‘you want to have seen him when I was growing up’. So, we had a good old laugh about that and that was a good connection” (L244).*

### **Stalemate for siblings – *She knows she can frighten him.***

Laura reported an improvement in the situation for herself and her husband – but not for her son. While she suggested that her daughter *“can’t intimidate us anymore. I’m not worried about it, but I think it’s harder with him because she knows she can frighten him, and she knows what she’s doing”* (L69). Her daughter’s physical aggression had reduced but Laura noted that her verbal aggression continued.

David described the on-going effects of his daughter’s violence on his younger son.

*“But at the same time, it would break your heart. When you’re out and you’re doing things like say, a little walk and your daughter runs up towards him and you see him hunkering down – getting his arms up to protect himself...” (L108).*

David believed that, even though he was confident in that moment that his daughter would not hurt his son, *“it’s a thing like that that highlights to you that he is still finding it very, very, very difficult”* (L116).

### **Benefits of sessions – *A little bit empowered.***

While John and his wife continued to experience significant violence, he said that the sessions really helped, noting *“When you are going through this, you think you are the only people going through it”* (L248). John felt that *“nobody knows the reality of living with a child who is abusive”* (L17). For this reason, he reported that feeling heard and supported throughout the research and intervention process *“has been fantastic for us”* (L14). However, while he felt supported and benefited from knowing they were not alone, John reported that the violence was on-going and *“off the Richter scale”* (L77).

In addition, Eileen noted that learning that she was not alone, and her daughter was not *“abnormal”* was helpful. The task of addressing her daughter’s behaviour, she noted, became possible once she started the sessions and she felt as though *“it stopped being an awful situation and turned into more like a project”* (L30).

David specified what he found useful.

*“There was stress all the time but having the ability to have that chat and review what we had done and look at some techniques as to how to approach it meant you felt a bit elevated – a little bit empowered so you were able to look at the wider situation that you just arrived in and you were able to not get carried off with it – hence, not go up that escalator” (L62).*

### **Reconciliation – *The proof is in the pudding..***

The use of reconciliation gestures as part of relationship building and repair, was named as helpful although it was reported as not being an easy strategy for parents who had experienced so much abuse.

Jack referred to acts of reconciliation and noted;

*“Those kinds of things, as you say, in a negative situation – bringing positivity to it is very good. It really is. You have given us a perspective on what he would think because it is very hard to do that – particularly when you are very cross with somebody and in a way, it is not natural for you. Very few people would turn around and go ‘oh, that is what they are thinking’ or their frustration or whatever. They are just thinking they are bold which isn’t right” (L143).*

Emma also noted the benefit of reconciliation gestures.

*“We try to do the little gestures to kind of say, we’re thinking of you – saying goodbye in a nice way to you. Would you like this? That’s no problem. So, we do the little gestures. So, we’re still here, we’re open. You’re not stuck in a corner there. You’re free to come out whenever you want” (L109).*

This new position was not without its challenges as Conor struggled at times with the move away from punishments and the increase in support. When asked if he sometimes felt he had capitulated – a term other parents have used – he replied;

*“A little bit but I am always on the fence wondering what is supporting here and what is being taken for an absolute ride. I am on the fence about that since the start. The proof is in the pudding. Like, we have a calm house, we have no screaming matches, there is no escalation” (L207).*

John reported that his relationship with his son remained very stressed, with high levels of conflict. He described how his son speaks to him.

*“He was in the bathroom and said ‘close the door when you are gone’. I closed the door and mustn’t have clicked it properly and he said ‘close the fucking door after you or I am going to*

*kill you'. God almighty, it comes from nowhere. I don't even know if he knows he is saying it"* (L53).

### **Collaboration – *We were working against each other.***

Seventy per cent of families reported increased collaboration between parents. Many reported that having space to reflect and to plan a response to the child's behaviour was considered helpful.

Sarah reported that the opportunity to become more aligned with her husband was helpful.

*"In the past, if I had tried to take a softer approach, Sam would have actually hardened in his resolve because he would have felt the need to counter-balance that. The single biggest thing for me was that we had a framework to work with, that he has bought in to as well because he knows and understands – and you have explained the thinking behind all of this. He has seen for himself that it works so he was able to put his instincts away and go with the framework we had learned"* (L148).

David recalled that previously, *"we were sort of working against each other"* (L350). Laura agreed that she and her husband were working together more collaboratively.

*"Because before he was doing his thing and I was doing my thing and then we were like, you know, he'd be giving out to me, and I'd be giving out to him..."* (L12).

Since the NVR sessions, Laura noted that *"we are more like a team..."* (L17).

Joan also reported increased collaboration.

*"I think there was an element of him (husband) thinking I ...I was a pushover. Yes. Because I parented in a particular way, and he acted in a completely different way. Yes, I think we're more on the same page now, which is better, you know. Yes. And so, from that point of view, I think we are more of a unit going forward with kind of...the parenting approach"* (L159).

Taking different approaches had been problematic in the past.

*"That was always another bit of an issue. Then we're like 'I let them do that' or yes, you know, 'you're being too aggressive with him..."* (L463).

This had changed and Joan concluded that they were now *"coming at it from the same angle, I suppose"* (L466).



Conor noted that he and his wife were “*on different levels on how we were approaching things*” (L8). Conor also reported a closer position since attending for NVR sessions:

*“We somehow met in the middle with the help of this, from not taking a stance at all with (son) and from my perspective of flying off the handle with (son), we have met on a more common ground”* (L9).

Conor said the differing positions they took had contributed greatly to the situation. Although his wife, as he described, “*was probably closer to the common ground and the whole NVR thing than I was*” (L63), Conor reflected on taking a very different approach.

*“If things were at a stage, she would let it pass where I wouldn’t. I was always the one to go straight in with him, even with the small things”* (L66).

The opportunity to have time together with her husband to plan a response was helpful to Laura.

*“And also, the fact that we were both there together and myself and David were able to talk through things because sometimes you - just you’re in your house and all this is going on and you just end up shouting at each other and you never sit down and talk about it”* (L354).

### **Opposing sides – *The whole family didn’t buy in.***

Collaboration, however, was not an outcome for everyone. As noted previously, parents were interviewed separately and were therefore able to comment on their partner’s position. While Caroline maintained that she was avoiding escalations “*100%*” (L9), she said she believed that her partner continued to engage in conflict and to revert to punitive approaches such as withdrawing her son’s phone or computer.

Clare, too, reported that there was not sufficient collaboration. While she spoke very positively about the different elements of NVR, she said that she believed they had not worked – not because they were ineffective – but because the collaboration between her and her husband was not sufficient, and her son was aware of this.

*“The problem with the announcement was that (son) felt the whole family didn’t buy in. That was the problem, that was what happened”* (L501).

She noted that her son referred to the announcement as ‘the letter’ because it had been given to him in writing and while she believed it was a helpful thing to do, she considered that her husband had not followed it. Indeed, she described how her son would say to his Dad, “*you’re not following the letter. He was right*” (L505).

*“So, you see, if you had buy-in from both parents – I understand there are parents coming here that don’t understand even de-escalation. If you got buy-in from both parents, I can really see how NVR would work. This is what is making the child feel safer” (L510).*

Caroline also reported that she and her partner still differed on the use of punishments. She felt her partner wanted to be “*the boss*” (L402) and prefers to take things off their son if he misbehaves.

*“Kind of like, well yeah, I’m the Dad so I get to say, if you do, you’re behaving like that, you’re not getting x, y and z. But that just pushes (son’s) buttons completely. He goes off on a mental stage and screaming, crying – the whole lot. So, I’m trying not to do that” (L402).*

## **Research question 2. What are the views of parents of NVR as a response to CPVA?**

### **Key findings**

The majority of parents reported a positive view of NVR. In particular, de-escalation was named by all parents as helpful. Moving away from a rewards and punishments approach was considered useful for some although others struggled with the concept. NVR, parents suggested, gave a ‘pathway’, a ‘framework’, ‘techniques’ – guidance essentially - on how to respond to CPVA. There were mixed views on the use of a support network. Some -such as Aisling, Emma and Clare - reported that it was beneficial, others – such as Mick, Ann and Joan -reported a reluctance to use supporters and others - Joan, Laura and David - yet again, reported having that strategy on hold should it be required. Reluctance to use supporters related to concern for the interest child and/or the supporters as well as a sense that had few people available for support. All parents said they would recommend NVR. Suggestions were also made for NVR to be made available at an earlier age and to include parallel support for the interest child.

### ***NVR – A pathway through it.***

As reported earlier, the degree to which parents implemented the NVR strategies varied significantly. These variations were attributed by parents to personal choice, circumstances such as the absence of supporters and Covid-19 and the consequent contact limitations imposed by the pandemic. Here, parents were invited to discuss the strategies that they used and those that they did not implement and indeed, the reasons why they chose not to. Choosing not to implement a strategy did not necessarily mean that the parent did not wish to do so – rather, it was decided to “*hold on to that...*” as David (L231) suggested - should it be required in the future.

Laura reflected on previous parenting courses that she had undertaken when asked what the most useful part of NVR was.

*“Well, I think it’s like when you did all these other parenting courses, all the rewards and charts and, you know, it’s kind of - you know. Whereas this is more like, you know, if (daughter) is not behaving, we can sit down with her in the room and talk to her. And, you know, it’s not about, like in reality if she’s good, we always make a big hoo-ha about her being good. But I think it is just a bit different. It’s more ...I mean, star charts and all that aren’t going to work for someone who’s giving you a smack, you know?” (L323).*

When asked about the least useful part of NVR Laura replied;

*“Oh no. I mean, I thought it was all quite good. I mean I thought it was all quite helpful to us. We never ended up doing any of those where you sit in the room with them. And we never ended up doing any of that, but we were just talking to her and explaining it – being more of a team*

*and being, you know, even that much kind of helped. And trying to ignore stuff and letting her know like what we felt was acceptable in our house and what wasn't acceptable and things like that. You know – that sort of thing helped” (L342).*

Caroline suggested that the traffic light exercise (in which parents are encouraged to prioritise the most urgent behaviours to be addressed) was helpful in terms of *“trying to pick your battles” (L148).*

*“I always think that as well... Is it worth that fight? You know – I just, before, I had to be so stupid. ‘You’re not getting your phone. You’re not getting your computer – and his Dad still does that. You have to do your traffic lights here. Is that really a red moment or is it really not so bad? So, I always think the traffic light thing as well – the red, green, and orange” (L148).*

When asked how he might advise a friend who was experiencing CPVA, Pat replied;

*“Yeah, I, look I would highly recommend NVR you know. OK, I think it definitely provides – it definitely provides a pathway through it – through the storm. I certainly learned a lot about, you know, parenting and dealing with the difficulties and the hostile –the hostility that can come in your direction as a parent” (L562).*

Pat further explained his views on NVR.

*“So, and you learn techniques and ways. Just change your way of thinking that gets you through some things. It’s not a solve-all, do you know what I mean, and I think I recognise that as well. I’ve seen definite improvements and over the past three, four months with (son) but we’re not there now. We’re not where I would have hoped we’d be by now” (L570).*

Despite thinking it may have been helpful at an earlier age, John also wondered about the suitability of NVR for a child who is autistic.

*“I would say, for a non-Autistic child in particular, the whole support networks, sit-ins would work because they would really understand – ‘Jesus, don’t tell me these people are coming over again to sit downstairs’. Where, it kind of goes over (son’s) head to some extent” (L426).*

Mick had not completed the intervention, having to withdraw after six sessions when Covid-19 arrived. Although the option of continuing by telephone was made available, he had decided after two telephone sessions that this would not work as his son was not in school due to the lockdown and therefore, present at all times. He stated unequivocally that NVR had not worked and initially attributed this to Covid-19.

*“Well, I think, nothing has changed, you know, because of the pandemic. We didn’t get to the end of the programme. Yeah – you know that old behaviours were through the pandemic” (L10).*

Mick had noted in his first interview that he was sceptical about NVR and this scepticism remained.

*“And I think it would have been unlikely even if we got to the end of the programme that, you know, things would have changed” (L13).*

Yet, Mick reported that progress had initially been made with NVR – before they withdrew.

*“I think that we were beginning to get to some of the language and the learning. We were learning better how do we act better to his meltdowns, the tantrums – whatever you want to call it. But by the same token, he’s got a whole lot stronger in the intervening period. You know, a year has passed by, and the violence is un-manageable” (L27).*

Emma reported a very positive experience with NVR and expressed concern that early intervention does not seem to be an option.

*“It’s not being spoken about. People are just meant to cope. And it’s only when you end up in a very serious situation that you kind of feel it’s ok to start reaching out. And that’s when you find the support. Yes, but if people could get help early on” (L408).*

Emma elaborated on this point, saying *“if they knew the strategies a little bit earlier, it may not become so serious” (L415).*

Jack suggested that children and adolescents would benefit from some parallel work while parents attend NVR.

*“I think this combined approach. If it can be more linked to the parents getting this while the child is getting something else. Working at it from two different ways is fantastic” (L95).*

When asked what might have been helpful for his son, Jack suggested support for his son to understand and manage the challenges he was experiencing.

*“I suppose support for him to understand what is going on within him. This is what came out with the Dyspraxia and what is it? He doesn’t know what it is. He has no clue what it is. So, we say that he is wrong. This is what he feels so is what he feels wrong? He is wrong but that’s not what he thinks. He feels hurt or he is taking up things. If he knew what this was down to -he has a propensity for these reactions, he could potentially be able to manage them better” (L100).*

### **Support network – A blanket response.**

In terms of the support network, few parents opted to use it in the way it is outlined in the handbook (Coogan and Lauster, 2015). Those who did – such as Aisling, James, Pat and John - reported that they found it useful. Others – such as Joan, Conor and Sarah - said they welcomed the concept but decided

to keep it as a strategy should it be required at a later date. Others – Caroline, Mark and Eileen - decided not to recruit supporters at all. The reasons for this varied – Covid-19, fear of causing the child anxiety, reluctance to ask for support from others. Aisling, however, considered it to be instrumental in bringing around change:

*“So, I can think then when we introduced the plan, you know, and we kind of made the announcement, I guess he didn’t like that. But we started then bringing in the family. And I know with that, he was very quick to say, why is everyone saying the same thing to me? Yeah. And we were like, ‘because that’s the response’. I said ‘it’s not a case if you go to Nan, you’ll get sympathy or that you’re going to go to Dad – get a different response to me. This is a blanket response from everybody’. So, I think he did clue into that very quickly, ok. He didn’t like it, but it definitely reduced the physical aspect of it” (L67).*

For Joan, the use of a support network felt disproportionate to some extent as improvements happened quite quickly.

*“It was always verbal. And I think it de-escalated quite quickly. So, when we kind of got to the point in the course where there was...I kind of call in the supports, em, I kind of felt, well, in a way, is that kind of picking at him as in... ‘we’re not happy with how you are, but yet, he has been improving” (L403).*

However, Joan understood the value of using a support network, and said *“So, we kind of have that in the bank, I suppose, and that’s when...if things do kind of escalate again” (L415).*

As with Joan, David reported that while he had decided not to involve a support network, he considered that it could be beneficial in the future if, as he said, things *“have gotten to a much more extreme level than what she is at the moment” (L221).* He decided to hold the idea of building a support network in the event that it might be required in the future.

*“I would rather hold on to that for when things get a little bit older. If they do go that way, it would absolutely make sense to go that way. If you think about it, how many choices does a child have if they’re getting violent. They start ending up with interventions from the Guards” (L232).*

For Emma, the recruitment of supporters had helped to build her confidence and when asked how she would feel if her son became threatening or aggressive again, she replied;

*“Well, we would be a lot more confident than we would have been previously. We know, kind of the tools at our disposal now. And you know, we would...we would just follow through in not rising and not escalating and then trying to get one of our support networks to come in possibly the following day and just talk to him and just say ‘cop on’. But in a nice way” (L213).*

Caroline chose not to build a support network – not because she did not have people available but because she preferred solving problems herself. Seeking support did not fit with how she saw herself and her role in her family.

*“Yeah, I think it’s just because I ...in my family now, I know – I’d say it’s with other families but in my family, I fix everything. I’m the fixer. I think everyone comes to me. If there’s a problem in the house, my phone’s hopping from everyone – you know that way. So, I’m always the fixer” (L177).*

John also expressed a reluctance to talk to people outside the family, noting that his wife differed and actively sought support – using the Support Network as part of the intervention:

*“I am more reticent. I don’t want to open up. What happens in our family stays in our family – all that bullshit” (L356).*

It was Eileen’s view that a support network could not be used as there were no supporters available to her. This was, as she said, due to a combination of factors – parental separation, Covid-19 and her own tendency to isolate herself. When I noted that she had opted not to use a network, she replied:

*“Em, I suppose what it really did is ...the fact that we don’t really have a social network. I have sort of done my own thing since we were separated. I have isolated myself a bit. It was when you said it, I realised we had isolated. Also, with lockdown, the opportunity to have people in the house wasn’t really there anymore and that was further isolating ourselves” (L315).*

While Caroline believed that bringing in a support network might be useful for some children, she worried about the potential impact on her son; *“The effect on him – because he’s a very anxious child” (L265)*. She also expressed concern about how supporters might respond and, in particular, that they might take a punitive approach or an overly supportive position (L287). Caroline suggested it might be helpful for a supporter to come to an NVR session.

Sam was also reluctant to use a support network – perhaps because he felt he needed more guidance on it and how to introduce it to supporters.

*“I would have been trying to explain it to my family. I don’t know if I would’ve been able to put it in a structured or clear enough way to give them the confidence that they knew what they were doing” (L127).*

Unlike Caroline, Sam was concerned about the impact on the supporters rather than on his son - even though those he identified were aware of the difficulties. In fact, he said they *“would be very anxious to do the right thing” (L136)*.

Despite his concerns about involving a support network, Sam had found a way to involve supporters.

*“And we were able to bring in my brother and my parents – not in an epic showdown kind of way. But we didn’t quite get to that. Eh...just in terms of sharing the load a bit” (L14).*

Mark reported that he could not rely on the people who were potential supporters, saying that the idea of the support network *“didn’t work because of the people we have around” (L120)*. While there was one person who he considered might be helpful, his partner did not agree and so they could not proceed. Another potential supporter was considered but he concluded that that person would undermine him and so he could not trust the process of building a support network.

Ann also decided not to use the support network, citing various reasons – from impact on the supporters; *“They’d be very busy” (L122)* to impact on her son; *“The way things are at the moment – I think it would push him even further” (L130)*.

For Conor, the reasons for not using the support network were also mixed. He noted that he would need more information on using a support network, but he was also concerned about the potential impact on his son. Despite this, he had, to a certain extent, discussed the situation with his brother recently and was considering the possibility of the support network being the next step – suggesting there would be value in another adult’s voice.

Although Clare had said that her son’s violence was continuous and on-going, she reported that the support network was useful. She described a situation where her son had smashed some plates and some supporters came and were present without interacting with him in any way. The presence of the supporters, Clare believed, had influenced her son.

*“He went and got the dustpan and brush, and he cleaned every bit of it up. Dinner and broken plate all over the floor, tiled floor. He cleaned every bit of it up and put it in the bin. I consider that hugely successful. There was definitely an awareness there” (L470).*

While Clare had noted earlier that her son was unhappy to hear that supporters had been informed of the violence in the family home, she reported that this had not impacted their relationships – a concern that other parents held;

*“The support network means that he knows that people know, is that is handled properly. He still loves all those. The relationship has been re-established with all four of them” (L495).*

Sarah had also opted not to introduce a support network although she said she thought it had value.

*“Yea, well, I suppose in our situation, we felt – you know, at the time, it wasn’t hugely helpful for us to bring in other people. No, it wasn’t but I can see absolutely how in a different scenario it would be very helpful. It was just, in our situation, it didn’t fit at the time” (L269).*



However, Sarah reported a high level of support from their wider family and suggested that they are “unconditionally supportive” (L284).

### **The announcement – *We showed her we are a team.***

Eileen had used the announcement and was asked about the value of this element of NVR. As Eileen was a separated parent, I wondered if, the fact that she had done it with her daughter’s father, presented more of a united front.

*“I would definitely say so. I think if I had done it on my own, I don’t think she would have taken it seriously. She might just have seen it as me being emotional, over sensitive or something. Definitely the fact that we showed her we are a team, that we were both invested, and we weren’t going to tolerate what had been happening” (L202).*

Aisling had made a formal announcement to her son which – due to his young age and additional needs – was referred to as ‘the plan’. This was presented to him as a plan that kept everyone safe and involved working towards bringing violence and aggression in the family home to an end. Aisling reported that it was useful to have this to refer to at times where a situation was escalating.

*“I think he saw that straight away- he was like- it’s all about the plan again. But straight away – like in a minute or two, he turned around and was like – OK fine, I’m not going to do it – come on, let’s go” (L244).*

Aisling continued to talk about the benefits of having made a formal announcement and presenting it as a family plan.

*“It’s almost the case where he’s now accepting the plan is there. So, yeah, he’s going to try and deviate from it. But I just think he’s now accepted that this is what’s going to happen, OK? He doesn’t want everyone calling him, badgering him. So, it’s easier for him to say I’m not going to do it. But I don’t want to hear Nana telling me about the plan and I don’t want to hear Grandad telling me about the plan” (L252).*

Mark reflected on the elements of the intervention and while he had some success with de-escalation and did not use the support network, he was regretful that he did not use the announcement.

*“One bit I regret is we didn’t take the piece of the announcement. To go, this is what we’re doing and actually sticking to it. But I do wish we did do that sooner” (L207).*

When it was suggested that the announcement could be revisited, he struggled to see the potential for it to work.

*“I know but I think it was the perfect time when there was calm in the house. But he’s back up there now, ruling the roost, being so verbally abusive. It’s tougher to get that message in” (L214).*

Despite this, he concluded;

*“We’re closer- we’re not there – 100% closer to when we first started this. But still far enough apart to have conflict in the house” (L231).*

Overall, most parents – even those who reported on-going violence -said that they would recommend NVR. The two families who continued to experience significant violence also reported that they viewed NVR positively but that it had essentially come too late. One of these families suggested that it had been starting to work but the impact of Covid-19 – the isolation and the absence of support – were just too much. Essentially, they became more vulnerable and less supported during periods of lockdown. They reported a significant increase in the violence during that time.

Sam concluded the interview saying that he had sent details of NVR to some friends who were having similar difficulties with their adolescent child – saying *“there is warfare in the house, and we sent on those details. They are having just as bad a time as we did” (L237).*

As noted earlier, Covid-19 arrived during the research period and had a significant impact on families. For some, this was a positive event – while for others, the lockdown restrictions compounded their experiences of CPVA. The next section will present the findings on the impact of Covid-19.

### **Research question 3. *How did Covid-19 impact on the family?***

#### **Key findings**

There were significant variations in how people experienced Covid-19 and periods of lockdown. For Sam, it was like “*winning the lottery*” (L192). For Eileen, however, “*it was pure hell*” (L358). Sarah and Sam reported that the child’s relationship with school was a significant factor. With many children struggling in school prior to the pandemic, lockdown was a welcome reprieve. For others, the lack of supports and structures had adverse effects. The loss of professional supports and isolation from families impacted on the intervention – with some parents reluctant to use a support network due to the visiting restrictions. It was clear, with the exception of one family, that parents believed Covid-19 to have had adverse effects on children and families – even where the initial lockdowns were experienced positively.

#### **School’s out – *It’s like a miracle.***

Of the 12 children whose parents were at the centre of this study, parents reported that 10 had school related difficulties before Covid-19 – including school avoidance, bullying and academic challenges. School attendance was a significant source of conflict for parents and children. Little wonder that, for some, Covid-19 offered a reprieve from those challenges for parents and children.

When asked about the impact of Covid-19, Sam spoke about it is a very positive event for his family, suggesting “*It’s like a miracle*” (L196),

*“I mean, we could not have dreamt what’s happened during lockdown. I mean – we feel like we’ve won the lottery”* (L191).

Sarah agreed, reporting that Covid-19 had been great for relationships in the family. A reduction in school-related stress “*has been brilliant for (son)*” (L476).

For Caroline, much of the conflict with her son centred around school and when schools closed, the conflict reduced:

*“(Son) didn’t have to go to school. So, that was grand – everything was easy. It was like someone switched a button in the house. That was just like grand – no more fighting, no more up there, no more school, no more anything. And life is just simple. Like, Covid actually suited our family – it’s ridiculous”* (L347).

Furthermore, Caroline did not feel alone with this view and believed it to be quite common.

*“It was great. Absolutely great. And people I talked to said the pressure of kids not going to school was brilliant”* (L364).

For Joan, too, much of the conflict in her home centred around school and she considered her son to be “*happy enough with Covid because he didn’t have the pressure of having to get to school every day...*” (L351). John reported a similar outcome of schools closing - a reduction in violence in the family home. While David also reported a reduction in stress when the need for school attendance stopped, he suggested the benefits were short-term and believed “*she’s slipping back into her old habits*” (L131).

Mark had mixed feelings and noted the varying impacts from early to later lockdowns, stating “*the first Covid period was great*” (L276). He continued:

“*...but overall, it hasn’t helped. It doesn’t give him a routine. For us, alright, it might be slightly calmer in the house. But for him as a person, no routine or anything, nothing to stimulate your mind, doesn’t do exercise. There’s nothing for him so it definitely hasn’t helped him*” (L280).

Pat also reported a mixed view.

“*You know, I think two-fold, like you can kind of look at it in both directions. I think it had positives and negatives in (son’s) life. It had a lot of negatives for us as a family because – you know – being cooped up*” (L410).

Emma, however, was clear that Covid-19 had been a negative experience for her son. When asked how the pandemic had impacted her family, she replied;

“*Oh, definitely. Covid has been massive because he’s been at home the whole time. I think if we had been going through this, then he’d be going into a school environment and being around his own age group. We would have been having a break from him. And not having a break, having a teenager in the house constantly when he was misbehaving*” (L273).

### **Isolation – *The connections are gone.***

As a result of the pandemic, the formal and informal supports to families were significantly reduced – if not completely absent. With schools closed, family life changed drastically. Ann and Mick reported that they had to withdraw from the intervention due to the isolation that came with a period of lockdown although they had completed six sessions. During lockdown, telephone sessions took place initially but with their son at home full-time and supports all but absent, they expressed concern about the safety of participating in NVR sessions by telephone. While they availed of some support, they did not feel it was appropriate to continue with NVR at a time of such significant isolation. Prior to Covid-19, they had a range of daily supports in place for their son – including part-time residential services – and these had all closed during lockdown. This in turn, Ann reported, had reduced the possibility of engaging a support network, saying that “*the connections at the moment – even more so than this time last year – are gone*” (L63). She continued;

*“And you know, but the fact is, he’s now detached himself from the rest of the family because he hasn’t seen them and they haven’t picked up the phone to us, never mind him” (L57).*

When asked if she thought her situation would have been different if not for Covid-19, she replied:

*“Well, I think we would have been able to maintain this level of the work we had been doing with you. We probably would have been in a better place to get this announcement and support. I don’t think we were quite ready for it in March (2020) but another few weeks it might have been...(son) out of school for the guts of a year – out of a routine and missing all the supports” (L191).*

She proceeded to describe how her son had regressed during lockdown and how the violence had increased saying *“If Covid hadn’t happened, we’d be looking at a completely different scenario” (L211).*

Eileen was equally clear in her views of Covid-19 and its impact on her family.

*“It was pure hell. It isolated us even more. It escalated the potential for conflict in our relationship. Very, very intense. The conflict was of a nature...it was quite shocking at times, I felt, you know” (L358).*

Conor named the closure of sporting groups as particularly impactful on his son in terms of dealing with stress.

*“He can get a lot of angst out of him in the sport and the bit of exercise and that wasn’t there. He refused point blank to do it without it being in a class or training that he had to go to. He is back doing the training now and getting fresh air two days a week. I just see a change in him already – instant change in him that he is getting fresh air, getting exercise...” (L320).*

### **Impact of Covid-19 on the Child -These kids won’t bounce back**

Clare understood that her son’s anxiety had increased significantly as a result of Covid-19 and consequent lockdowns. In turn, she suggested, his need for control increased – leading to more violence and aggression.

*“The way that Covid impacted on our family was not on the NVR but was on (son’s) need to control. His need to control shot right up. That is what happened in our family. Because his need to control shot right up, it was much harder to refuse the orders and break the taboos because he was so anxious. That is the way I want to say Covid affected our family” (L481).*

Her son’s increased anxiety had other effects and he had seriously self-harmed during that period.

*“That is the problem. If he had been heading off to school and we had not had Covid, there would not have been that harming. That is a huge thing. There would not have been that” (L672).*

James said that he was not quite sure about the impact of Covid-19 but was concerned that his son may have become more introverted as a result of lockdown.

*“I guess it’s kind of hard to know. I guess it kind of forced a bit more – he would have been out and about a good bit more before Covid. And I think it kind of drove him a bit more ...introverted like I suppose. Like, you know, he used to always... ‘I’ll go down to the shops or I’ll go out for a cycle...I’ll do this and that’ and now it’s like he wouldn’t even bother” (L510).*

Aisling, however, had no hesitation in saying that Covid-19 and the ensuing lockdowns had contributed significantly to an increase in her son’s violence.

*“Yes. Ok, so prior to Covid, he was obviously doing quite well in school. He was still in school. He had a routine. We had no violence. Right? So then, Covid hit. Schools closed in March. Yes. And within two or three months, we were back to extreme levels of violence. From, I mean, we had no violence in maybe two years” (L938).*

Aisling suggested that the loss of structure, a supportive teacher and various activities during the week had left her son quite isolated. He struggled to engage on Zoom. Essentially, she said, *“Like everything was gone” (L949)*. She continued to describe the change brought by the pandemic.

*“You know, I think, going back, even with Covid, the violence was a new level of violence – like it was getting weapons. It was, you know, going straight for the knife drawer. Right. You know, it was very serious, the level of violence. He put a knife to my throat one night, you know, like now I knew he wasn’t going to cut but it’s still that threat” (L1002).*

Emma reported that Covid-19 had a negative effect on her adolescent son but suggested it was easier for his younger siblings who were still in primary school. It was also difficult, she believed, for herself as a parent who was not getting any breaks.

*“But the absolute lack of access to his own age group, I think, caused this thing to just blow up” (L280).*

Emma believed that the impact of Covid-19 on her teenage son was significant – as it was, she suggested, for other teenagers. She talked about his loneliness during that time and the need for adolescents to be with their peers. Emma expressed concern about the lasting impact of Covid-19.

*“These kids – they’re not going to just bounce back because the schools re-open” (L310).*

## Conclusion

In this chapter, the qualitative findings from the post-intervention interviews are presented. The arrival of a global pandemic during the research period had a significant impact on the delivery of the intervention and indeed the method of interviewing. For one couple, there was no face-to-face contact at all due to lockdown restrictions. For others, NVR sessions and post-intervention interviews were moved to the telephone. Nevertheless, and despite initial reservations about the impact on the research when the pandemic arrived, the data gathered from the interviews provides detailed insight into parents' experiences of implementing NVR strategies to address their child's violent and/aggressive behaviour.

The timescales for interviewing and delivering NVR were impacted by the pandemic and varied widely. Similarly, the degree of implementation varied within the group. Some parents reported that the early stages of NVR - de-escalation and parental presence - were sufficient in addressing CPVA. Others used all the elements of the model while some held back on full implementation, reporting some improvement but, as David (L224) suggested, deciding to "*keep the powder dry*" should there be further escalations of violence or aggression in the future. All of those interviewed said they would recommend NVR to a friend— for some this recommendation came with caveats; earlier intervention, outside of a pandemic and in one case, perhaps for a child without a diagnosed disorder.

Indeed, most parents reported an absence or a reduction in CPVA at Time 2. Of interest, is that most parents (70%) reported improved parental collaboration, having strongly indicated previously that conflict between parents on how best to manage CPVA, was a significant source of conflict. However, the fact remains that for two families, their child's violence remained significant and on-going. Indeed, both of those families reported that Covid-19 had resulted in further violence which was, as John (L85) reported "*off the Richter scale*" at Time 2.

In the next chapter, the findings from the quantitative measures at Time 1 and Time 2 will be presented.

## Chapter 9 Quantitative findings -Time 1 and Time 2

### Chapter Summary

This chapter will present the combined findings from the quantitative data. As noted in the methodology chapter, the current study used questionnaires as the secondary source of data. As such, Time 1 and Time 2 findings will be presented here. In some cases, significant periods of time had lapsed from the first to the second data collection point. The majority of families that engaged with the study did so during the pandemic. Without drawing any correlations and viewing the data as a snapshot in time, the findings from each of the dimensions in the questionnaire, will be presented in turn with a description of the rationale and the tests employed to analyse the data.

The chapter will begin with a review of the research questions and will outline key findings. The source of referrals and parent demographics will be presented. Data analysis procedures will be outlined. The findings from Time 1 and Time 2 will be described.

### Introduction

*“Thus, questionnaires usually provide only a snapshot rather than a rich, in-depth picture of an area of concern”.*

(Patten, 2014, p.3)

The aim of this study is to explore parents’ experiences of CPVA and of the NVR intervention. It has been designed as a mixed methods study with qualitative data providing the main source of data. As this is not an efficacy study, it was not intended to claim that changes, if any, at Time 2 were causally associated with the NVR intervention. The intention of using a quantitative method, however, is to bring an additional dimension to the qualitative data and to perhaps identify aspects of the parents’ experience that were not apparent in the qualitative data. As presented in the Methodology chapter, this mixed methods study is underpinned by a Constructivist Grounded Theory methodology. Charmaz (2014) has proposed that the use of questionnaires in research “*can foster frank disclosures that a person might not wish to make to an interviewer*” (2014, p.36). While semi-structured interviews yielded a wealth of data, the purpose of the questionnaires is to facilitate a broader and perhaps, more specific exploration of parents’ experiences of CPVA. As we see from the quote above, Patten (2014) advises that questionnaires provide a snapshot, also suggesting that questionnaires are an efficient way to collect data, are easy to tabulate and analyse, particularly if, as is the case in this study, the questionnaires contain items with choices to be checked. The use of questionnaires also allows for more direct questions and answers. For example, in Section 4 of the questionnaires, parents are requested to complete a checklist on typologies and frequencies of violence whereas in the interviews, parents were asked to describe their experiences of CPVA – a more general question. As such, data from the



quantitative findings uncovered issues that did not emerge in the qualitative data (these will be presented later in this chapter).

The questionnaires that were used with parents in this study were, as reported in the Methodology chapter, adapted from a previous, five-nation study in which researchers from Ireland had participated. (See appendix D for examples of the questionnaires). The questionnaires were selected to assist in answering the current study's research questions which are as follows;

1. What are the experiences of parents who are faced with CPVA?
2. What is their understanding of the contributory factors to this violence?
3. In what ways, if any, does CPVA impact on the parent/child relationship and on family relationships?
4. What impact, if any, does participation in an NVR intervention have on the parent/child relationship?
5. What are the views of parents of NVR as a response to CPVA?

The use of a Constructivist Grounded Theory (CGT) methodology provided guidance on the analysis of the quantitative data. Charmaz advises "*Let your research problem shape the methods you choose*" (2014, p.27). In this study, questionnaires facilitated an exploration of the research question from a different position. While SPSS facilitated the quantitative data analysis, sections of the questionnaires required written responses from the parents. Memos were used throughout the analysis of this data and influenced the coding procedures in the qualitative data analysis. The uses of memos facilitated a broader understanding of the data as the analysis proceeded. Constant comparisons were made between the findings from both the qualitative and quantitative data. Comparisons were also made with the codes and categories that were identified. For example, one of the sub-categories – *Under Siege* – was reached from analysis of qualitative data but strengthened and supported with data in the questionnaires. Indeed, incidents of violence were counted in the questionnaires and this data further supported the categories that were reached from the qualitative findings.

**Key findings**

The findings from the quantitative data from this study are based on a modest sample ( $n=17$ ). Nevertheless, the results clearly show that parents have experienced frequent and significant levels of physical and psychological abuse. In some cases, there have been threats to the parents' lives. Physical injuries were sustained but few parents reported seeking medical treatment. Property damage was common as was financial abuse and abuse of siblings. Abuse of pets was noted and while rare, reports of sexually abusive behaviour by a child were recorded. While some increase in parental confidence was evident at Time 2, the largest change occurred in parents' reports on the quality of the relationship with their child with a noticeable improvement at Time 2. Frequency of violence and abuse had reduced at Time 2. Parents had contacted a wide range of services seeking support – the most common being An Gardaí and CAMHS. Indeed, as noted in the methodology chapter, referrals were received from a range of services which indicates that CPVA is presenting to a variety of agencies and disciplines.

## Number and structure of questionnaires

While twenty-three parents completed questionnaires at Time 1, just seventeen completed questionnaires at Time 2 -although of the missing six, three of those remained engaged in the study and completed interviews. For clarity with results, it was decided to use only questionnaires from parents who had completed the questionnaires at both data collection points – a total of seventeen in the final sample for the quantitative research.

The questionnaires, where possible, were completed by parents at the research site on the same day as they were interviewed. However, for those that engaged with the study during Covid-19, questionnaires were sent by post to parents and completed in their own homes.

Here, data from seventeen questionnaires from Time 1 and Time 2 will be presented. Results will be displayed using tables as well as bar charts as suggested by Bryman (2012) as one of the easiest diagrams to interpret and understand. The findings will be presented from section 1 to section 5. Each section is concerned with a separate dimension as can be seen in the table below.

<b>Dimensions to be measured</b>	<b>Section in questionnaire</b>
Affirmation of the parental role/parental confidence	1
Familial roles structuring	2
Emotional parent/child link	3
Child to Parent Violence characterisation (Behaviour typology and frequency)	4
Intensity and severity of the violence	5

## Statistical Tests

In each dimension, frequency tables were generated based on each dimension. As noted previously, the sample size did not allow for the confident use of inferential statistical tests and so descriptive tests were used to analyse the data. These tests are outlined here.

### - Measures of central tendency

Christopher suggests that a researcher needs measures of central tendency to describe a dataset concisely “*much like an artist needs paint to paint a picture*” (2017, p.93). The mean, median and mode are three measures of central tendency (Vetter, 2017). The mean is essentially the average. Field (2018)

reports that the mean uses every score in the data set – unlike the mode and the median. Furthermore, he asserts, the mean tends to be stable in different samples. The median is the mid-point in a distribution of values and Bryman (2012) cautions that it is vulnerable to *outliers* (extreme values). The mode is the value that occurs most frequently. Field (2018) also advises reporting the standard deviation wherever the mean is reported so the reader understands not just the central location of the data, but how spread out they were.

### **- Reliability**

The starting point in analysing the quantitative data was establishing reliability. To do this, Cronbach's alpha tests were used on data from Sections 1, 2 and 4. These sections used Likert scales which are generally used to measure intensity of feelings in a particular area (Bryman, 2012). Bryman notes that with Likert scales, statements are used rather than questions and respondents are generally asked to indicate their feelings on a topic on a five-point scale ranging from strongly disagree to strongly agree. While Bryman (2012) reports that 0.8 is typically understood to denote reliability, he notes that many writers work with a lower figure and cites Berthoud (2000) who contends that 0.60 is 'good'.

### **- Cross-tabulation**

It was observed from the analysis of the qualitative data that mothers and fathers, where parenting the same child, had different experiences of their child's behaviour. For this reason, I elected to run cross-tabulation tests to identify what difference, if any, could be seen in the quantitative data between mothers and fathers. Again, the modest sample size is acknowledged. Section 5 contains a number of sub-constructs, and these will be considered in turn.

## **Parent demographics**

### **- Gender, age and marital status of parents**

Of the seventeen parents who completed the questionnaires at both data collection intervals, nine were mothers and eight, fathers – making up nine families. (The father in family nine did not complete the questionnaire at Time 2). All but one couple were married. The youngest mother was aged 36 years and the eldest mother was 64 years of age. The average age of mothers was 48.5 years. The youngest father was 37 years of age, with the eldest being 65 years of age. The average age of the fathers who participated was 49.09 years.

Parents collectively had twenty children. Two families had just one child. Of the twenty children, nine had behaved violently and were featured in the study. Seven of those children were boys and two were girls. Their ages ranged from nine to seventeen years with an average age of 13.7 years. Parents reported that six of the children had a diagnosis of Autism although their responses concerning strengths and

difficulties varied considerably. This profile of the interest children was considered significant as it indicated additional challenges in the parenting role.

#### **- Level of education**

Three parents (2 mothers and 1 father) had completed secondary education. Thirteen parents (8 mothers and five fathers) had completed university education. Six parents (2 mothers and 4 fathers) listed professional studies as their highest level of education. Just one parent, a mother, listed Diploma level.

#### **- Nationality and ethnicity**

All of the parents reported that they were white Irish.

#### **Processing the data**

Data from the questionnaires was inputted manually by myself into SPSS (Statistical Package for Social Sciences). Within SPSS, I reviewed, cleaned and analysed the data. As there was just a modest sample, it was decided to use descriptive statistics only as confidence in inferential analysis could not be established due to the low numbers involved. Nevertheless, descriptive statistics, which are used to calculate, describe and summarise data can “*answer basic yet important questions about a research data set...*” (Vetter, 2017, p.1797).

#### **Roles, relationships and nature of CPVA**

The next section will present the findings from the questionnaires on five dimensions; (i) Affirmation of the parental role, (ii) Familial roles structuring, (iii) Emotional parent/child link, (iv) Typology and frequency of CPVA and (v) Intensity and severity of CPVA.

The frequencies presented are the aggregate of response categories given for each scale. All scales were scored positively from 1-5.

## Section 1

Dimension to be measured	Indicator
Affirmation of the parental role	Items assessing the confidence and self-assessment of their parental skills

This section consisted of six questions relating to parents' view of their role. The Cronbach's alpha result for this section at Time 1 was  $\alpha = .774$  and at Time 2,  $\alpha = .759$  indicating a good level of reliability. The Likert scale in this section consisted of values from 1-5 representing strongly disagree (1), disagree, neither agree nor disagree, agree and strongly agree (5) – indicating the highest level of satisfaction. The mean, median, mode and standard deviation at Time 1 and Time 2 are presented below.

Statistics		
	Parental Confidence T1	Parental Confidence T2
N Valid	17	17
Mean	3.4706	3.8824
Median	4.0000	4.0000
Mode	4.00	4.00
Std. Deviation	.89216	.80096

### Frequency Table

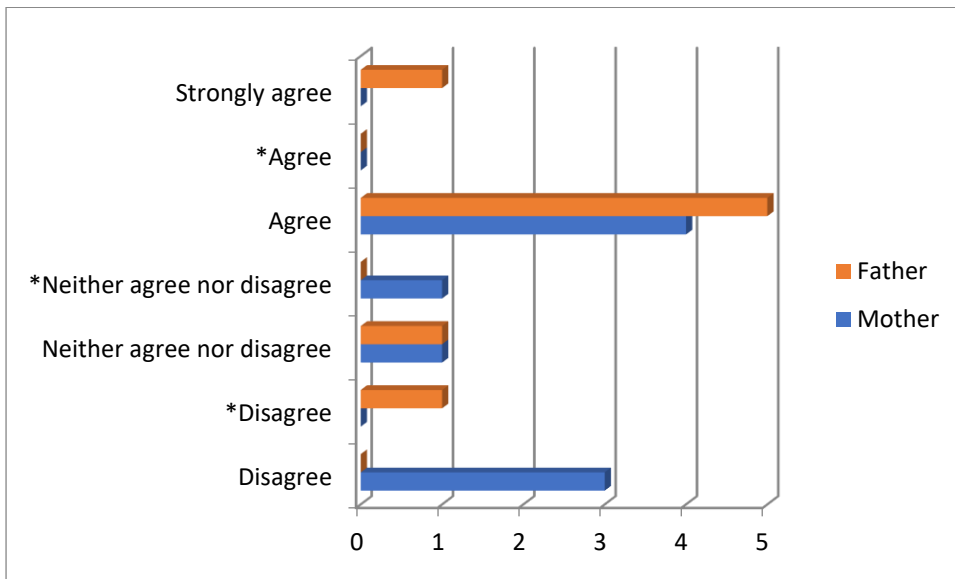
The table below present the overall results of section 1 which measures parental confidence at Time 1 and Time 2. If we look at the scale 'disagree' we can see a reduction of almost 12%. Similarly, if we look at the scale 'strongly agree', we can see yet another increase – again of almost 12%.

Parental Confidence		
	Time 1	Time 2
Disagree	17.6%	5.9%
*Disagree	5.9%	0%
Neither agree nor disagree	11.8%	17.6%
*Neither agree nor disagree	5.9%	5.9%
Agree	52.9%	47.1%
*Agree	0%	5.9%
Strongly agree	5.9%	17.6%

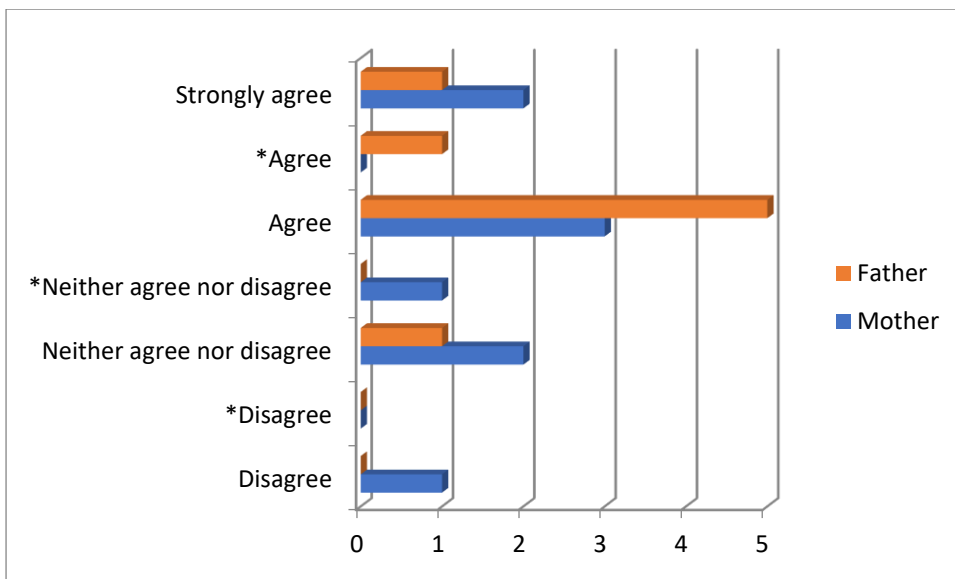
\*Median result had two values: using lower value in table

The bar charts below present the findings from Mothers and Fathers.

### Parental Confidence: Mothers and Fathers T1



### Parental Confidence: Mothers and Fathers T2



## Section 2

Dimension to be measured	Indicator
Familial roles structuring	Assessment of the familial dynamics, including dependency and authority relationships

This section consisted of eleven statements relating to family dynamics. The Cronbach's alpha result for this section at Time 1 was  $\alpha = .601$  and at Time 2,  $\alpha = .688$ . This indicates a sub-par level of reliability but if Berthoud is correct (as cited previously), this figure indicates sufficiency or can be considered 'good'. The Likert scale in this section consisted of values from 1-5 representing strongly disagree, disagree, neither agree nor disagree, agree and strongly agree – indicating the highest level of satisfaction.

The descriptive statistics for parents' views of familial dynamics are as presented below.

Statistics		
	Familial Dynamics T1	Familial Dynamics T2
N Valid	17	17
Mean	3.4706	3.6471
Median	4.0000	4.0000
Mode	4.00	4.00
Std. Deviation	.71743	.78591

From the table above and similar to section 1, the median and mode show that the most common response was 'agree'. This indicates a strong level of satisfaction with familial dynamics including roles and parental authority. Again, looking at the mean which increased from Time 1 to Time 2, parental reports of familial dynamics appear to have positively but slightly increased. This is also the case when we cross tabulate and look at the data from mothers and fathers separately.

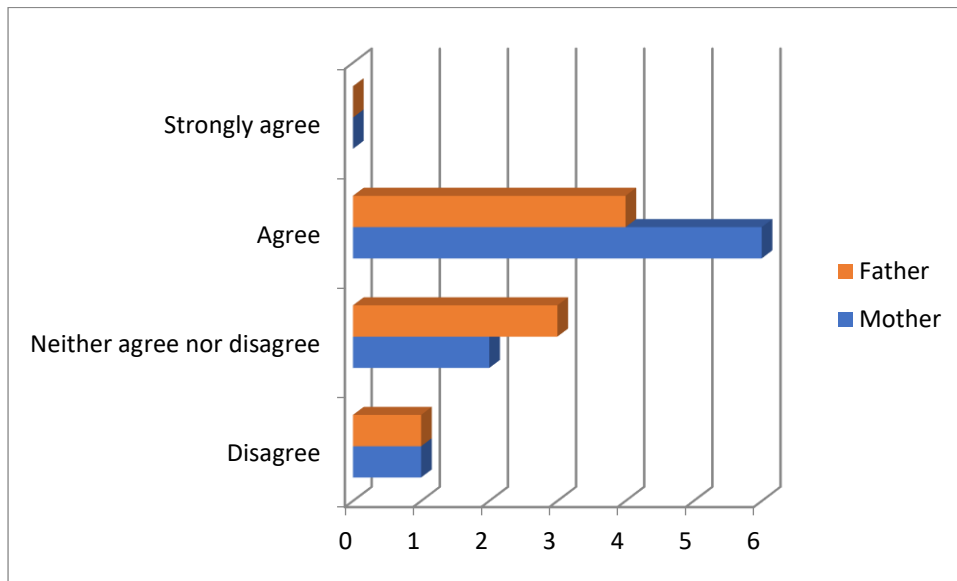


## Frequency Tables – Time 1 and Time 2

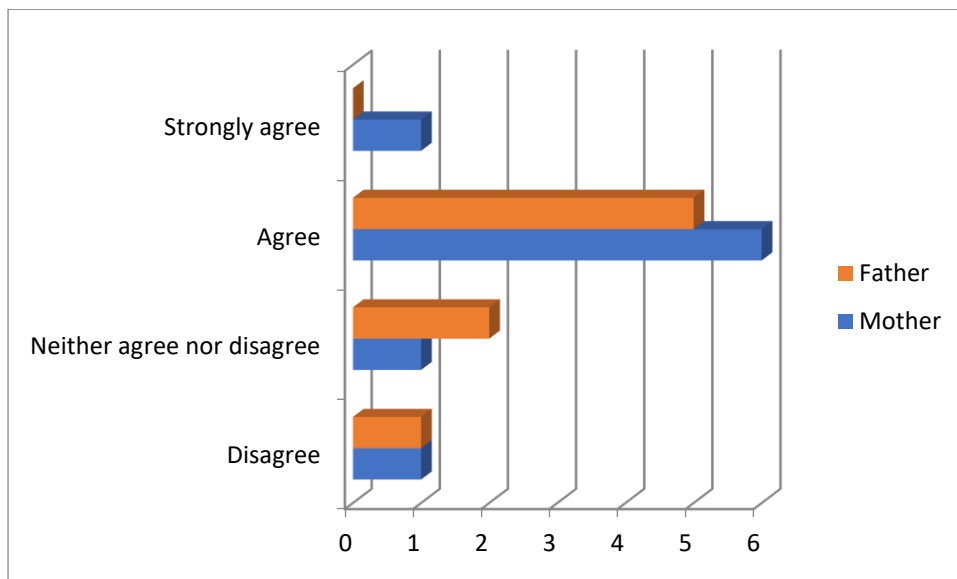
<b>Familial Dynamics</b>		
	Time 1	Time 2
Disagree	11.8%	11.8%
Neither agree nor disagree	29.4%	17.6%
Agree	58.8%	64.7%
Strongly agree	0%	5.9%

The table above, representing the dimension – family dynamics – shows that reports of parent satisfaction with family dynamics had increased from Time 1 to Time 2.

### Familial dynamics: Mothers and fathers T1



### Familial Dynamics: Mothers and Fathers T2



### Section 3

Dimension to be measured	Indicator
Emotional parent/child link	Assessment of parents' view of parent/child relationship

This section consisted of just two questions. The first related to the quality of the parent/child relationship while the second was concerned with frequency of joint parent/child activities. On the question relating to carrying out parent/child activities, no differences were reported between Time 1 and Time 2. However, changes were reported to have occurred in relation to the parent/child relationship. The descriptive statistics relating to this question are presented below.

Statistics		
	The relationship with my child, at the moment is (T1)	The relationship with my child, at the moment is (T2)
N Valid	17	17
Mean	2.35	3.12
Median	2.00	3.00
Mode	2	3*
Std. Deviation	1.115	1.111

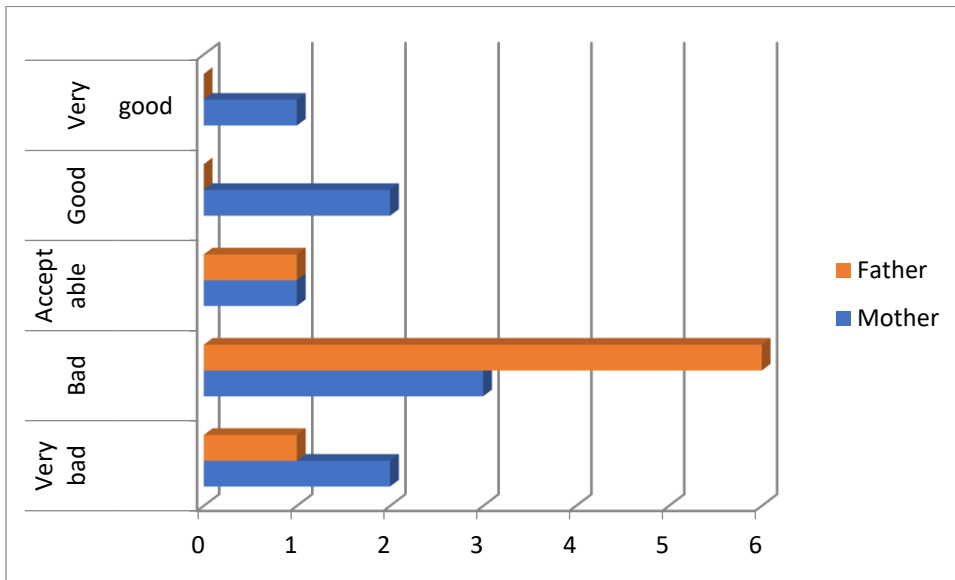
\* Multiple modes exist. The smallest value is shown

As can be seen from the table below, most parents reported that the relationship with their child was 'very bad' or 'bad' at Time 1. It would appear, however, that overall, parents viewed the quality of the relationship with their child to have significantly improved at Time 2. While just 5.9% of parents reported very good relationships at both data collection points, relationships were reported as 'good' by 11.8% at Time 1 and by 35.3% at Time 2. At Time 1, 52.9% of parents described the relationship with their child as 'bad', this had reduced to 11.8% at Time 2.

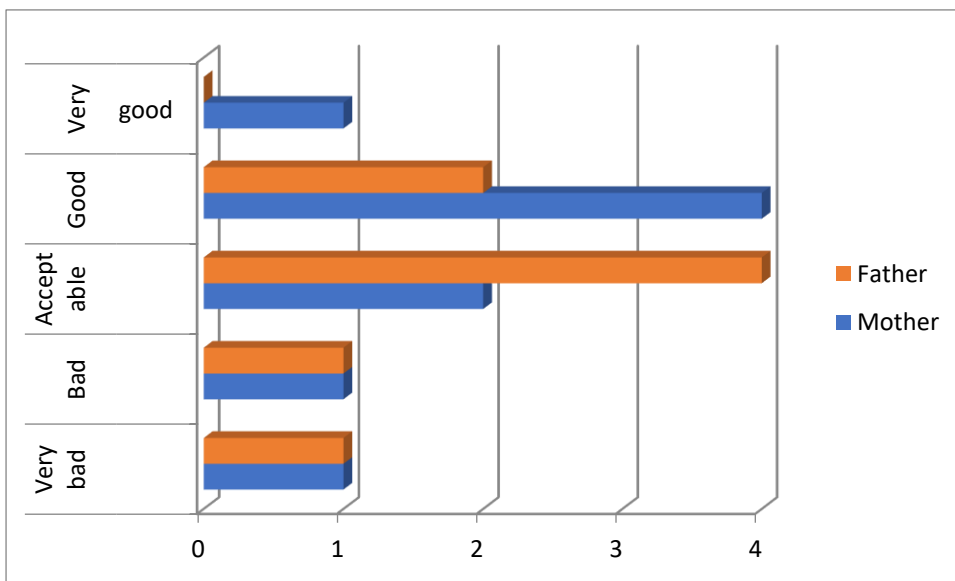
The relationship with my child, at the moment is		
	Time 1	Time 2
Very bad	17.6%	11.8%
Bad	52.9%	11.8%
Acceptable	11.8%	35.3%
Good	11.8%	35.3%
Very good	5.9%	5.9%

The bar charts below present the data from Mothers and Fathers separately where it can be seen that at Time 1, five mothers described that relationship as ‘bad’ or ‘very bad’. At Time 2, just two mothers reported the same. While at Time 1, seven fathers reported a ‘bad’ or ‘very bad’ relationship with their child, only two reported the same at Time 2.

**Emotional parent/child link Crosstabulation T1**



**Emotional parent/child link Crosstabulation T2**



## Section 4

Dimension to be measured	Indicator
Child to Parent Violence/Abuse characterisation (Behaviour typology and frequency)	Number and typology of child to parent violence/abuse events reported by parents (No. of aggressions/episodes of each specific violent behaviour per week).

This section consisted of twenty-three items relating to parents' experiences of CPVA. It measures a range of behaviours ranging from psychological/emotional abuse to threats of or actual use of a weapon. The Cronbach's alpha result for this section at Time 1 was  $\alpha = .879$  and at Time 2,  $\alpha = .922$ . Both results indicate an excellent level of reliability.

The Likert scale in this section consisted of values as follows; (1) Never, (2) Rarely (1-3 times a year), (3) Occasionally (approximately once a month), (4) Frequently (approximately once per week) and (5) Almost every day.

Descriptive statistics for typology and frequency of CPVA are presented in the next table.

Statistics		
	CPVA Typology T1	CPVA Typology T2
N Valid	17	17
Mean	3.2353	2.5882
Median	3.0000	2.0000
Mode	4.00	2.00
Std. Deviation	1.14725	1.12132

Frequency tables show that almost half ( $n=8$ ) of parents reported that they experienced CPVA almost daily (11.8%) or weekly (35.3%). Only one parent reported that they had never experienced CPVA.

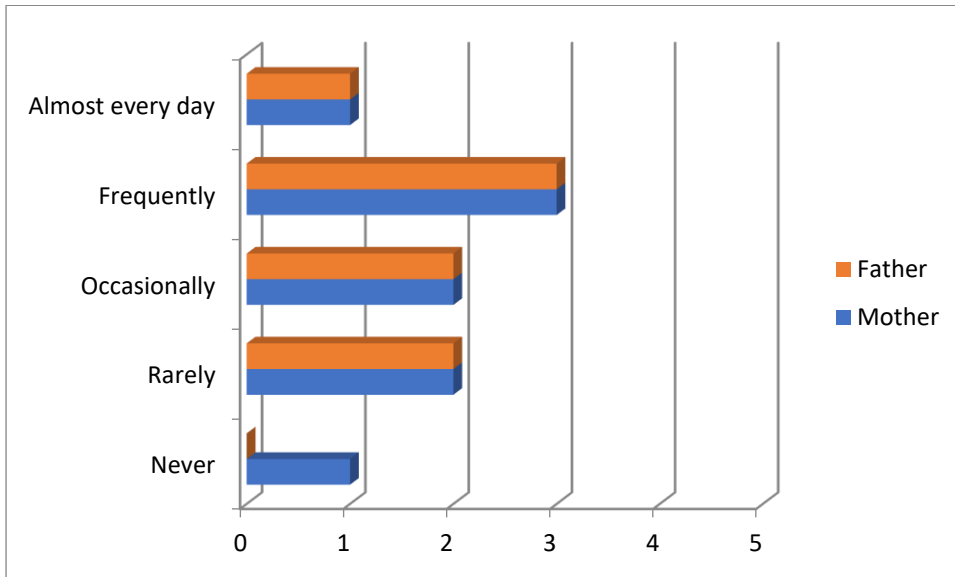
From the table above, it can be seen that the median decreased, indicating that the violence had decreased at Time 2. The mode also decreased from 4 (frequently) to 2 (rarely).

The table below indicates that the overall frequency of violent behaviour had reduced at Time 2. Reports of weekly violence reduced from 35.3% at Time 1 to 17.6% at Time 2. Daily violence, as reported by parents, reduced from 11.8% to 5.9% of parents.

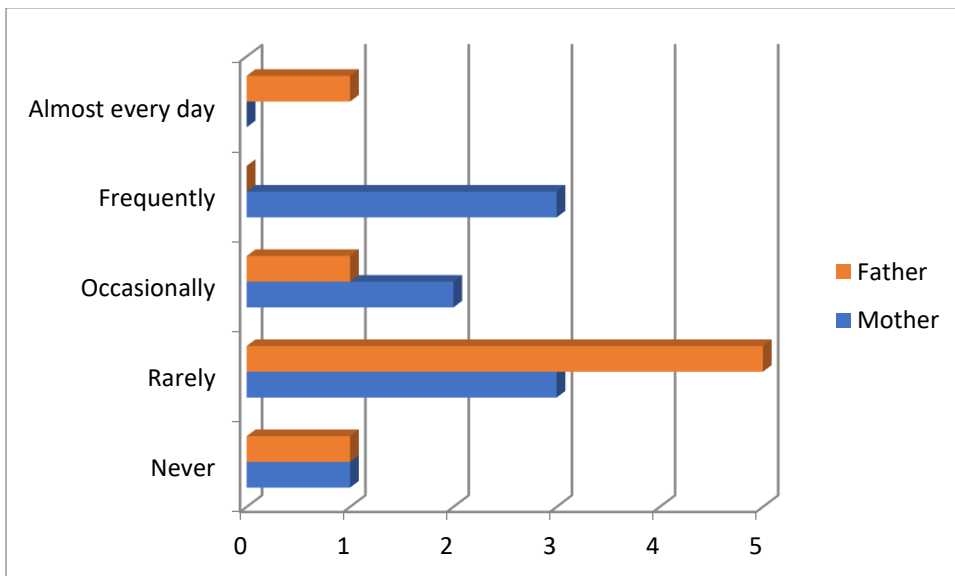
<b>CPVA Typology</b>		
	Time 1	Time 2
Never	5.9%	11.8%
Rarely (One to three times a year)	23.5%	47.1%
Occasionally (Approx. once a month)	23.5%	17.6%
Frequently (Approx. once a week)	35.3%	17.6%
Almost every day	11.8%	5.9%

The bar charts below present the findings from Mothers and Fathers separately.

### CPVA Typology Mothers and Fathers T1



### CPVA Typology Mothers and Fathers T2



## **Parents' experiences of CPVA**

In this section, a more detailed account of parents' experiences at Time 1 and Time 2 will be reported – the nature of the violence/abuse, the frequency, and the severity.

### **- Physical abuse**

#### Time 1

Most parents ( $n=8$ ) reported in the data that their child had threatened to kill them daily ( $n=2$ ), weekly ( $n=2$ ) or monthly ( $n=4$ ). Nine parents reported that they believed their lives to be in danger with one of those reporting this occurred daily and the other, that it was a weekly occurrence. Again, the majority ( $n=8$ ) reported that their child had used a knife, gun or other weapon with half of those reporting that this was a weekly or monthly occurrence. Seven parents reported that they had been choked or strangled – with three of those parents saying this happened monthly or weekly. Twelve reported being kicked by their child with three noting that this occurred weekly and two that it occurred daily. Ten parents reported being slapped, hit or punched with three reporting that this occurred on a daily basis and a further three parents noting that this was a weekly occurrence. Eight parents were pushed, grabbed or shoved on a daily ( $n=4$ ) or weekly ( $n=4$ ) basis

#### Time 2

At Time 2, six parents in total reported that their child had threatened to kill them. Four parents reported that this occurred rarely and two that it occurred on a weekly basis. Five parents reported that their child had used a knife, gun or other weapon. Four said this occurred rarely and one reported that it occurred monthly. Four parents reported that they had been choked or strangled. Two said this occurred rarely and two reported that it occurred monthly. Ten parents reported being kicked by their child. Two noted that it occurred daily and two that it occurred weekly. As with Time 1, ten parents reported being slapped with three stating this occurred daily and one, weekly. Four parents reported being pushed, grabbed or shoved on a daily basis with two reporting that this happened weekly.

### **- Psychological abuse**

#### Time 1

All parents reported some experiences of psychological abuse – criticism, name-calling or preventing a parent from doing what they wanted to do. Seven parents reported that their child screamed or yelled at them daily with a further nine parents reporting that this was a weekly occurrence. Five parents experienced being threatened by their child that they would hit them or throw something at them. Seventeen parents reported that their child had tried to keep them from doing what they wanted to do. Three reported that this occurred daily. Another five parents reported that this occurred weekly with six



noting that this happened at least once a month. All parents reported that their child became upset with them or their partner when something was not done the way they wanted. Eleven parents reported that this occurred on a daily basis with six parents reporting that it occurred weekly.

Time 2

Seventeen parents reported that their child screamed or yelled at them. Eight reported that this occurred daily and five that it occurred weekly. Fourteen parents reported that their child threatened that they would hit them or throw something at them. Four said this occurred daily and three said it occurred weekly. Fourteen parents had experienced their child trying to keep them from doing something they wanted to do. Two reported this occurred daily and five parents reported experiencing this weekly. Eight parents reported that their child became upset with them or their partner on a daily basis if something was not done the way they wanted. Six reported that this occurred weekly.

### **- Property damage**

Time 1

Only one parent reported that their child had never thrown, hit, kicked or smashed something during an argument. Ten parents said this happened weekly while five reported that this occurred on a daily basis.

Time 2

At Time 2, three parents reported that the above occurred daily and five reported that it occurred weekly.

### **- Self-harm**

Time 1

Twelve parents reported that their child had harmed her or himself. Four of those reported that this happened monthly while two parents reported that their child self-harmed weekly.

Time 2

Nine parents reported that their child had self-harmed. One reported that this occurred daily and two that it occurred weekly. Six reported that it occurred rarely (1-3 times per year).

### **- Abuse of siblings**

Time 1

Fourteen parents reported that their child had threatened to hit brothers and sisters. Five reported that this occurred daily and four that it occurred weekly.

Time 2

Eleven parents reported that their child had threatened to hit brothers and sisters. Three reported that this occurred daily and one stated that it occurred weekly.

### **- Abuse of pets**

Time 1

The matter of hurting pets had not arisen in the qualitative data. In the questionnaires, however, the majority ( $n=9$ ) reported that their child had hurt or threatened to hurt a pet. Two parents reported that this happened weekly and two reported that it occurred monthly.

Time 2

Six parents reported that their child had hurt or threatened to hurt a pet. One reported that this occurred daily while two reported that it occurred weekly.

### **- Sexually abusive behaviour**

Time 1

The questionnaire asked parents if they had ever experienced sexually abusive behaviour from their child. Two reported that this had occurred rarely (1-3 times per year) and fifteen reported that this had never occurred.

Time 2

At Time 2, three parents reported that their child was rarely sexually abusive or violent towards them (1-3 times per year). Fourteen reported that this had never occurred.

**- Financial abuse**

Time 1

Twelve parents reported that their child had stolen their money with five reporting that this occurred monthly and one parent reporting that it occurred weekly. Five parents reported that their child spent their parents' money without consulting with them on a weekly basis while one parent reported that this occurred daily.

Time 2

Nine parents reported that their child had stolen their money. Two said this occurred weekly and one reported that it occurred monthly. Six parents reported that their child spent their money on a weekly basis and three reported that this occurred monthly.

## Section 5

Dimension to be measured	Indicator
Intensity and severity of the violence/abuse	Assessment of factors related to the intensity and severity of the problem (medical assistance)

This section contained a number of sub-sections measuring access to professional support, experience of injury as a result of CPVA, the need for medical attention and the level of disruption to their lives experienced by parents as a result of CPVA. The findings are presented in order here.

### Professional support

Twelve parents reported that they needed to contact a service because of their child's behaviour. This table presents the list of professionals from whom parents sought support. The majority  $n=9$  sought support from CAMHS. Seven parents reported that they had contacted An Gardaí. In total, parents listed sixteen different disciplines that they had collectively contacted.

Type of service/Professional (As named by parent)	No. of parents who sought support.
Behaviour Analyst	1
Autism psychologist	1
CAMHS	9
Counsellors/Psychologists/Psychotherapists	4
HSE -Disability	1
-Early Intervention Team	1
TUSLA -Family Support	2
Gardaí	7
Occupational Therapy	1
Educational Psychologist	1
Psychiatrist (Privately)	1
General Practitioner	4
School Social Worker/Psychologist	1
Pieta House	1
Accident and Emergency Department	1
Barnardos	1

### Frequency and nature of injuries

Eight parents reported that they had been injured as a result of their child being violent or abusive to them. Parents were asked to list the injuries that they had experienced. This question was separate from the checklist of abusive and violent behaviours in section 4. The parents' responses are presented in the table below. The most common injury was bruising. Other injuries included attempted strangulations, a broken nose and cracked ribs. Despite the range and severity of injuries described by parents, only two parents sought medical support.

Type of injury (As named by parent)	No. of parents who noted this
Cracked ribs	1
Strained shoulder	1
Several attempted strangulations	1
Cut to shoulder (leaving scar)	1
Swollen ear	1
Damaged wrist	1
Cuts	1
Bites	1
Clumps of hair pulled out	1
Broken nose	1
Muscle injuries	1
Bruising	3

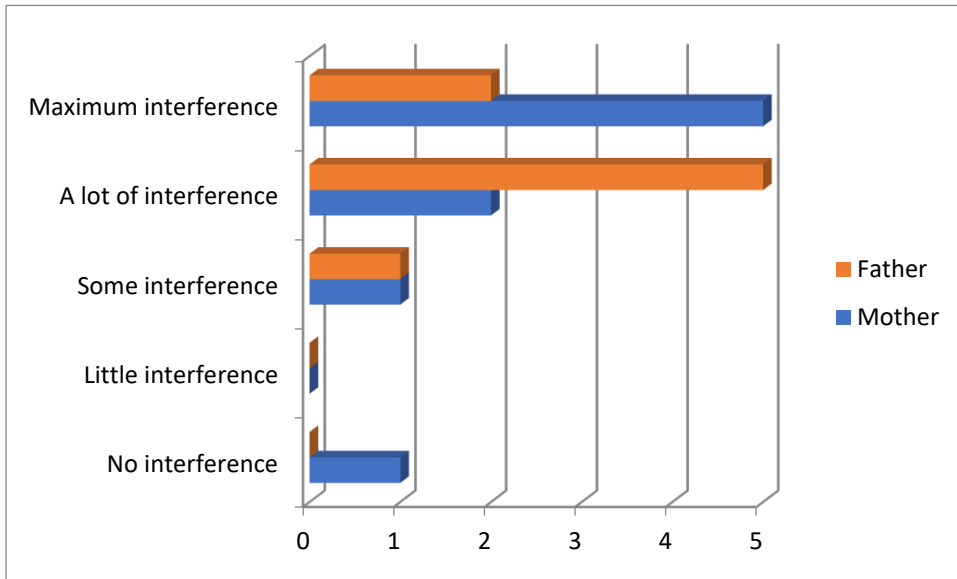
Also in section 5, parents were also asked about the level of disruption that CPVA had caused in their lives. The table below shows a reduction in levels of disruption as reported by parents collectively from Time 1 to Time 2.

<b>Level of disruption in your life caused by child to parent violence</b>		
	Time 1	Time 2
No interference	5.9%	17.6%
Little interference	0%	11.8%
Some interference	11.8%	11.8%
A lot of interference	41.2%	23.5%
Maximum interference	41.2%	35.3%

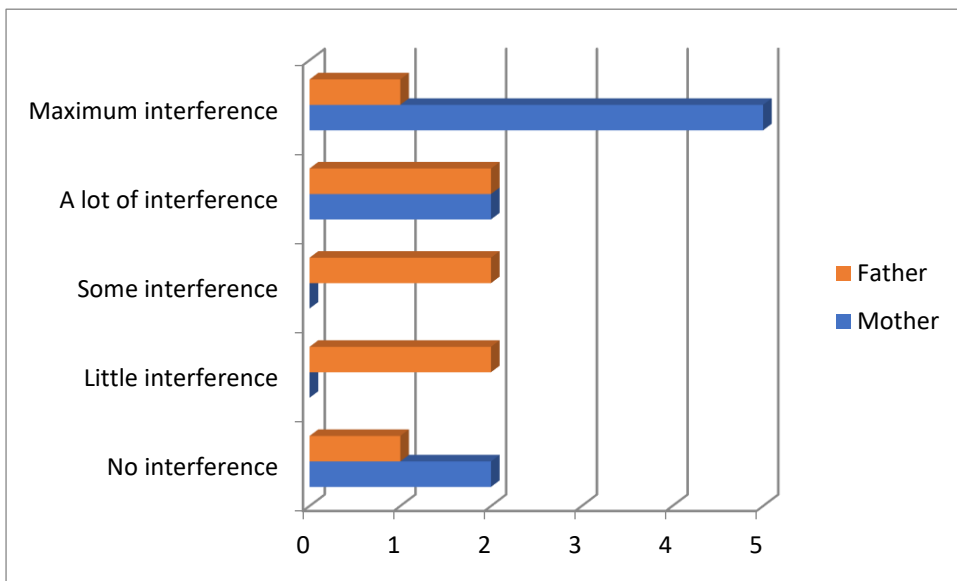
On the next page, we can see from the bar charts that the level of disruption as reported by parents has decreased mostly for fathers but for mothers, this was just a marginal decrease.

The bar charts below present the findings from Mothers and Fathers separately.

Level of disruption to your life T1



Level of disruption to your life T2



## **Conclusion**

This chapter has presented the quantitative findings from this exploratory study of parents' experiences of CPVA and NVR. The quantitative data is the secondary source of data in this study. The sample size is modest and as such inferential statistical tests were not used. Nevertheless, the findings presented here indicate that parents in this study have experienced significant levels of physical and psychological abuse with just over half of seventeen parents experiencing physical injuries as a result. Property damage has also presented as a common experience for parents in this study. The findings suggest that sexually abusive behaviour is not common but has occurred. Harm to pets was also reported by parents.

A broad range of services had referred families for NVR based on the parents' experiences of CPVA – indicating that this phenomenon is presenting to a variety of services and disciplines. It also indicates that these services have identified NVR as a potential response to the concerns about CPVA that have presented to them. Despite experiencing injuries, most parents who do so do not receive medical support.

In the next chapter the findings from the data will be discussed and integrated with the findings from the qualitative data.



## Chapter 10 – Discussion and Integration

### Chapter summary

This chapter will be presented in two parts. The first will integrate the qualitative and quantitative findings of parents' experiences of CPVA at Time 1. Part 2 is concerned with integrating the findings on their views of NVR post-intervention.

In this section, the findings from the Time 1 interviews will be considered in relation to the literature on parents' experiences of CPVA. It will begin by re-stating the aims of the study and the research question. The matter of terminology will be considered at the outset as terminology significantly influences how CPVA is conceptualised. The core category will be presented along with four sub-categories. A summary of the key findings will also be presented in relation to each of the research questions before proceeding to an in-depth consideration of the findings. The core category will be explained and discussed. How the findings relate to current research will be explored.

### Introduction

*“The lack of attention to CPA research reflects a lack of recognition of this behaviour as a phenomenon, let alone as a social problem”.*

(Simmons et al., 2018, p.31)

CPVA has been described as *“one of the biggest taboos in family life”* (Kennedy et al., 2010, p.6) – an explanation, perhaps, for why it is *“a relatively recently acknowledged problem”* (Holt et al., 2018, p.17). This study is concerned with giving voice to parents who live with a child who behaves violently and abusively. It sets out to explore their lived experiences of this phenomenon. It presents detailed accounts of the nature and extent of the violence and the abuse, the impact that it has on parents, siblings and indeed the interest child. As with other forms of domestic violence, CPVA *“can produce devastating short-term and long-term harms”* (Holt, 2016, p.490). Indeed, Coogan contends that parents who experience CPVA, *“share common experiences with women and men who have been targets of domestic violence”* (2017, p.356). Yet, as Holt (2016) suggests, while it is akin to domestic violence with adults, it is also distinctly different. The descriptions of violence and resultant injuries described in this study and the stress of living with CPVA are notably similar to the experiences of victims of adult domestic violence. Laura, for example, described some experiences with her ten-year-old daughter.

*“Well, she will push me up against the wall and she will get into your face, and she will...If I’m going out it will be like, what time will you be back at, why didn’t you answer your phone, you are going to pay for this tomorrow”.* (L24).

Yet, with CPVA, Laura and other parents are in the uniquely difficult position of remaining morally and legally responsible for the person who is violent towards them. Of the parents in this study who contacted An Gardaí, it was not with a view to take criminal proceedings – rather for support in the moment when escalation was high. Within child protection services, CPVA is not conceptualised as a child protection concern as it is the parent who is at risk, but these findings clearly show the risks that can occur for the interest child in the context of violent behaviour. Yet, of the parents who contacted Tusla seeking support, they report that Social Workers informed them that it was not a child protection issue, and one family was advised to go to the Accident and Emergency department of their local hospital while another family reported that they were advised to contact An Gardaí. Furthermore, while the matter of sibling abuse is frequently overlooked in research on CPVA (Howard and Rottem, 2008, Omer et al., 2008), the risks posed to siblings are of significant concern as reported by parents in this study and there have been accounts here of children very much at risk from the child who is behaving violently.

To date, research on CPVA in the Irish context has largely focused on the views of practitioners (see Coogan, 2018). Statutory guidance for practitioners has not been provided alongside guidance on other forms of family violence. The Practice Guide for Domestic, Sexual and Gender based violence (HSE, 2012) however, notes the existence of CPVA but state that it does not provide guidance on “*the abuse of parents by teenagers*” (p.3). As such, practitioners are essentially operating in a vacuum. Holt and Retford (2012) and Wilcox et al. (2015) argue that many frontline practitioners frequently encounter CPVA in their work with troubled families but have little awareness of how to respond to it. Without a solid understanding of these experiences and guidance on the most appropriate responses, practitioners and parents may be left unsupported as they attempt to address children’s violence towards their parents.

Yet, extensive and on-going efforts have been made to highlight this concern since the mid-2000’s when Declan Coogan first introduced NVR as a response to CPVA in a CAMHS setting in Dublin. Later, Ireland joined an EU funded, five nation study on CPVA (with Spain, Bulgaria, Sweden and the UK). As part of that project, NVR training was provided to practitioners throughout Ireland (<https://nvrireland.ie/about/>). On completion of the project, training continued to be delivered and is on-going at the time of writing. NVR Ireland (<https://nvrireland.ie/>) was subsequently established by NVR practitioners to promote and support training and best practice in responding to CPVA.

This study yields a wealth of data – detailed and personal experiences of striking levels of violence and abuse. The experiences of siblings of direct violence and exposure to violence is evident from the

accounts that most parents have provided. Nonetheless, while the similarities with adult perpetrated domestic violence are clear, parents remain concerned for, and fearful of, their interest child.

While the study is concerned with parent experiences, it must be noted that their children who were behaving violently or abusively, also experienced significant challenges. Indeed, parents reported that all of the children were engaged with, or had previously attended, Child and Adolescent Mental Health Services (CAMHS). Difficulties at school were common and parents reported that the interest child was feared or resented by other siblings and isolated from the family. In most cases, parents reported that relationships between the interest child and parents and extended family were poor. Parents portray children who are dysregulated, stressed, isolated and unable or unwilling to access support. In short, the children they describe fare poorly in family relationships, school performance and social connections.

In this chapter, findings from the qualitative and quantitative data at both Time1 and Time 2 will be integrated and discussed. These findings and how they interact will be presented under each of the five research questions as listed below.

1. What are the experiences of parents who are faced with CPVA?
2. What is their understanding of the contributory factors to this violence?
3. In what ways, if any, does CPVA impact on the parent/child relationship and on family relationships?
4. What impact, if any, does participation in an NVR intervention have on the parent/child relationship?
5. What are the views of parents of NVR as a response to CPVA?

Before this discussion begins, a brief account of the methodology employed in this study will be provided. The core category and sub-categories will be presented and the matter of terminology will be considered.

## **Methodology**

This study employed a Constructivist Grounded Theory (CGT) methodology. This is explored in depth in the methodology chapter. CGT was selected as a good fit for the study and indeed for myself as I occupy two positions in the study – that of researcher and that of practitioner. Hunter et al. observe that CGT allows researchers “*to mirror their professional backgrounds by engaging with the participants and encouraging active influence over the outcome of the research*” (2011, p.10). Giving voice to parents’ experiences and perspectives was key in this research. CGT, Charmaz contends, “*brings people and their perspectives into the foreground*” (2014, p.41). It places great emphasis on exploring the meanings that participants attribute to their experiences (Kenny and Fourie, 2015, p.1279).

The research is designed as a mixed methods study – to facilitate both depth and breadth in its findings of those experiences. Understanding a research problem, Creswell (2009) advises, is best served by collecting diverse types of data. Qualitative data was gathered using semi-structured interviews with 23 parents at Time 1 and with 20 parents following the intervention at Time 2. The qualitative data provides the primary source of data. Charmaz suggests, however, that questionnaires “*can foster frank disclosures that a person might not wish to make to an interviewer*” (2006, p.36). For this reason, both methods were employed but with varying weight attached to each. It transpires that Charmaz was correct in referring to frank disclosures as subjects such as sexually abusive behaviour towards parents and the abuse of pets were reported in the questionnaires and not in the interviews.

### **The Core Category – Embattled**

Chapter 5, Methodology, describes the core category in Grounded Theory research and how such categories are identified. As noted by Farragher and Coogan, the researcher in a Constructivist Grounded Theory study aims to “*present an interpretive representation of the understandings of the research subjects*” (2020, p.42). ‘Embattled’ is the proposed core category identified in this study which explores the experiences of parents as research participants in this area. ‘Embattled’ represents the lived experiences of parents who are living with child to parent violence and abuse. It accounts for their experiences and descriptions of being beset by conflict or struggle, being prepared for battle – on alert and treading on egg-shells – with a pervasive sense that anything could happen at any time. The outcomes of this struggle are clearly described – threats to life (parent and child), physical injury, damage to property and psychological and emotional stress. ‘Battle’ is a position engaged in in different spaces – with the child, with a partner, with services. ‘Embattled’ also represents how parents described the experiences of their other children of living with a child behaving violently – “*he barricaded himself...*” (Emma, L164) and who “*can hardly sleep with fear...*” (David, L533).

Four sub-categories are also proposed as further representation of parents’ experiences. These are suffering, engaging in battle, under siege and seeking resolution.

#### **Sub-category -Suffering.**

Parents described extensive experiences of suffering. Physical injury, emotional distress and property damage were reported frequently. Parents’ concerns for their other children were significant and contributed greatly to their distress. Six parents (five families) reported weapons being used by their child – knives, bars, a golf-stick and many household items being used to inflict injury and damage – televisions, picture frames and mirrors. The risk of death was reported – with some parents such as Clare and John believing that their child could kill them and others such as Jack and Mary reporting

concerns that their child could kill a sibling. In fact, at Time 1, thirteen parents reported that their child had threatened to kill them with just three of those reporting that this occurred rarely. At Time 1, two parents reported that their child had been sexually abusive to them, noting that this happened rarely (1-3 times per year). At Time 2, three parents reported sexually abusive behaviour occurring rarely.

**Sub-category -*Under siege.***

Parents such as Laura, Mick, Eileen and Caroline, reported a sense of being under siege – movements restricted, frightened to address demands from their child – a sense of being locked into their situation without possibility of getting out. Parents frequently sought an exit point. At Time 1, fourteen parents reported that their child had tried to keep them from doing something they wanted to do - with eight of those experiencing this daily or weekly. Where the interest child had a sibling (ten of twelve families), all parents reported a sense of their other children being adversely impacted by the interest child's violence. This was a huge source of stress for parents. At Time 1, twelve parents reported that their child had threatened to hit brothers or sisters. Details of these experiences featured strongly in the interviews.

**Sub-category -*Engaging/retreating.***

Engagement in conflict with the child was common. Sam, John and Rob reported responding with threats and punishments – threats to remove the child from the home and threats to retaliate with physical force. John, David, Clare and Aisling reported a significant level of engagement in physical aggression using restraint. Joan described being 'on alert', feeling 'like a prison warden', a sense that anything could happen at any time.

**Sub-category -*Seeking a resolution.***

*"We have tried everything. You would try witchcraft if you thought it would work. We have gone softly, softly. We have tried being firm and we have got to the stage where we just can't live with it"* (Mick, L83).

Engaging in NVR was by no means the first attempt parents made to resolve the problem. They had tried various methods themselves, different parenting approaches, attending parenting courses and extensive attempts to access professional services that would assist them in finding a resolution to the problem. In fact, the extent of their attempts and their difficulties in accessing support were reported as contributing significantly to their stress and that of their child. Parents listed fifteen different

agencies/disciplines that they had collectively contacted – ranging from emergency services (An Gardaí and Emergency Hospital Departments) to therapeutic services.

## **Terminology**

The importance of terminology to describe this phenomenon cannot be overstated. Despite the absence of an agreed terminology in the field of CPVA, there is general consensus that the variation in terms is unhelpful (Murphy-Edwards and van Heugten, 2018; Ruddle et al., 2017; Bonnicksen, 2019). Indeed, it has been suggested that this impedes our response to the phenomenon (Moulds et al, 2016, Baker and Bonnicksen, 2021). In their study of practitioners who encounter CPVA, Holt and Redford (2012) reported that different practitioners use different terms for CPVA and indeed, conceptualise it in various ways. Some understood it as a crime, others as a form of family violence and others viewed it within a framework of power and control.

Coogan suggests that parents are more likely to present their child's violent or aggressive behaviour as "*challenging behaviour*" or speak in terms of being unable to control their child (2018, p.24). Parents in this study did not use the term 'Child to Parent Violence and Abuse' – or indeed 'challenging behaviour'. The tendency was to describe the actions of the child rather than using an overall term. Parents talked about hitting, punching, kicking, choking, throwing and biting – amongst others – to explain their child's behaviour. They described extensive damage to property and abuse and intimidation of siblings. They used terms such as vulnerable, stressed and frightened to describe their feelings regarding their child's behaviour. They did not name the experience of being abused but indicated their fear with terms such as "*You have to be careful with her*" (David), "*Our house is carpeted in eggshells*" (Ann) or "*For a while I was pretty afraid of him to be honest*" (Mary). More worryingly, some parents named the risk of death as being a real concern. This has implications for practitioners who might seek to raise the possibility of CPVA with a family and poses the question: how might we ask parents if they are experiencing CPVA in a way that supports them to talk about it? It suggests that asking questions about specific behaviours, or indeed, how the parent feels with the child, may be more helpful than using what appears to be a professional and academic term – child to parent violence and abuse.

In research with a small sample of practitioners in the UK, Holt and Redford reported that practitioners use different terminology when describing CPVA (2012). They recommend agreement across services on a category to describe parents' experiences of CPVA. As parents tend to describe behaviours – rather than use an overall term – it may be helpful when these behaviours are described, to establish if they form a pattern. Several parents talked in terms of their child's behaviour changing over time – using terms such as 'getting worse' and 'harder to manage as he gets bigger'.

How parents talk about CPVA is an important factor in understanding and responding to this phenomenon appropriately. In terms of adult violence, Ruddle et al. (2017) argue that the use of an umbrella term – domestic violence – and the failure to name specific behaviours results in ambiguity regarding how domestic violence is understood and interpreted. They also suggest that this impacts negatively on the consistency and reliability of studies in this field. In this study, the terminology used by parents is specific to behaviours, the duration of those behaviours and the impact they have on the family.

## **Research question 1. Key Findings**

### ***What are the experiences of parents of child to parent violence and abuse?***

In response to this question, both the qualitative and quantitative data provides accounts of serious and significant levels of violence and abuse directed at parents by their children. While parents gave detailed and extensive descriptions of CPVA and the impact on their families, they did not use the terminology of professionals and academics. This raises significant questions on how practitioners understand CPVA and the guidance that is offered to practitioners to ensure the most appropriate response.

The impact of CPVA is evident in the data – on individuals, on the interest child, on siblings and on relationships. Parents do not appear to have a framework for how best to respond to CPVA and often work against each other, taking different positions in relation to the problem. This is an additional source of stress and conflict for parents who report feeling criticised, challenged, or unsupported by their partner/spouse in their response to the interest child.

Although silence often surrounds this form of abuse and the privacy reflex is referred to in the literature, parents did not keep the matter private. However, they sought formal support rather than seeking the support of friends or family. Their efforts were extensive, with parents going “*from pillar to post*” as described by Ann in an attempt to access professional help for their child.

In the current study, mothers experienced more violence than fathers and five times more boys used abusive/violent behaviour than girls.

All the children concerned had attended CAMHS although just eight out of the twelve children had received a diagnosis (66%). In addition, 50% of the interest children had either self-harmed or expressed suicidal ideation. Parents differed on how they understood this with some highly concerned that their child might complete suicide and others viewing it as an attempt to coerce or control the parent. Parents’ responses to the violence and abuse also varied significantly and ranged from restraint in response to an escalation to submitting to demands to avoid escalation. At times, the aggression seemed bi-directional with a number of parents reporting that they would use physical force to restrain a child or to prevent injury. Fathers in particular – such as James, John, Conor and Mark - reported becoming embroiled in the escalation with their child and as Mark said when describing interactions with his son, he would “*egg him on*” (L80).



## Direction of violence and abuse

As noted in the literature review, some researchers contend that terms such as ‘parent abuse’ and ‘child to parent violence’, mask the experiences of mothers. Indeed, describing this phenomenon as ‘child to mother violence’ has been advocated in order to recognise that mothers are the primary targets of abuse, and their gender should be made visible (Stewart et al., 2006; Edenborough et al., 2008). Condry and Miles argue that CPVA is a “*gendered phenomenon*” (2014, p.257). In an extensive analysis of CPVA (1892 cases reported to the London Metropolitan police), Condry and Miles (2014) concluded that 87% of suspects were male and 77% of victims were female. Walsh and Krienert (2009) reported similar results, analysing data on almost 18,000 children and adolescents (up to 21 years of age) and comparing offender and victim characteristic. They concluded that 72% of victims were female.

Murphy-Edwards and van Heugten (2018) report consistent agreement in the literature on CPVA that mothers experience parent abuse more frequently than fathers. Furthermore, Howard and Rottem (2008) propose that male adolescent violence towards mothers, is unlikely to end when the young male leaves the family home. As such, they argue that male adolescent violence towards mothers should be considered as a potential precursor for adult violence towards women.

While this study represents a small sample, nine of twelve (75%) mothers experienced physical violence directly, compared to six of eleven fathers (54.55%). From an extensive review of CPVA literature, Simmons et al. (2018) conclude that mothers are overwhelmingly reported - in community and clinical samples – to be the primary target of CPVA. Yet, Simmons et al. (2018) also report other findings from the literature that suggests that fathers are as likely or more likely to experience CPVA. They suggest the contrary findings “*may be a reflection of the atypical sample characteristics*” (p. 34).

Analysis of the Time 1 data in this study shows that of those ten families where both parents were resident, the violence was directed primarily at the mother in four cases, at the father in two cases and at both parents in a further four cases. In the case of the family where the parents were separated, the violence was directed at the mother only. This means that fathers experienced violence directly in six (half) of the families while mothers experienced violence in eight (two thirds) of the families. While this is clearly a small sample, the finding is in line with research that shows that mothers are reported to be the primary targets (Simmons et al., 2018; Douglas and Walsh, 2018; Kuay and Towl, 2021; Burck et al., 2019).

Stewart et al. (2006) contend that the use of terms such as ‘parent abuse’, ‘adolescent violence’ and ‘child to parent violence’ are problematic in that they fail to describe that women are largely impacted by this phenomenon. They propose the term ‘child-to-mother violence’ to acknowledge that the young person is the instigator, the parent is the victim and furthermore, “*her gender is made visible*” (2006, p.298). In their study of thirty-four women, Stewart et al. (2006) reported that the child in question had assaulted other members of the family but almost all the assaults were directed at siblings (27) with

only three women reporting that their child had assaulted his/her father. It must be noted, however, that their research consisted entirely of interviews with mothers.

Burck et al. conducted a review of the literature and concluded that “*gender is rendered invisible*” in research on CPVA (2019, p.7). They propose “*a new lens*” through which CPVA should be viewed which centres the experiences of mothers who they argue are the primary victims (2019, p.8). In fact, Edenborough et al. suggest that using other terms – such as ‘child to parent violence’ “*convolute the direction of violence and the targets of abuse*” (2008, p.465). They too contend that the experiences of mothers have been largely ignored in research.

Yet, to employ the term ‘child to mother abuse’ here, would fail to acknowledge fathers’ experiences as found in this research - those of Mick, John, David, Mark and Pat. Each of these fathers experienced significant assaults. Mick and John reported that they required medical attention as a result of the assaults they experienced at the hands of their sons/daughters. While David acknowledged that he was more physically able to withstand his daughter’s violence than his spouse, he also described his daughters attempts to push him down the stairs, head butt him and kick him. He gave the impression that he understood that it was his strength that prevented serious injury but later in the interview, noted that he was fearful of getting older while his daughter became stronger. Simmons et al. (2018) propose that children may be less likely to behave violently towards their father if they perceive that their father may retaliate physically. Not all fathers were fearful. In fact, Fran was very clear that, should his son hit him, he was prepared to retaliate physically. Routt and Anderson observe that “*mothers are often physically weaker than their adolescent child and are less able to defend themselves against physical violence*” (2011, p.12). John believed that his son knew John could defend himself and that, he suggested, offered some protection.

*“He still would probably fear that I would be able for him. That I might hit him a box or something. That protects me a little bit. He knows Clare won’t, so she is more of a victim”*  
(L130).

Simmons et al. (2018) report that, where the nature of the violence becomes more extreme, fathers are most likely to be the targets. Referring to a review of crimes reported to 33 London Metropolitan Boroughs, Kuay and Towl (2021) note that experiencing assault was more often reported by mothers than fathers. Yet, fathers were more likely to report assault involving injuries. Just one parent in the current study - Mick – reported that the violence was equally directed at both parents (Mick, L60).

Aisling talked about an incident where her son approached her, asking “*Do you want a fight?*” and she gave the impression that she was very clear that her son “*...wasn’t going to even dream about attacking his Dad. He came to seek me out to take it out on me*” (L 252). Holt (2016) references a number of police reports, self-report surveys and service-user data which all found that mothers were

disproportionately represented in CPVA – with an approximate ratio of 8:2. As with Simmons et al. (2018) above, Holt (2016) cautions, however, that findings will differ depending on methods of measurement.

In this study, six fathers reported more confidence and a stronger response to their child's violence than that of their partner (in this study, all mothers). It was not that fathers were not targeted, but that they felt able to respond physically. James said that he understood that he received less violence because he was confident in responding to it.

*“It’s different for me as I just stand up to him. It is probably not the best strategy. Otherwise, you have to have these conversations and it goes on and on, but he usually won’t hit out at me. A couple of times he will try and start it but then I am like stand over him and say ‘go on then, what are you going to do? Nothing, so just sit down and shut up’” (L201).*

However, James noted that his wife's response was different.

*“She is trying to say ‘Well, I am the mother here’ and he is saying ‘I don’t care. I am still going to knock you out. What are you going to do about it? Nothing’” (L362).*

Other fathers – John, David and Fran, suggested that their child knew they could physically manage them and as such, were less likely to be violent towards them. Indeed, Fran was willing to hit his child if his son was violent towards him.

*“And also, I’d like...quite happily tell him, if you hit me, I’m going to hit you back. I’m not putting up with it” (L118).*

This position clearly creates a risk to the interest child and there is a possibility that the violence may become bi-directional. This was not a universal finding with fathers, however. In fact, of the fathers that were targeted with physical violence, Mick, Pat and Conor reported that they actively avoided physical restraint or retaliation and that they experienced significant violence from their children. Pat made a conscious decision not to respond physically.

*“Physically, I could have wrestled him to the ground and held him, but I knew it would do him no good. It wouldn’t have been the right thing to do” (L272).*

### **Gender of interest child**

In a review of ten electronic databases, Peck et al. (2021) reviewed and synthesised research in Australia and New Zealand on predictors and correlates of CPVA. They centred on young people in the age range of 10-24 years in line with the definition of young people from the World Health Organisation. They concluded that in 20 of 21 studies, boys were found to be more likely than girls to engage in CPVA.

These findings were strongly reflected here. In this study, 33 parents were initially invited to engage in the research. Collectively, those parents had 23 children who they described as violent or aggressive. 17 of those children were boys and six were girls. Of the 23 parents who participated in the study, they had a total of 12 children – 10 of those were boys and 2 were girls.

Moulds and Day conducted a systematic review of the literature, reviewing only what they refer to as “*the most rigorously designed studies*” (2016, p. 195). They identified twenty studies – fourteen of which described the gender of the perpetrator. In ten studies, it was concluded that CPVA is a non-gendered phenomenon while four studies reported that males are more likely to be violent towards their parents. Douglas and Walsh are unequivocal in their assertion that “*the majority of perpetrators are boys and young men*” (2018, p.502). Yet, in a German study of almost 6,500 children, Beckmann et al. (2021) concluded that, while adolescent girls were more likely to be verbally aggressive, gender differences were not reported for physical CPVA. The disparity in the research may, as suggested by Beckmann et al. (2021), relate to the variance in populations studied. They note that research in clinical settings reports that more males are responsible for CPVA while research in community samples reports that rates of CPVA are similar between males and females.

### **Defining violence**

Referring to an estimated 200 definitions of violence, Hamby (2017) proposes that any definition should include four elements and lists them as behaviour that is (i) intentional, (ii) unwanted, (iii) non-essential and (iv) harmful. In this study, the question of intentionality is key as it has been proposed that violence or aggression from an Autistic child should be excluded from any definition of violence (SEVIFIP, 2020). This suggests that violence or aggression from an autistic child cannot be intentional. Two thirds of the children that presented in this study were autistic. It is evident from the data in this study that the violence experienced by parents is unwanted, non-essential and harmful.

Ibabe and Izaskin (2020) argue that the term ‘Child to Parent Violence’ should be replaced with Child to Parent Aggression. Violence, they contend, “*is an act of physical force that causes or is intended to cause harm, whereas aggression is a hostile behaviour that may be physical, verbal or passive*” (2020, p.4). Abuse, they continue, involves “*physical violence or emotional cruelty that intentionally harms or injures another person*” (2020, p.5).

### **Nature of violence**

Contreras et al. (2020) identified four elements of CPVA – physical violence, psychological violence, financial violence, and control/domain over parents. In this study, parents reported experiencing varying forms of violence – physical, psychological and emotional abuse and property damage which is sometimes considered financial abuse or economic abuse (Loinaz and de Sousa, 2020). Of course, as

Ibabe and Izaskin note, these categories can overlap. Physical violence, they propose, “*is not conceived without emotional violence, given the fear or perception of helplessness on the part of the victim*” (2020, p.7). In this section, the findings from the current study will be considered in relation to the literature. While the study is concerned with the experiences of *parents*, their reports of violence towards the interest child’s siblings indicate a significant level of stress and distress for parents and as such cannot be separated from their own personal experiences.

### **-Physical violence**

*“The way I see it, I am much too vulnerable now, because he can kill me. Even last night, the way he swung at me, God, I got a fright. It was so unexpected; I couldn’t believe the power behind it. He just knocked me flying. He hasn’t done that before. Over nothing”* (Clare, L114).

Boxer et al. (2009) note the dearth of knowledge regarding physical aggression directed at parents by their children. This, they suggest, is in stark contrast to an extensive body of research on other forms of youth aggression. Gallagher (2004) suggests that CPVA may involve less serious injuries and attributes this to low reporting rates. Yet, the level of physical violence as reported by parents in this study is striking. Routt and Anderson (2011) also reported strong similarities in the violence experienced by parents in their study and that of victims of domestic violence. Indeed, Kuay and Towl (2021) acknowledge that a violent child can inflict as much physical and emotional damage as a violent spouse. Yet, parents may underestimate the levels of violence they experience from their child (Ibabe, 2019).

Describing what constitutes physical violence, Baker and Bonnick (2021) propose two levels. The first includes punching, kicking, pulling hair, pushing, throwing or pinning, trapping, biting, throwing or hitting with objects. Without exception, all of these behaviours were reported in the current study. More extreme behaviours, noted by Baker and Bonnick (2021) include strangling, using weapons such as knives, the use of poison/gas, and burning scalding. In this study, one mother reported approximately twelve incidents of choking – one of which occurred while she was a passenger in a car and her son was in the rear seat. Use of knives by a child was reported in six interviews (five families) at Time 1. This is a significant percentage considering that following an analysis of over 1,000 police records of juveniles who assaulted their parents in New South Wales, Freeman (2018) reported that the vast majority of those incidents -84%- did not involve a weapon.

The risks outlined in the data are clear. Many parents reported that they sustained both minor and significant injuries but just two sought medical attention. Indeed, the interest child is also at some risk in these situations – use of knives, smashing items, punching walls and indeed, being restrained – all carry risk of injury. It must also be noted that the majority of incidents took place in the family home, and parents reported that many of these incidents of physical assault were witnessed by siblings.

The levels of violence reported were significant and, in some cases, warranted medical attention. In fact, parents displayed signs of injury – not just at the time of interview but at various stages throughout the period of intervention. Some of the injuries were potentially life-threatening -e.g. choking. In these cases, parents were acutely aware of the risk to their life. As Clare stated – *“One day I will be potentially dead on the floor”* (L534).

### **-Psychological and emotional abuse**

While Boxer et al. (2009), as noted in the last section, contend that there has been a lack of attention afforded to physical violence directed at parents from their children, Burck et al. (2019) argue that there has been too much focus on physical violence in CPVA – and suggest that this has limited a broader explanation about the dynamics of CPVA. In this current study, parents reported experiencing significant psychological and emotional abuse. Ghanizadeh et al. (2010) proposes that psychological abuse describes behaviour that creates fear – threatening to hurt or kill a parent or themselves. For those who live with a violent or aggressive child, one of the psychological effects is fear (Kuay and Towl, 2020). Fear was reported by all parents. Even in the cases where fathers did not fear the child’s violence directly, they stated that they feared for their partners, their other children and indeed for the violent child. For example, Mark was fearful for his partner, stating *“I am more concerned about her than myself”* (L342).

Experiences were very much in line with what Coogan has described as *“a pervasive sense of living in fear of the next outburst or assault”* from their child (2018, p.23). Indeed, Rachel described *“a constant fear that you will do something that will provoke that behaviour”* (L58). Fear of the child’s response for some parents, resulted in a sense of paralysis – parents stated that they feared that if they addressed the behaviour, it would escalate the conflict. Ibabe and Bentler confirm this as a real risk, arguing that *“a parents attempts to control inappropriate behaviours in children could provoke violent behaviour by children because actions of CPV are defined as attempts by children to gain power over a parent”* (2016, p.267).

Kuay and Towl (2021) note that CPVA can have different psychological effects on parents. Those who are fearful will avoid and find it difficult to hold rules or boundaries. They reference the term ‘walking on eggshells’ (p. 25) as presenting in the literature. As previously reported, Ann suggested that her house is *“carpeted in eggshells”* indicating significant fear and avoidance. Others, they suggest, can become angry – from a need to protect themselves, other family members or to show who is in charge in the home.

Selwyn and Meakings (2016) contend that parents compromise their behaviour for fear of violence. A parents’ attempts to avoid violence are often misinterpreted as permissive parenting (Routt and Anderson, 2011). The subsequent lack of consequences for the violent behaviour, they contend, reinforces for the adolescent that their behaviour is not serious. This link between permissive parenting

and CPVA is, according to Burck et al. “*overly simplistic and potentially harmful*”. These statements, they suggest, “*covertly target mothers as the lax parent*” (2019, p.12). In this current study, each of the mothers gave concrete examples of attempts to avoid violence by avoiding addressing their child’s behaviour. In fact, John advised Clare, when he was due to be absent from the house, to avoid any consequences in response to their son’s behaviour.

*“I say to Clare – ‘just do whatever he wants’ – but you can’t really run the house like that because then all the rules are gone. She tries to keep rules but if she gets it wrong, he could go for her” (L72).*

Rachel described “*constantly trying to avoid things that will trigger it*”. The result of this, she noted, was that “*regular discipline goes out the window*”. Rachel continued, suggesting; “*It is like hyper-vigilance – it is that on steroids*” (L80).

### **-Threats of self-harm and suicide**

Baker and Bonnicks (2021) contend that threats of self-harm are behaviours common to CPVA and describe this as a type of emotional or psychological abuse. AFCCA (2021) (Aggression toward Family/Caregivers in Childhood and Adolescence) in research with 100 family members with lived experience of CPVA, concluded that in 27% of cases, the violence was directed at the child or youth themselves. This could have significant implications for the safety and well-being of the child. It is also a significant source of fear and distress for parents.

In a study of 8,000 adolescents in Mexico, Martinez-Ferrer et al. (2020) concluded that adolescents who were violent towards their parents, showed higher levels of psychological distress and suicidal ideation. In this current study, 50% of the interest children threatened self-harm or suicide. Omer and Dolberger contend that suicide threats from children present parents with a “*major challenge*” (2015, p.559). Indeed, they argue that both parents and children experience significant distress in these situations. They suggest it is the “*ultimate last word*” and holds “*a unique coercive power*” (p.560).

In the current study, Emma described how her teenage son threatened that he would kill himself if she did not meet his demands for a new computer game. Her son, she reported, left the family home and sent her husband a text.

*“I am in a tree. I have a rope around my neck. Show me pictures to confirm that you have purchased everything I said you were to buy” (L245).*

Emma was understandably very concerned and took her son to the Accident and Emergency Department the following day. There, she reported that she received the following assessment.

*“In the A and E, they very clearly said to us – It is manipulative. This is extreme manipulation. There is nothing here. It is behavioural issues” (L255).*

Her son was subsequently referred to CAMHS where, Emma reported, it was concluded that the threats did not represent a mental health difficulty but were reported as behavioural issues. As such, he did not receive a service from CAMHS. While it may seem that Emma’s son used these threats to obtain a computer game, Emma later noted that he had experienced significant bullying and struggled to be part of a group in school. His demand for the computer game appeared to her to be an attempt to secure him a place with friends.

*“I think that he is on the periphery of a crowd in school, and this is why FIFA is important to him, because he thinks it is going to push him further in to the crowd” (L416).*

Sarah had a similar experience, saying that her son would threaten to kill himself if he didn’t get his phone back, advising her and her husband that they would *“regret it”* (L68). Sam, Sarah’s husband, had taken to hiding knives, medication and sharp objects due to their son’s threats of self-harm.

Bonnick suggests it is too easy to assume in these situations that there are gains to the child and asks how it feels to be the child behaving violently. She suggests *“they too become trapped. A need for control when everything else in their life seems very much uncontrollable”* (2019, p.75).

Jenny described an incident which it seems she understood to be *“a cry for help”* from her 12-year-old son.

*“He was throwing things at me. He was reaching for all sorts of things in the kitchen. And then, eventually, he reached for a knife, and he pulled it on me and then he pushed it on himself. And now, he didn’t use it, but it was just the straw that broke the camel’s back” (L657)*

For Joan, it began, she said, with her son *“threatening us and then threatening himself came later”* (L292). In this case, Joan accessed a service for her son which specialises in responding to suicide and self-harm. Laura, however, described her daughter’s threats of self-harm as having a coercive element – reporting that she understood this to be an attempt on her daughter’s part to control her. Regardless of intention, however, all suicide threats represent a risk (Omer and Dolberger, 2015). This risk can be a significant source of distress for parents.



## **-Experiences of property damage**

*“We had a builder in. Cost us a fortune. That is a side issue. He is banging doors – huge hole in the wall where he has kicked stuff and broken stuff – had lovely furniture in his room which he has kicked and broke. It is just so frustrating” (John, L793).*

Damage to parental property is widely included in the literature on CPVA (see Howard and Rottem, 2008; Campbell et al., 2020; Coogan, 2018; Simmons et al., 2018, Fitzgibbon et al, 2018 Kehoe et al, 2020). While the term ‘financial abuse’ can refer to demands for money, it is also used to describe property damage (Cano-lazano et al., 2022). Baker and Bonnick use the term ‘economic or material’ abuse to encompass destruction and damage to property as well as theft, selling property and endangering parental employment or residencies (2021, p.8). Others, such as Howard and Rottem, distinguish between financial abuse and property destruction (2008, p.11).

Murphy-Edwards first coined the term domestic property violence (DPV) in 2012. It describes damage to or loss of parental property where the aim is to cause distress or financial harm to their parent. The intention with DPV is to intimidate or exert control over the parent and the psychological effects are serious (Murphy-Edwards and van Heugten, 2018). Experiences of DPV were extensive in the current study. All but one couple reported damage to their property and were unequivocal regarding the impact of this form of violence. Caroline described her son causing damage to her car – smashing a window in the process (L30). Mick and Ann had experienced extensive damage – several broken televisions, phones and other gadgets – not to mention damage to sentimental belongings such as pictures and photographs (Mick, L55). Ann reported that the damage to her home and their cars had cost them thousands of pounds (L84). Property damage also occurred alongside physical assault as Ann described when she reported that her son, just a few days before the interview, had thrown a mirror over the banister and down the stairs – aiming it at Ann (L76).

Damage to property can also represent emotional abuse – particularly where the property or item is of sentimental value (Baker and Bonnick, 2021). Parents spoke frequently of damage to treasured possessions, ornaments, and photographs, in an attempt by their child to have their demands met. DPV can also be of a psychological nature in that it informs the parent of potential physical violence (Baker and Bonnick, 2021). Apart from the obvious time and financial implications of property damage, fear for personal safety arose. Indeed, as described by Ann, above, property damage often increases the risk of physical injury. When Mary’s son was damaging the home with a golf stick, she said that she feared that he might also assault her with the same object.

Both John (L60) and David (L325) described their homes as ‘destroyed’ while Caroline reported that her son will *“absolutely wreck the house, throw anything that is in sight, at the walls, doesn’t matter where it is going”* (L23). It is worth noting that of the twelve families at the centre of this study, there

were siblings in ten of those families. As such, all of those siblings experienced their family homes being damaged or ‘destroyed’.

In interviews with parents who had experienced domestic property damage (DPV), Murphy-Edwards and van Heugten reported post-trauma symptoms which increased with on-going exposure to the abuse (2018). Furthermore, they reported serious psychological symptoms including fear, sadness, hopelessness and desperation. These parents also reported feelings of anger and loss. Loss referred not only to possessions but a loss of relationship with their child and the ideals of family life that they previously held (2018, p.631).

### **-Financial abuse**

While it has been noted that property damage is understood to be a form of financial abuse and parents reported significant levels of damage to the family home, the questionnaires asked specific questions about money. Twelve parents reported that their child had stolen their money with 50% of those parents saying it happened monthly or weekly. Twelve parents reported that their child had spent their money without consulting with them with six of those parents reporting that this happened daily or weekly. Parents explained that this generally happened where the child used a credit card to purchase goods online.

### **-Sexually abusive behaviour**

It is important to note that the matter of child to parent sexually abusive behaviour has not arisen in the literature. Nor did it arise in the interviews with parents. However, this question was included in the questionnaire and at Time 1, two parents reported that it had occurred rarely with seventeen parents saying it had never happened. At Time 2. Three parents reported that it had occurred rarely. With no literature identified on this topic, it has not been possible to explore the matter further. Yet, it is important that researchers and practitioners remain open to the possibility that this may occur.

### **-Siblings under siege**

*“He has threatened to kill her, and she believes that. She genuinely believes that. We had the bad incident – the police came up and everything. That girl was under her bed in her room and that is just not right. It is not right for her. It has affected her growing up. This fella has been allowed to carry on this way and we are powerless to stop it”.*

(Jack, L337).

There is a distinct lack of research on the impact of CPVA on siblings and no studies on the accounts of siblings themselves (Baker and Bonnick, 2021). Omer et al. refer to the disregard of violence against

siblings in the media, and the literature on family violence and attribute this to “...*the scarcity of specific programmes for combating sibling violence.*” (2008, p.450). Yet, CPVA is often accompanied by violence towards siblings and even when not directed at siblings, the impact of CPVA on them can be significant (Campbell et al., 2020). Concerns about the impact of violence on siblings were a predominant concern for parents in this study. The presence of CPVA in the family home can have significant effects on siblings – impacting their physical and emotional health through exposure to direct or indirect violence (Perkins and Grossman, 2019; Baker and Bonnick, 2021). Of twelve families that participated, two had just one child. Eight of the remaining ten families reported direct violence towards siblings.

It appears that the term ‘sibling violence’ in the literature refers to violence between siblings (e.g Krienert and Walsh, 2011; Shooman and Fowler, 2020) rather than uni-directional violence - perpetrated by one against another. The findings in this current study suggest that the experiences of siblings were vastly different than bi-directional sibling violence. Parents reported that they viewed the siblings of the interest child to be victims of, rather than participants in, the violence that took place.

Desir and Karatekin (2018) report that the abuse of siblings often co-occurs with parent directed aggression. Kuay and Towl (2021) suggest that, to their knowledge, there are no evidence-informed studies on the effects on children who have witnessed their siblings acting aggressively towards their parents. They hypothesise, however, that the effects are likely to be similar to those of witnessing other forms of aggression and violence in the home. It was evident in this current study that siblings were regularly exposed to direct or indirect violence in the family home. Aisling described incidents where she depended on her young daughters – aged five and seven years old – to phone their father while she restrained her son. Not only were they exposed to their brother’s violence, at times they experienced it directly, Aisling reported. Aisling struggled with this and was adamant that she would not tolerate it.

*“Enough is enough. Whatever about coming for me -I am constantly covered in bruises and bites etc. Whatever about that, I am not having him hitting two little girls” (L358).*

Emma described her son ‘barricading’ himself in his bedroom while his older brother was being violent towards their father. Laura described both herself and her son as experiencing direct physical violence from her daughter.

*“She has kicked and punched me, pulled my hair, bitten me, scratched me and she has done a lot of the same with her brother” (L18).*

Ibabe argues that violence towards siblings should not be included in the definition of CPVA (2020). Others contend that parent abuse is not just directed at parents (Hunter and Nixon, 2012). While the central concern of this study was violence towards parents, the matter of violence towards siblings

directly or indirectly was a significant concern for parents who frequently spoke about this. and as such, sibling abuse cannot be separated from the parental experience of CPVA. It seems that the occurrence of sibling violence impacted strongly on the well-being of parents and was one of the main sources of stress and distress for them. The violence in each of these cases was inflicted by one child on other children and was not reported as mutual sibling violence. In some cases, parents understood the violence towards a younger child – or the threat of such – to be part of an attempt to control the parent. For example, Aisling talked about her son standing over his younger siblings as they slept, holding a glass of water and threatening Aisling that he would pour it on them if she did not comply with his demands. Thus, the intention of his threat to the siblings was to coerce his mother in to meeting his demands. Fitz-gibbon et al. (2018) report that keeping siblings safe is a difficult task for mothers as they experience the competing demands of caring for the violent child and the siblings. They also refer to the level of responsibility and indeed guilt that mothers experience in these situations.

Jenny described a scenario where her son was violent, pulled a knife on her and then turned it on himself although he did not inflict any injuries. Her daughter – who experienced a range of mental health difficulties – was reported to be very distressed by the incident.

*“And, you know, his sister was there and she’s so traumatised from it that she started now becoming suicidal, saying that she was going to kill herself because she can’t cope” (L661).*

### **Parents’ experiences of seeking support**

*“Social support can be vital for establishing a safe enough family environment, overcoming harmful behaviour, ending intra-familial traumatisation and facilitating the repair of seriously ruptured relationships” (Jakob, 2016, p.4)*

Weinblatt (2021) notes the reluctance on the part of parents experiencing CPVA to seek support and attributes this to feelings of shame. Yet, parents who report having social support experience less parental stress which results in more positive parenting than parents who do not have social support (Respler-Herman et al., 2012). Cottrell and Monk refer to *“a high level of secrecy surrounding parent abuse”* (2004, p.1089). In their research with parents who had experienced DPV (property damage), Murphy-Edwards and van Heugten concluded that participants reported help seeking as *“a risky undertaking”* (2018, p.632). The risk, they contend, relates to the potential for the parent to be negatively evaluated, the potential for legal or child protection proceedings to be instigated and/or the risk of the abuse being minimised by professionals. Indeed, research suggests that family and friends often trivialise the problem and/or blame the parent for the child’s violence – leaving parents with little support (Clarke et al., 2017). Routt and Anderson (2011) also report a reluctance on the part of parents to tell friends or family members about their child’s violence. They propose that children who are

violent towards their parents are generally not violent outside the family home and as such, it remains hidden. When parents remain secretive about CPVA, they are weakened, and their secrecy helps to sustain the child's violence. (Omer et al., 2008).

### **- Support from family and friends**

*“A preponderance of the larger system to deliver critical messages can flood family members with shame, resulting in even greater self-isolation...This would further reduce parents' access to the supportive alliances they need...”* (Jakob, 2016, p.6).

Most parents in the current study reported having supportive family members but seemed to be ambivalent about discussing with them, their child's violence. In some cases, family members were aware that the family was struggling and offered support.

Sarah and Sam, Clare and John, James and Aisling and Emma and Pat, all reported good family support but attempted to avail of that support while remaining concerned about the impact it might have on the interest child and/or the family member if they were to discuss the reality of their situation. On the other hand, Mick, Ann, Eileen, Alan and Rachel reported little support in relation to the problem.

Mary noted that her son's paternal grandfather would try to help but noted that his grandfather became upset about the situation. Mary continued to say that she had not told anybody for a long time, naming friends or people in work but had recently changed her mind on that and told her son who was behaving violently *“We are going to tell everybody what you are really like, so they all know”*. However, Mary concluded *“It hasn't helped at all”* (L464).

### **- Support from professionals**

Mick noted that his son was refusing to attend CAMHS appointments. He also reported that they may not be the right service for his son as he did not understand his son's behaviour as related to mental health.

*“No matter what you do, you can't win. Unfortunately, with CAMHS and the mental health services, they are really geared towards mental health and not what we are dealing with”* (L143).

Parents are most likely to seek support from professionals – school, GP, CAMHS (Clarke et al., 2017). In this study, all parents actively sought help from professional services. In the questionnaires, nine parents reported that they sought help from An Gardaí while 7 named CAMHS as the service they

contacted. Other services were mainly of a therapeutic nature - psychology, psychotherapy and psychiatry.

In an Australian study of ten women who experienced violence and abuse from their adolescent sons, Howard and Rottem (2008) reported that all the women who had participated in the research had tried to seek help from professionals and from family or friends. Despite some positive experiences, these mothers reported that most responses were unsatisfactory. One of the concerns they raised was that the service was dependent on their child attending and engaging with that service.

Experiences of services varied in this current study. Sam expressed frustration with his contact with CAMHS saying *“Every time we’d go there, we just got a prescription – no real curiosity”* (L164). Sam said they wanted a different approach.

*“We have been to CAMHS. That wasn’t very helpful – still isn’t very helpful. I think they are just over-run. They don’t have time for delving in deeper. Very little discussion about his behaviour. His medication- why reach for a prescription? The problem that we have isn’t going to go away. We need to look at new techniques of how to handle it...”* (L97)

Clare also expressed concern about using medication. She initially tried to avoid it.

*“They had said to me at (CAMHS clinic) he would go back to the top if I decided to put him on medication, but I didn’t go back, I went privately to (Psychiatrist), and he was fantastic and he was put on medication. The school noticed an amazing difference”* (L110).

Clare described good professional support for her child in the primary school years but noted that much of this was private. An early intervention language support pre-school was *“very expensive but it was fantastic”* (L60). Clare reported that the school in question closed as it failed to secure funding.

Jack had brought his son to a private psychiatrist and said, *“we felt not listened to at all”* (L150). Jack talked about going to various professionals and noted his belief that this had a negative impact on his son.

*“We were telling him (son) ‘This will help us. It will be a positive experience. We will learn more and try to figure this out and all that kind of stuff. We ended up with absolutely nothing. It was just negative, completely and utterly negative”* (L184)

## **- An Gardaí**

Routt and Anderson concluded from interviews with parents that were very reluctant to ask for help and when they did call the police, they reported it to be *“the most difficult decisions of their lives”* (2011, p.11). Schut et al. (2020) question if the police are the most appropriate resource for responding to CPVA. They acknowledge the value of their role as first responders but argue that *“they cannot be charged with resolving the more pervasive, underlying issues causing such incidents”* (2020, p.128). Fewer parents reported calling An Gardaí in the interviews than in the questionnaires where nine parents reported this. The nine parents who named An Gardaí as a service they contacted, appeared to view them very much as ‘first responders’. Schut et al. (2020), in a review of calls regarding domestic violence incidents involving parents and their minor children to police in Philadelphia, reported that parents had essentially called the police to resolve conflict in the home. Over 80% of those reports named the child as the offender. Yet, most reports were for verbal incidents (89.6%). One family in the current study reported their child to An Gardaí after what they described as a significant assault on his mother. Although other parents also experienced assaults resulting in injuries that required medical attention, they said they did not report these to An Gardaí. Although John expressed concerns about his wife’s (Clare) safety, and indeed Clare also believed that one day she could be found dead, it was only during the lockdown period when her son attempted to strangle her, that they contacted An Gardaí.

As noted, two thirds of the children had a diagnosis of a mental health difficulty and in some cases an additional diagnosis of an intellectual disability or a separate diagnosis. This may have contributed to parents’ reluctance to call An Gardaí – with parents concerned not just about the violence but also about the child’s vulnerability. Yet, Schut et al. (2020) report that very few cases in their study result in further criminal justice intervention. They concluded that the police had essentially served as mediators. This was very much the case in the current study. Parents reported that An Gardaí had attempted to calm the situation – in one case taking the child to the police station to ‘calm down’. So, although An Gardaí was the most frequently named support service to be contacted, it was not with a view to criminalising the child – rather to de-escalate the situation at that time.

## **- Tusla, the Child and Family Agency**

*“The lack of official recognition of adolescent to parent violence means there is little consistency in who deals with incidents and whether they are identified as a form of domestic violence”.*

(Miles and Condry, 2016, p.819)

The role of Tusla in CPVA was not clear to parents in this study. Under the Child and Family Act (2013), the organisation is charged with “*supporting and promoting the development, welfare and protection of children and the effective functioning of families*” ([www.tusla.ie/about/](http://www.tusla.ie/about/)). Eight parents contacted the child protection and welfare services seeking support. Each reported, however, that they were advised that the Social Work team would not get involved as a child was not considered to be at risk in the situation they described. Jenny reported that she was advised by the Social Work team to go to the emergency department in a children’s hospital. Furthermore, Jenny reported, the Social Worker said that Jenny was the third parent to call that morning seeking support with an aggressive child.

As previously referenced, Mick also reported disappointment with the response from Tusla and suggested that Tusla is “*just throwing darts at it*”. Ann reported that the Social Work team she had contacted advised her to contact AGS. AGS, in turn, made several referrals to the Social Work department.

*“As I have said, we had the guards up on numerous occasions. Referrals were made to Tusla, and they said no, there is not a case because (son) is not in danger” (L251).*

James talked about an intervention that was useful for his son and one that his son, to James’ surprise, engaged with. Talking about his contact with Tusla, he said;

*“They did a couple of house visits, and they allocated a girl who came in and done some stuff through play with him. She used to come in once a week. He actually really liked her but after eight weeks they did not have the resources to continue it. He really enjoyed that actually” (L469).*

It would appear that there is a disconnect between services where a child has a dual diagnosis. Ann described a meeting that took place and was attended by Tusla and the HSE.

*“The disability manager more or less said – ‘it has nothing to do with me. The Tusla representatives were saying ‘there is nothing we can do’. I asked – well, whose responsibility is it if he picks up a knife, you know? They kind of looked at me like I had ten heads – like you are exaggerating” (L428).*

This disconnect appears to be borne out by Finnerty (2023). Among the many concerns raised by Finnerty in her interim report on a review of CAMHS in Ireland, was a lack of joint working between agencies, a lack of appropriate therapeutic interventions and a lack of out-of-hours services. The negative impact of this situation on families in this study was evident. In the next section, parents’ views on the factors contributing to their child’s violent/abusive behaviour are discussed.



## **Research question 2. Key findings**

### ***What is their understanding of the contributory factors to this violence?***

There was significant variation in parents' views of the factors that contributed to their child's violent and abusive behaviour. Most parents appeared to be in a state of seeking answers – moving from service to service to seek understanding of their child's behaviour rather than having clear ideas of what contributed to their child's behaviour. Of the parents who did not receive a mental health disorder diagnosis for their child, they continued to question if there was 'something wrong'. Yet, of those who did have a diagnosis for their child – eight children in total - that diagnosis was not necessarily viewed as a contributory factor. Rather, parents' views of factors contributing to their child's violent and aggressive behaviour ranged from something as simple as hunger to bullying, lifestyle or screen use. While two parents referred to their child using cannabis, they did not attribute the behaviour to drug misuse but understood it as an indicator of their child being in trouble generally. All parents reported that their child experienced school-related problems but only one parent suggested that her son's experience of bullying and his struggle to be part of a social group might have contributed to his behaviour. Again, school related difficulties were understood as a symptom of their child's struggle in life rather than a direct contributory factor. In addition, poor services, delayed interventions and a lack of support for the child were named as contributory factors.

## **Parents' views of contributory factors**

Coogan reports a message from research which cautions against "*confusing causes with correlates*" (2018, p.67). While noting that factors such as mental health difficulties, drug and alcohol misuse and family income can influence CPVA, Coogan advises that there is no simple explanation. Moulds et al. also argue that there is no single factor or predictor of CPVA. Rather, they suggest it is considered "...as a '*perfect storm*' of different factors" (2016, p8). Factors which contribute to CPVA are complex and inter-related (Peck. et al., 2021). Murphy-Edwards and van Heugten's (2018) research into parent experiences of domestic property violence reported a range of alternative factors that the parents considered to have influenced their child's DPV. These included parental separation resulting in grief and loss along with mental health difficulties, substance abuse problems and school and social-related stress. Simmons et al. (2018) propose that multiple factors and how those factors interact, determine behaviour. They name these factors as biological, genetic, cognitive, behavioural, personality, social and cultural.

In this study, parents did not present as having definitive views on the contributory factors. Mary and Jack had on-going questions and did not accept an assessment that concluded there was no diagnosis to be made. Mick and Ann also continued to look for answers as they moved from service to service

seeking further assessments. They reported that they had been involved with a range of public and private services. Through the public system, they availed of CAMHS and disability services within the Health Services Executive. Their child had a dual diagnosis of ASC (Autism Spectrum Condition) and Intellectual Disability (ID) but they continued to seek further assessment to explain his violence. Other parents reported significantly varying views on the causes of their child's violent behaviour which included all of these factors. These included Joan's suggestion of hunger (whereby the child became dysregulated when hungry). James viewed it as resulting from modern lifestyles – he suggested that families live more intensely, and children play less outside the family home. Emma attributed her child's aggressive behaviour to his use of computer games, maintaining that the new edition of a game generally resulted in 'a blow-out'. Mark understood it to relate to a family bereavement and a period of time when his son was allowed to do as he wished while they (his parents) grieved their loss.

The definition of CPVA in this study did not exclude mental health, neurodiversity or Intellectual Disability. As such, parents reported concerns about the mental health of all of the children in the study. As previously reported, two thirds of the children were diagnosed with Autism. All of the children fell within the WHO category of adolescence which is 10-19 years of age (<https://www.who.int/>).

#### **- Mental health**

*“Another one of the unintended consequences of a diagnosis of a mental health disorder is the assumption that the child using child to parent violence and abuse cannot learn skills to avoid the use of violence and cannot be expected to change their behaviour”.*

(Coogan, 2018, p.54)

Simmons et al. (2018), in a comprehensive review of CPVA over a sixty-year period, concluded that some evidence exists of increased mental health problems among young people who are violent towards their parents. In an extensive study of over 8,000 adolescents aged eleven to sixteen years in Spain, Martinez-Ferrer et al. (2020) concluded that adolescents involved in child to parent violence showed higher levels of psychological distress and suicidal ideation. Indeed, they report that CPVA levels increased as levels of psychological distress increase. Girls, they conclude show greater maladjustment problems although boys are more frequently involved in CPVA. Moulds and Day also report that adolescents who are violent towards their parents *“typically experience high levels of comorbid mental health concerns, drug and alcohol use, anger difficulties and trauma”* (2017, p.195).

The presence of child and adolescent mental health concerns was a frequent theme in this study with all parents reporting that their child was attending – or had previously attended – child and adolescent mental health services (CAMHS). However, not all children received a diagnosis – although some

parents understood their behaviour to be related to poor mental health. Mary expected a diagnosis when presenting with her child at CAMHS although the assessment concluded that there was no diagnosis to be reached. Jenny and Fran also understood their son's mental health - namely anxiety and obsessive-compulsive disorder (OCD) - to be a contributory factor to his aggressive behaviour but they also disagreed on those factors – namely on his autism as a factor which is discussed below.

Threats of self-harm and suicide as outlined earlier in this chapter, were commonly reported. Cottrell (2004) suggests that children can control their parents with threats of self-harm. While some parents – such as Emma and Pat- understood these in the context of attempts by their child to coerce or control the parent, others, for example Jenny, Sarah and Clare, expressed significant concern about their child's well-being. Omer notes that parents of a child who makes a suicide threat live “*in constant dread*” (2017, p.58). and suggests that these threats are “*the worst of all parental horror scenarios*” (2017, p.57).

While noting that a mental health diagnosis can assist in our understanding of the reasons that a child might struggle with self-regulation, Coogan is clear that we should not communicate this as an excuse for aggressive or violent behaviour (2018, p.54). Indeed, he advises avoiding the implication “*that there is very little parents can do to affect change within the family...*” (2018, p.55).

Papamichail and Bates (2022) suggest that a mental health diagnosis may not be an antecedent in CPVA but rather an outcome associated with the perpetration of CPVA. In this current study, parents reported that stress in the family was continuous, conflict between parents occurred, the interest child was isolated or isolated him/herself from the family. It is possible that conflict, stress and isolation impacted adversely on the interest child's mental health. In a study of eight adolescents who were violent and aggressive towards their parents, Papamichail and Bates (2022) reported that all participants reported that they wanted close relationships with parents. Yet, in that study relationships between parents and children were reported to be unsatisfactory due to ongoing conflict and perceived rejection.

All parents in this current study expressed concern about their child's happiness and despite their significant levels of violence and controlling behaviour, they all expressed concern about their child's level of distress. Parents noted their lack of friendships, poor school experience, isolation within the family and a general sense that their child was not doing well in various domains. Sarah was clearly deeply concerned about her son while also struggling with his behaviour.

*“He used to be very, very depressed. We would have had a lot of conversations where he would call me up at night, you know. I would be sitting on his bed, and we would have very difficult conversations about how he didn't want to live anymore, didn't see a future for himself. It is very hard to make a 12-year-old kind of want to live...” (L147).*

## - Neurodiversity

Autism presented significantly in this study. Burck et al. (2019) reference research which suggests possible connections between CPVA and ASC and ADHD. They caution, however, not to draw direct links but rather to consider the complexity of CPVA and the need for further research. The definition of CPVA used in this research did not exclude autism – or indeed disability or mental health. While mental health concerns were reported by all parents, two thirds of the interest children had a diagnosis of ASC. Four children had an Intellectual Disability (ID). Two of those children also had a diagnosis of ADHD.

Whether or not Autism Spectrum Condition (ASC) should or should not be included in the definition of CPVA is contested in the literature. Baker and Bonnick suggest the debates on this matter centre on “*‘intentionality’ and ‘choice’, particularly in the context of neurodivergence*” (2021, p.4). Some definitions of CPVA exclude descriptions of violence from autistic children. The Spanish Society for the study of Child to Parent Violence (SEVIFIP), specifically exclude Autistic children from their definition of CPVA (Loinaz and de Sousa, 2020). Baker and Bonnick, however, argue for the inclusion of ‘intentional’ and ‘unintentional’ violence in their proposed definition of CAPVA (They include ‘adolescent’ in their term for CPVA). They contend that a national (UK) definition of CAPVA is required to facilitate a common language. They propose the following definition.

*“Abusive behaviour can be intentionally harmful and controlling, and/or unintentionally harmful, functioning to communicate distress, anxiety or trauma”.*

(Baker and Bonnick, 2021, p.64).

While the Spanish Society for the Study of Child to Parent Violence, SEVIFIP, exclude autism from their definition of CPVA, it is noteworthy that they do not exclude other forms of neurodiversity such as ADHD. Coogan (2018) cautions against excluding any diagnosis from definitions of CPVA. While noting that a diagnosis can influence a problem and indeed assist us in understanding a child’s difficulties with self-regulation, it seems we cannot assume a causal link. Coogan (2018) further cautions that this position of excluding a diagnosis may suggest that parents can do little to address the violence from their child. Parents of autistic children in this study present compelling reasons why we cannot excuse violence towards parents. Yet, Rutter concludes from her research with mothers that they attributed their child’s violence to “*uncontrollable and overwhelming emotions*” (2020, p.1). She contends that when CPVA is defined as intentional, “*...many families disengage from the CPV discourse*” (2020, p.2).

As with this current study, Campbell et al. (2020), in their analysis of 66 cases of CPVA, observed that autistic children were “*a noticeable contingent*” among children whose families were seeking support for CPVA (2020, p.94). It has been suggested that autistic individuals may display higher rates of

aggression than those with other developmental disabilities (Fitzpatrick et al., 2020). Hirota et al. (2020) suggest aggression is highly prevalent in autistic individuals. In a study of almost 1,400 autistic children, Kanne and Mazurek (2011) report that prevalence of aggression was high with parents reporting that 68% of the children had demonstrated aggression to a caregiver. Campbell et al. (2020) propose caution, however, when interpreting the findings from their research.

*“This is not synonymous with saying that a significant proportion of children using family violence at home have ASD or a disability, nor that children with a disability are necessarily over-represented among those using violence” (2020, p. 95).*

### **The matter of intentionality**

The matter of intentionality in the case of autism and intellectual disability appear to be points of disagreement. The term ‘meltdown’ is often used in practice to describe an autistic child who is emotionally overwhelmed and unable to self-regulate. Colvin and Sheehan describe meltdowns as *“the extreme actions exhibited by children with ASD when they reach an intense state of out-of-control behaviour...”* (2012, p.14). The question that is raised by parents in this current study is whether or not the child was in control or out of control when behaving violently. Are we to assume, that when an autistic child behaves violently, he or she is ‘out-of-control’? The strengths and needs of the children described in this study varied significantly. While four attended a special school for Autistic children, the other four were in mainstream school with just one of those in a class for autistic children.

In an extensive study of aggression in Autistic children and adolescents, Kanne and Mazurek (2011) reported that severity did not significantly predict aggression. Higher income, they contend, predicted aggression. Social and communication problems, as reported by parents, were also predictive of aggressive behaviour.

While the term ‘meltdown’ was used by five parents, in other cases, parents described experiencing violence and aggression that certainly seemed intentional. Part of the challenge of this matter is presenting the possibility that autistic children can be intentionally violent and not all of the violence perpetrated by an autistic child occurs in the context of a meltdown where a child has become unable to exercise self-control. The question can also be asked about the parental response to the child’s behaviour and what influence that had on the child. In this current study, some parents of autistic children reported a child’s use of violence and abuse that appeared intentional. Laura described how her daughter who was angry with her threatened her with *“a day of hell tomorrow”* - indicating a level of planning of abuse. Clare gave several reports of her autistic son threatening to kill her even in situations that were calm.

*“Yeah, he goes like that...I can strangle you any time I want, Mum. I can kill you. That is the way he goes on” (L543).*

John noted that threats to kill came from his son -who has a diagnosis of ASC - at random times *“in a kind of sinister way” (L55)*. These threats did not take place at times when the children were distressed or overwhelmed. John also noted that at times, threats to kill came without any escalation and at a time when his son was calm.

*““The thing that I find – not the most worrying but worrying – is when he is completely calm, and Clare might be just sitting working on her computer or something like that and out of the blue he would just come over and say, ‘I could kill you now’. That is the thing that frightens the bejaysus out of me – why would any son ever say anything like that? I don’t think he means it, but it is trying to get control” (L809).*

John’s son had both a diagnosis of ASC and an intellectual disability. Although John used the term meltdown, he also reported that his son *“is able to control himself” (L241)*. Laura also referenced incidents where her child would warn that she would become violent at a later stage. With a diagnosis of ASC, it did not appear that violence from some of the children only took place within the context of overwhelming distress or frustration – a ‘meltdown’ so to speak as described by Colvin and Sheehan (2012) previously.

Ann experienced significant levels of physical violence and aggression from her son who had a dual diagnosis of autism and intellectual disability. Kuay and Towl (2021) report that aggressive behaviour is more common with children with an intellectual disability than it is with peers of average intelligence. They argue that parents of children with intellectual disabilities may attribute the child’s problem behaviours to the diagnosis and therefore will be less likely to seek support. Yet, Ann did not necessarily attribute his behaviour to these diagnoses. Rather, she considered how he was parented as a contributory factor.

*“So, you know, we would have experienced some of the behaviours back in the early days. We may have let him get away with stuff that we shouldn’t have at that time because we were told he probably doesn’t understand because of the global development delay but we were never satisfied with the diagnosis” (L21).*

As a result of this advice, Ann said, *“he gets his own way” (L29)*.

The matter of intentionality and capacity to self-regulate is one that will require further attention. Nevertheless, it will later be reported that parents of autistic children managed to make significant changes to the violence in their homes using Non-Violent Resistance which perhaps provides an indication that change can be possible even when a child has a significant diagnosis – one that has been excluded from some definitions of CPVA.

## - Adolescence

*“During adolescence, parent-child interactions may intensify and become more frequent, leading to the development of an escalation process that sees verbal exchanges leading to the emotional and physical abuse of parents”.*

(Coogan, 2017, p.352).

Along with her beliefs regarding her son’s diagnosis, Ann also considered adolescence to play a significant role – citing puberty and adolescent changes as one of the reasons for her son’s violence. Essentially, she described the ‘perfect storm’ as described by Moulds et al. (2016) above – a dual diagnosis of autism and ADHD, an intellectual disability which makes aggressive behaviour more likely (Kuay and Towl, 2021), the onset of adolescence and a parenting approach that she understood in hindsight to be unhelpful.

Again, Coogan cautions against focusing on biological risk factors as we seek to understand and explain CPVA. Focusing on these factors, he contends, *“could have the unintended effect of excusing aggressive and violent behaviour while also further disempowering children and parents”* (2018, p.54).

### **Research question 3**

**In what ways, if any, does CPVA impact on the parent/child relationship and on family relationships?**

#### **Key findings**

There was strong evidence in the data that parents understood CPVA to adversely affect their relationship with their child although the extent of this varied. Parents of more than one child were unequivocal in their reports of adverse effects on siblings and indeed other family relationships. Most parents remained hopeful of an improvement and made on-going efforts to reach out to their child. Just one parent considered the relationship to be damaged beyond repair.

A negative impact on the family as a whole was reported – with the presence of on-going stress and conflict in the home. Social lives were adversely impacted. Family relationships in general were significantly affected with parents reporting a pervasive sense that anything could happen. A significant finding was the negative impact on relationships between parents – all but one couple were co-habiting. The remainder reported that disagreements on how they should respond to their interest child's behaviour was a significant source of conflict between parents – further adding to the stress of their situation.

### **Impact of CPVA**

While noting the research on factors that may contribute to CPVA and the prevalence of it, Bonnick and Baker observe there is a dearth of research on the impact of CPVA – with even fewer studies focusing on the impact on children than on parents. In the previous two sections, the experiences of parents of physical, psychological and emotional and financial damage have been discussed and outlined. The impact of CPVA on siblings has also been discussed. In this section, the impact on relationships will be considered – relationship with the parent and child, relationships in the family generally and relationships between parents.

#### **-Impact on relationship with child**

*“It is like he is so angry. I miss him laughing. He laughed one day in the car going to town, and I just thought to myself it was so sad. I said to my Mam when I went down, ‘I feel so upset, it has been so long since he just laughed with me at something’” (Caroline, L218).*

Clarke et al. (2017) point to the international research that notes the enduring harm that CPVA causes to families – including damage to relationships. As Jakob (2022) notes, parents may respond to the child's aggression by avoiding him/her or withdrawing their attention. When feeling under threat, Beckers et al. (2022) contend that parents struggle to attune to their child. When parents lose confidence



in parenting and observe their child's dismissal of their parenting, they can, suggests Jakob *"inadvertently contribute to relational patterns within which the child shows harmful behaviour"* (2022, p.510). In this study, twelve parents described the relationship with their child as 'very bad' or 'bad' at Time 1 (seven fathers and five mothers).

Jakob (2018) refers to the concept of "erasure", developed by Dolberger et al. (2016) and which describes the parents' loss of a sense of agency. Jakob suggests that parents no longer feel connected to their own resources and values and believe their child no longer notices them. John appeared despondent and believed that his son had *"destroyed"* their relationship irrevocably, saying *"there is no going back from it"* (L146). Sam continued to make efforts to engage his son although he described his relationship with him as *"very difficult, very difficult"* (L51). He noted efforts he made to maintain or improve that relationship but said *"it is hard to have a normal conversation"* (L58).

*"I try to do things with him, but, you know, he is always aware that I am trying to do things with him..."* (L51).

John appeared despondent and believed that his son had *"destroyed"* their relationship irrevocably, saying *"there is no going back from it"* (L146). Eileen reported a sense of loss – grief for the absence of a closer relationship. Jack on the other hand believed he could move on from the experience – only if his son changed. Mary had made efforts to repair the relationship with her son.

*"So, I might suggest taking him out for breakfast on his own. So, then he would be nice, and I would say 'let's start afresh'. Then, it would go back to the same"* (L405).

Despite experiencing significant violence and describing herself as *"terrified"* (L409) when with her son, Jenny described her relationship as good, saying that she loved her son's company.

### **-Impact on family relationships**

*"There is no peace in the house. There is this underlying tension, underlying feeling of vulnerability – if he was to act out. Anything could happen, that is the danger, anything could happen"* (John, L364)

It was evident that parents believed that the entire family was affected by the violence and abuse in the family home. Mick reported that *"The impact on family life is enormous"* (L70). Family functioning is adversely affected by violence – as are parenting skills (Arias-Rivera et al., 2022). In a scoping review of evidence regarding parenting skills, family functioning and social support, Arias-Rivera et al. (2022) reviewed peer reviewed studies of CPVA in English and Spanish over a twenty-year period. They concluded the presence of a negative family climate. They also reported parents to have low levels of

perceived self-efficacy and difficulties regulating their emotions. Yet, in the questionnaires in the current study, almost 60% of parents reported that they felt able to bring up their child well. Of course, parental confidence and self-efficacy does not just relate to the child behaving violently. Most parents had other children who were not reported as behaving with violence or aggression.

Baker and Bonnick (2021) report fewer positive interactions and weaker family bonds in families that live with CPVA. Results of the quantitative findings on the subject of family dynamics were somewhat at odds. At Time 1, twelve parents responded with ‘agree’ or ‘strongly agree’ to the statement ‘At home, we all have our own role in the family’. When asked about relationships within the family, eight parents disagreed or strongly disagreed with the statement ‘We all have a good relationship with each other and help one another’. Only four parents agreed that this was the case. While roles were largely clearly understood, it appears that relationships were poor.

Children who are aggressive instil fear in others (Kuay and Towl, 2021). Parents reported that family relationships were impacted by fear of the interest child but also frustration and resentment. Poor family relationships had become yet another sources of distress for parents who worried about their other children but also expressed concern about the isolation of the interest child. Mary noted that her son no longer interacted with anyone in the family and that his presence was viewed as stressful by his siblings. As such, mealtimes also happened without the interest son.

As described previously, parents were deeply concerned about the impact on their other children. They talked in terms of an ever-present stress and their lack of emotional availability to their other children.

*“It kind of ruins your family atmosphere to be honest – on a day-to-day basis” (Mary, L368).*

### **-Impact on parent relationships**

*“We are not really on the same page. We don’t really have a framework to work between” (Sarah, L165).*

When asked if his son’s behaviour had impacted on the relationship with his wife, Mark was unequivocal in his response.

*“Yeah, of course it has – because we are battling. As I said, Caroline doesn’t like the way I handle things, because it doesn’t fall in with where she is at. Then, in front of him we will argue” (L155).*

While the child’s behaviour evidently caused significant stress in the family home, how best to respond to it was a further source of stress and disagreement between parents. There appears to be little in the literature on the impact on parental relationships. Much of the literature appears concerned with conflictual or violent parent relationships as a contributory factor in CPVA rather than the impact on

parent relationships of parenting a violent child (Kennedy et al., 2010, Simmons et al., 2018). In this study, eight couples reported significant conflict regarding the management of the situation – namely resulting from parents taking different positions in relation to the problem. In seven of the eight couples, mothers reported that their spouse’s response was unduly escalatory or too strong. Clare suggested that her spouse “*escalates it sometimes and this is my concern*” (L1195). Different responses were evident in this study and the variation was a source of conflict. Mark explained how a situation might unfold, noting that his son seriously hurts his mother.

*“I don’t interfere. Every time I interfere, Caroline and I argue. As I have said, we are in completely different places”* (L97).

The lack of agreement on how to respond to their child appeared to contribute to escalations in the home so that the conflict was no longer just between parent and child, but between parent and parent also.

Jenny described the conflict with her spouse as “*the biggest challenge*” (L99) despite experiencing significant levels of violence. As a parent of an autistic child, she understood the difference in parenting to be related to their views on neurodiversity. Jenny understood that her spouse had neurotypical standards while she related to her child’s neurodiversity. Their different responses to their son’s OCD also caused conflict between them. The impact on their relationship was stark.

*“...but neither of us are particularly alive you know. You’re just kind of muddling on through really, rather than, as I say, having any kind of spark of fun or...OK, you know, yeah. We’re just trying to keep it together”* (L354).

**Research question 4**

*What impact, if any, does participation in an NVR intervention have on the parent/child relationship?*

**Key findings**

Parents named several factors related to an improved relationship with their child. Most common was the idea of stepping out of the battle – taking a new position in relation to the conflict. A recognition that their role in the escalations had in fact contributed to those escalations was evident. De-escalation strategies were widely used, and parents reported that this had reduced the patterns that had developed around conflict. Increased parental collaboration had supported their new positions and reduced parental conflict which had added to their stress. Some also noted that support from outside of the nuclear family was helpful.

Overall, parents reported a reduction in violence. For some, the violence had ended, and relationships had improved. For others, the physical violence had ended but verbal abuse and abuse of siblings continued. Two families reported that the violence had escalated during the research period. Both named Covid-19 as having adversely affected their situation. This section will begin with an account of the duration of the intervention of each family and will report on the degree of implementation of the NVR intervention strategies.

### Duration of Intervention

It must be noted that there was considerable variation in the time that passed between Time 1 and Time 2 interviews and the completion of questionnaires. The variations can be attributed to several factors. Just two families completed the intervention before the pandemic began in March 2020 and only one of those was available for interview before that time. The second family was interviewed 12 months after Time 1 when interviews were moved to the telephone.

	Time 1 Interview	No. of sessions pre-Covid-19	No. of sessions during Covid-19	Time 2 Interview	From T1 to T2	Method of delivery
1	Sept. 2019	9	0	Sept. 2020	12 months	F to F
2	October 2019	6	6	Sept. 2020	11 months	F to F
3	October 2019	9	0	February 2020	4 months	F to F
4	November 2019	6	3	March 2021	16 months	F to F and telephone
5	November 2019	6	12	August 2021	9 months	F to F and telephone
6	February 2020	5	2	April 2021	14 months	F to F and telephone
7	August 2020			<b>Withdrew</b>		
8	December 2020	0	14	August 2021	9 months	F to F and telephone
9	December 2020	0	6	May 2021	5 months	F to F (1) Telephone (5)
10	March 2021	0	2	<b>Withdrew</b>		F to F and telephone
11	January 2021	0	9	May 2021	4 months	Telephone only
12	February 2021	0	12	August 2021	6 months	F to F and telephone

## **Implementation**

As reported in the Time 2 findings, the extent to which parents implemented the intervention, varied considerably. Gieniusz (2014) reviewed NVR studies and concluded that outcomes are better when parents can implement all the techniques of the NVR intervention. Yet, it appears that parents did not believe that all the strategies were necessary and that in some cases, elements of the intervention such as de-escalation and increasing parental presence, were sufficient to comprehensively address the violence. This was echoed in an evaluation of NVR groups by Newman et al. (2014) who reported that some participants did not implement every stage – noting that they were not necessarily required. Coogan (2018) suggests that practitioners avoid using NVR as a programme as this suggests it must be completed in a certain order. Rather, Coogan advocates the adaptation of NVR to the needs of individual families. Similarly, although there are manuals for parents and practitioners to guide on the use of NVR, Jakob – in publishing a manual for practitioners – cautions that “*NVR is not a manualised approach*” (2018, p.3). He suggests that the manual should instead be viewed “*as an accumulation of possibilities that can help you help your client*” (2018, p.3).

While parents did not implement all elements of the intervention, this was for very different reasons. David considered the concept of the support network to be useful but considered that his situation did not warrant its use at that time. He would, however, keep it “*in the bank*” should the situation require it at a later stage.

## **Impact on the parent/child relationship**

There is little doubt that relationships between parents and the child in question were poor at Time 1. With less than 18% of parents describing the relationship as ‘good’ or ‘very good’, this increased to 41% at Time 2. In this section, parents’ views on the impact, if any, that NVR had on this relationship are discussed.

### **- Changing position -Stepping out of the battle**

*“You tend to stay in the battle because you feel the need to stay in the battle”* (Eileen, L10).

The anchoring function of NVR, Shimshoni et al. proposes, is “*a central concept reflecting the stabilisation of the parent-child relationship...*” (2021, p.1). The authors propose that it supports parents to prevent escalations and reduce their helplessness. NVR was designed to effectively resist problematic behaviours, prevent escalation, and improve the parent-child relationship (Shimshoni et al., 2021, p.4).

*“The parents of aggressive children get caught in a spiral of anger and resentment that badly curtails their and their child’s ability to experience positive feelings”.* (Lavi-Levavi et al., 2013, p.81)

With NVR, parents are encouraged to move away from attempts to control their child (Newman and Nolas, 2008). Rather, they are supported to resist their child’s dysfunctional behaviour (Shimshoni et al., 2021). As such, self-control is a key element of the intervention. Parents are encouraged to focus on their own behaviour and response, rather than that of the child (Shimshoni et al., 2021). The aim is to resist rather than control the child’s behaviours (Weinblatt and Omer, 2008). In NVR, Attwood et al. suggest that the *“redirection of parents’ attention towards their own behaviour is proposed to improve parental efficacy, reduce conflict and improve family functioning”* (2019, p.4). Ultimately, NVR aims *“to change family relationships, when children and young people show violent, aggressive or self-destructive behaviour”* (Jakob, 2016, p.1). It has been proposed that NVR can help parents to become more empathic to their child’s needs (Newman et al., 2014). Sarah noted that she and her husband *“are just being a little bit more mindful of how the world looks from his eyes”* (L128).

When faced with unacceptable behaviours from their children, parents can often lose self-control (van Gink et al., 2018). The intervention in this study – NVR - aims to bring stability to situations of violence, aggression and conflict. At Time 2, parents were asked what had changed for them in relation to the violence and aggression in their home, following the intervention.

Referring to previous escalations, Jack made the following observation.

*“But we weren’t parenting the way we are now. We were still in the confrontational thing whereas now, that is not there...this is why this (NVR) is so good – because it changes your position in it”* (Jack, L84).

In NVR, *“parents are relieved from the immediate goal of changing the child”* (Weinblatt and Omer, 2008, p.5). It focuses on changing the behaviour of the parent rather than the young person (Visser et al., 2020). In NVR, it is understood that parents can control only their responses – and not the behaviour of the young person (Jakob, 2016). In the current study, Mary also reported that taking this approach was helpful in addressing her son’s violence and aggression which had ended although the relationship remained strained. She noted that she had previously located the problem in her child and had gone to great lengths to get her son *“fixed”* (L8). Micucci (1995) contends that this is not uncommon in families where the adolescent behaves aggressively. This, he suggests, is due to the fact that it is the adolescent’s behaviour that presents as ‘disturbed’ and as such the family begin to see the problem as located in the child. Sarah noted this in relation to her son and observed how this position of locating the problem in the child had impacted on his relationship with his siblings.

*“I suppose as well Tara, we had certainly – before we came to you – we had certainly put the problem in (son’s) self. We really had and that was really starting to infiltrate into the way his brothers thought about him” (L177).*

Most parents spoke about taking a new position in relation to their child’s behaviour. Emma noted that herself and her partner had changed their perspective on the situation and as such, their response. Caroline too reported that she had changed her reaction and no longer *‘flies off the handle’*. Mary also noted that she and her husband had made changes to how they reacted, and she attributed this to the absence of violence in her home. The changes named by parents largely centred around de-escalation strategies.

#### **- De-escalation – Finding a different way**

Weinblatt and Omer (2008) propose that the prevention of escalation is central to NVR. They advocate two interventions to support de-escalation. The first is the principle of delay *-Strike when the iron is cold* - and the second is a focus on withstanding provocations. Sarah illustrated how this approach was useful to her when she discovered her son was involved in drug-related activity. She compared the position they took in response to the problem to their way of dealing with such incidences prior to using NVR.

*“We didn’t go down the whole reprimand route immediately. So, in the past we have taken his phone, taken all his privileges immediately in the heat of the moment and we didn’t do any of that. I was keen to say to him – ‘We are not doing that because we are finding a different way because nobody wants to go back to the way it was, but this is a serious issue, and we will be coming back to it, and we will all be discussing it together’” (L73).*

When Sarah approached her son about the incident in question, she said that both she and her husband anticipated a huge escalation, believing *“all hell is going to break loose now”* (L65). Noting that *“previously, we would have launched in”* (L100), Sarah said that they waited a few days before addressing the problem and reported *“it was much calmer”* (L107). Conor directly connected his previous reactions to the aggressive incidents in his home and realised that previously, his reaction *“keeps escalating things”* (L12). He suggested that he avoids this since implementing NVR approaches and realised that his son’s aggression is not solely located in his son. Rather, Conor reported, his sons’ aggression *“only comes with the interaction with someone else”* (L86).



In an evaluation of the efficacy of NVR groups in treating aggressive and controlling children, Newman et al. (2014) reported that parents' perceived de-escalation to be one of the most useful strategies. This was echoed by parents in this study. Pagani contends that parents "*who use more aggressive means with mutually aggressive children are expected to experience more aggression from their children, given the greater reciprocal perceptions of hostile intentions on both parts*" (2004, p. 530).

NVR is based on the rationale that parents of children with acute behaviour problems, experience helplessness and hopelessness (Weinblatt and Omer, 2013). It aims to "*facilitate the restitution of fractured family relationships*" (Jakob, 2016, p.2). Aisling reported that they had moved from experiencing violence almost daily to almost no violence at all for several months. Emma, too, noted that "*everything has changed*", while Sam reported that the conflict in their home had "*mellowed significantly*".

## **Support**

Coogan and Lauster (2015) suggest that parents are likely to experience support from professionals differently to support from family members. In this current study, parents were considerably more likely to seek professional support. In fact, all parents had sought support from various agencies and disciplines – some through public services and for those who had the means, from private practitioners also. It appears that parents in this current study were more likely to seek professional support rather than to confide in their family or friends. Although there was evidence of higher levels of comfort in seeking professional support, parents reported significant differences in their experiences of professional support.

### **- Support from family**

Weinblatt and Omer (2008) propose that the involvement of other people in the family situation is a significant factor in addressing the child's aggressive and violent behaviour and refer to it as "*one of the mainstays*" of NVR. Parents who feel supported are less likely to react impulsively (Shimshoni et al., 2021). The harmful effects of parental stress on parenting behaviours may be buffered by social support (Respler-Herman et al., 2012). A support network is an integral part of NVR (Weinblatt and Omer, 2008; Omer et al., 2013; Lavi-Levavi et al., 2013; Van Holen et al., 2018). The purpose of the support network, as outlined by Jakob (2019) includes the provision of practical support, to counter the isolation of any member of the network and to bring transparency to the behaviour of the child and the response of the parent. This strengthens the parents and ensures good use of parental authority (Omer

et al., 2013). It “*unlocks access to resources for parental authority, confidence and competence*” (Coogan, 2018, p.210). Omer et al. (2013) contend not only does social support validate the parental position but also benefits the child – increasing her sense of security. They continue:

*“Such a supportive network may also help the child internalise a more flexible interpersonal working model, in which relational crises can be solved not only by direct confrontation, but also by the help of others in the immediate environment”* (2013, p.199).

Aisling suggested that the supporters were very important for her family. She noted that her son was not happy with the engagement of supporters, but she suggested that a “*blanket response*” (L67) to her son’s violence had a very positive outcome. She concluded that it “*definitely reduced the physical aspect of it*” (L67).

Supporting parents to build a support network “*is a challenging therapeutic task*” (Lavi-Levavi et al., 2013, p.84). Coogan (2018) contends that parents are unlikely to welcome the suggestion that they share their experiences of violence with others. This, Coogan attributes to a concern about “*giving the child a bad name*” (p.209). This was a concern for Caroline who also worried about the effect of recruiting supporters as her son “*is an anxious child*” (L265). Reluctance to use supporters was certainly evident in this study.

NVR aims to build parent agency (Jakob, 2020) and Emma confirmed that the use of supporters had helped to build her confidence. Reflecting on the intervention, Emma reported;

*“Well, we would be a lot more confident than we would have been previously. We know, kind of, the tools at our disposal now. And, you know, we would just follow through in not rising to, not escalating and then trying to get one of our support networks to come in...”* (L213)

### **- On parental collaboration**

When faced with an aggressive adolescent, Micucci (1995) contends that parents often develop differing perspectives on the situation. A parent who is more involved with the child is likely to view him/her as helpless and in need of protection while the other may perceive him/her to be oppositional and in need of control. Rather than addressing the problems they face, Micucci suggests that parents often focus on convincing their partner of the validity of their position. The ability of parents to adopt the point of view of the other, however, is hampered under the weight of stress and tension (Lebowitz and Omer,

2013). Lebowitz and Omer outline what unfolds when parents disagree about how best to respond to the problem.

*“Attributing blame heralds a process of marginalization. Either the accused parents are shoved to the side and become neutralized and banished from involvement because of their “mistakes”, or the parents who feel that only they understand the problem push themselves away and become what we have sometimes termed ‘Right but all alone’”* (2013, p.249).

There appears to be little in the NVR literature on the effects of the intervention on parental collaboration. Yet, support from partners or spouses was a significant matter for parents in this study. Only one parent was parenting alone and as that parent withdrew from the study, there is no Time 2 data. As such, all remaining parents at Time 2 were cohabiting with just one couple living separately.

The techniques of NVR *“create a unified parental attitude that conveys presence, self-control, a supportive network, and a sense of structure in family life”* (Shimshoni et al., 2021, p.1). This study suggests that NVR provides – as described by Sarah – a framework for parents. If the goal is to bring stability to the family, it would appear necessary that parental collaboration is in place. In a study of parent collaboration and child externalising behaviours, Kjobli and Hagen (2009), concluded that treatment for these behaviours may be strengthened by improving parental collaboration. They also suggest that interparental consistency is increased where parents work together as a team and discuss parenting strategies constructively.

Sarah reported that her husband would often *“harden his resolve”* (L148) when she tried to take a softer approach with her child. NVR, Sarah reported, had provided her and her husband with *“a framework”* and as such brought them to what appears to be a more aligned position. David and Laura reported that they were working more collaboratively since the intervention while previously *“we were sort of working against each other”* (David, L350). Other parents also reported increased collaboration after NVR with Joan reporting that she and her spouse were addressing the situation *“from the same angle”* (L466) and Conor describing how he and his spouse, previously in different positions *“met in the middle”* (L9) after NVR sessions. Clare and Caroline, however, reported that the collaboration between themselves and their partners had not improved. In fact, Clare was clear that her son was aware of this and named this lack of collaboration as one reason for on-going violence.

Omer (2000) contends that it is generally understood that firmness and love are required in parenting. He suggests, however, that when faced with a child with behavioural difficulties, parents tend to take different positions – alternating between being too loving or too firm. One position essentially undermines the other in trying to compensate for what is viewed as the wrong approach. When parents

collaborate, however, they are more likely to feel supported and in turn, to be emotionally available to their child (Kjobli and Hagen, 2009). The findings from this study suggest that their participation in NVR supported parents to adopt a more collaborative approach in response to their child's behaviour.

**Research question 5.**

*What are the views of parents of NVR as a response to CPVA?*

**Key findings.**

NVR was well regarded by most parents. For those who continued to experience violence, they did not necessarily disregard NVR. The parents of one child believed that it had come too late and would have been more effective when the child was younger. The parents of another child reported viewing NVR as valuable but said that Covid-19 had resulted in so much isolation from family and services, that they were unable to use it.

All parents reported that de-escalation strategies were useful and observed the positive impact they had on the child's behaviour. Ninety per cent reported that parental presence was a useful strategy in terms of relationship repair. Sixty per cent reported that refusing orders was helpful. Just 30% used the support network while others reported that it was not necessary at the time but may be used at a later stage. Forty per cent made an announcement and just 20% implemented a sit-in. All of the parents said they would recommend the intervention – with some noting that earlier intervention with NVR would be more helpful. One parent recommended parallel support for the child.

**NVR – a clear sense of direction**

Butler et al. (2020) note that the efficacy of parenting programmes has been widely measured in quantitative research. Less, they suggest, is understood, about *“the key aspects that make interventions meaningful and helpful to families”* (2020, p.176). In this section, parents' views on NVR as a response to CPVA are presented. Here, they describe the elements of NVR that they believe are meaningful and indeed helpful.

When faced with violent and aggressive behaviour, Omer notes that parents often need *“a practical and simple solution; a clear sense of direction”* (2021, p.1). At Time 1, parents had reported a sense of *“being absolutely lost”* (Pat, L62). A lack of confidence in how to address the situation was reported by several parents. However, Pat later described NVR as *“a pathway”* while Aisling noted the benefit of having *“a plan”* that was supported by both parents and by other family members in their support network.

As noted earlier, Jakob (2018) cautions against using NVR as a manualised approach. Each of the families had entirely different situations – children of different ages, genders, strengths and needs. Financial resources and access to private support was available to just some parents. Parents' views of

their support networks varied from very strong to quite weak. Parental relationships and collaboration as reported by parents also varied. As such, it was inevitable that how people experienced the intervention would also vary significantly.

Butler et al. (2020), in their review referred to above, propose that a key recommendation for parenting programmes is *“balancing flexibility and fidelity to ensure tailored content to meet individual needs...”* (p.176). This, they suggest, poses a challenge for practitioners who will need to make appropriate adaptations – while adhering to the curriculum or manual. While the number of sessions varied from six to eighteen, the central elements of NVR were followed with each parent. As such, all parents were aware of every stage in the intervention although the extent of implementation also varied.

Sarah reported that NVR *“was all very useful”* (L359). She noted the value of de-escalation and the outcome for her son was that *“it had de-escalated everything”* (L453). While naming the strategy of de-escalation in particular, she observed that other elements of NVR were also necessary.

*“I think the stages, the steps and the framework were very important to understanding the whole strategy. I think that without that, a bit like building blocks, ...I am not sure you would come out at the end kind of understanding the whole thing”* (L360).

Newman et al. report that NVR strategies are *“very different to the more familiar use of rewards and consequences that often work well for younger children whose behaviours have not become violent and controlling”* (2014, p.140). Most parents in this study– particularly mothers – reported that they had previously attended parenting courses. The use of rewards and consequences was not considered helpful for Laura who said, *“star charts and all that aren’t going to work for someone who’s giving you a smack, you know?”* (L323).

De-escalation strategies were rated by parents as one of the most useful interventions in an evaluation of an NVR group by Newman et al. (2014). Some parents reported that the sessions themselves were helpful – the space to plan and consider how they would address the problem.

Sarah, when asked what advise she would give to another parent of a child behaving violently, she replied;

*“I would try to encourage them to get help, they are not alone, this is something that happens, and it is not their fault. There is hope and everyone needs support. You don’t have to feel like this. You can feel more empowered, and you can find more peace as a family”* (L342).

**Research question 6.**

*What impact, if any, has Covid-19 had on your situation?*

**Key findings**

Parents reported very different experiences of Covid-19 and periods of lockdown. For some, periods of lockdown brought significant reduction in tensions in the family home when the demands of the day – particularly related to school attendance – were gone. Others reported extremely difficult experiences where the violence increased in extent and severity. Then again, for some parents, there were mixed experiences – an initial sense of relief when school attendance was no longer required but a growing sense that their difficulties were lying dormant and ready to erupt when life returned to normal.

Condry et al. (2020) conclude that 70% of parents who had experiences of CPVA, reported an increase in violence from their child during lockdown. Twenty-nine per cent of parents in their study reported a decrease in violence during that time. However, both parents and practitioners expressed a concern that those improvements may be short-lived. In fact, they suggested that the severity of the difficulties may increase on return to everyday life. Practitioners in that study also reported an increase in referrals for families experiencing CPVA along with an increase in the incidence and severity of the violence.

*“The lockdown restrictions have not only enhanced the potential for violence in the home for some families but have also had significant implications for parents’ ability to cope with and manage the violence” (Condry et al., 2020, p.28)*

This increase in reported violence in the family home was not confined to CPVA. Social workers in Ireland reported an increase in the extent and severity of domestic violence in Ireland during periods of lockdown (Holt. et al., 2022). The data in this study shows significantly differing experiences during Covid-19 for parents. Lockdown was described by Sam as *“a miracle”* (L196) and by Eileen as *“pure hell”* (L358). For Sam, the absence of school related pressures was particularly helpful while for Eileen, the isolation she experienced with her child intensified the conflict and left her feeling unsupported. Caroline also reported the absence of school attendance as positive but for Ann and Mick, the closure of school and associated supports increased their isolation and indeed the level of violence as reported by them. Analysis of the impact of Covid-19 can be helpful in identifying the varying contributory factors. For some, isolation was not a problem – rather school attendance was the source of stress. In Eileen’s case, isolation was problematic. Clare understood that her son’s Covid-related anxiety resulted in an increased need on his part for control. This she attributed to an increase in violence.

For parents with a child with additional needs, lockdown brought additional pressures. A large-scale study of parents raising an autistic child in the United States during the early stages of Covid-19, concluded that parents experienced substantially higher levels of psychological distress than parents

raising a neurotypical child (Kalb et al., 2021). The authors of that study suggest it is likely that this finding also relates to parents of children with other neurodevelopmental disabilities. In a systematic review of evidence of the impact of Covid-19 on child and adolescent mental health, Samji et al. (2022) report that children and adolescents with neurodiversities were more likely to experience negative mental health outcomes.

In this current study, each of the interest children were attending or had previously attended CAMHS. Two thirds of the children had a diagnosis of ASC. This suggests that it is likely that these families experienced higher stress than those parenting a child without additional neurodevelopmental or mental health challenges. Yet, in line with the research noted here, experiences were positive for some, negative for others and mixed for yet other families.

## **Conclusion**

In this chapter, the findings from this mixed methods, exploratory study of parents' experiences of CPVA were discussed and integrated. Despite initial concerns about using a mixed methods study, on reflection it is clear that the secondary source of data – the questionnaires - provided information that was not apparent in the qualitative interviews. Parents reported abuse of pets and experiences of sexually abusive behaviour in the questionnaires – forms of abuse that had not emerged in the interviews. In addition to the rich and detailed accounts of CPVA from parents, questionnaires provided clarity on the frequency of abuse and a more detailed checklist of behaviours that were abusive. Questionnaires allowed for a clear identification of the services that parents contact. It was clear that An Gardaí are the service most likely to be contacted by parents in these situations – the interviews led to the conclusion, however, that this was not with a view to criminalising their child – rather it was a reflection of parents seeking a 'first responder' type service.

The second most common service to be contacted was CAMHS – perhaps indicating that parents view CPVA as a mental health concern – despite the fact that a number of the children concerned did not receive a diagnosis from CAMHS. The efforts of trying to identify an appropriate service and to access already over-burdened services clearly took its toll on parents as they went 'from pillar to post'.

Despite the literature reporting that parents' self-efficacy is low when faced with CPVA, responses from the quantitative data indicate a reasonable level of parental confidence. Furthermore, questionnaires reported that families were clear about their roles, but the quality of relationships was poor, and this was also evident from the interviews. Improvements in relationships were noted at Time 2 and this was confirmed in the detailed discussions that took place during the interviews.

While it has been noted several times, it is worth re-stating at this juncture, that correlations are not being drawn between changes from Time 1 to Time 2 and the intervention. Extensive differences in

implementation, duration of the intervention and methods of delivery of NVR, occurred. A global pandemic arrived during the research period – changing family life fundamentally. For some this was a hugely positive experience. For others, it compounded already difficult circumstances.

This chapter has explored in detail the views of parents and considered them in light of the available literature. Most parents reported significant improvements in their situations at Time 2 and some attributed those improvements to the changes they made as a result of the NVR intervention. A detailed reflection on those changes has been provided here. The intention has been very much to keep the parents' voice to the fore – a central concern in a Constructivist Grounded Theory study.



## Chapter 11 Conclusion

CPVA is understood to be a growing concern – here in Ireland and internationally. Parentline, a national helpline for parents across Ireland, report that CPVA is the most common concern presenting to their service in recent years. As with any form of violence, it can have devastating effects on the well-being and safety of all members of a family. While this study shows that it is experienced very much like Domestic Violence (DV), the person behaving violently in this context is a child and the parent who experiences that violence, remains morally and legally responsible for them. Furthermore, research – and indeed this study - shows that parents do not wish to criminalise their children and they contact emergency services - mostly An Gardaí – for help only when the situation has escalated. Parents do not have access to the standard DV procedures as the ‘perpetrator’ is under 18 years of age. This emerging phenomenon comes against a backdrop of a crisis in children’s services in Ireland. With key official reports identifying serious deficits in child and adolescent mental health services and disability services, practitioners are without a solid orientation of how CPVA should be conceptualised and responded to. With practitioners in such a weak position, services for families are unlikely to respond effectively. Experiences of poor responses are common in this study – with one mother describing going from “*from pillar to post*” (Ann, L619) in her search for support.

In the last two decades, a response to CPVA has emerged in the form of Non-Violent Resistance – a systemic model based on the central tenets of non-violence in the socio-political domain and merged with attachment theory and theories relating to parental authority and parenting styles. NVR is a systemic intervention. It avoids pathologising the parent or the child. It views pathology as interpersonal rather than located in the individual. From this position, NVR supports parents to build their authority, to lead the child out of patterns of violence and aggression through de-escalation skills while simultaneously working to repair what is often a very damaged relationship. Parental authority is confirmed by a support network which bears witness to the violence. Without shaming the child, supporters bolster rather than replace the parents’ authority and reduce the isolation of the family. Resistance and persistence are used to end the violence and, in parallel, to bring the child closer to the family. NVR has been adapted for use in the Irish context and can be delivered – generally over eight to ten sessions – to parents in a group setting or as individuals or couples.

This study set out to explore both parents’ experiences of CPVA and of NVR. The study employed a Constructivist Grounded Theory (CGT) methodology which aligned with the dual positions I hold – those of researcher and practitioner. CGT is concerned with privileging the voice of the research participant- parents in this instance. It also acknowledges the value of the researcher who has what Charmaz has described as a “*sound footing in their discipline*” (2006, p.2017). From this perspective, I could enter the research process from a practitioner position and avail of the “*vantage points*” of that position, while remaining as open as possible, as advised by Charmaz (2006, p.2017). Of course, these

dual positions were difficult to navigate and a full chapter in this study was assigned to reflexivity – describing how both positions were managed.

A mixed methods design – using questionnaires and semi-structured interviews -yielded a wealth of data. The daily lived experiences of parents who experience CPVA have been presented here in detail at two intervals. The questionnaires provided another perspective – with parents reporting a broader set of concerns and allowing for a closer look at the differences between the experiences of mothers and those of fathers. Both methods – interviews and questionnaires - provided different but harrowing details of parents’ experiences.

There is little doubt that the violence described in this study is of a serious and at times, life-threatening, nature. Parents reported significant injuries – often avoiding medical treatment. A sense of living in fear was pervasive - as described by Coogan (2018) – with one mother reporting her home was “*carpeted in eggshells*”. Property damage was extensive at significant financial cost to parents. Threats of self-harm were common and at times parents understood those threats to be a form of coercive control rather than representing a significant threat to the child. Parents described extensive efforts to address the violence – moving from one parenting position to another. Accounts of futile attempts to access services were reported with children not meeting thresholds, lengthy waiting lists or poor and ill-considered responses – “*just throwing darts at it*” – as described by Mick. Parents reported that they attended a range of parenting courses in an effort to address the problem but reported that while some were helpful to a point, none appeared to have addressed the violence comprehensively. As Laura observed ...*I mean, star charts and all that aren’t going to work for someone who’s giving you a smack, you know?*” (L323).

While the focus of the study was on the experiences of parents, their reports of violence and aggression directed at siblings, cannot be ignored. The siblings of the children in question have experienced physical violence, psychological abuse, property damage and regular exposure to family violence. Yet, they do not seem to reach the child protection threshold – as the instigator of the violence is also a child and their parents are acting protectively and trying to keep them safe. As such, they are hidden victims of direct and indirect violence and abuse. Some parents in this study also contacted support services for their other children who were suffering, in parents’ views, because of the violence in the family home.

The arrival of a global pandemic had a major impact on families with experiences varying hugely. For some, it was ‘like winning the lotto’ as the daily pressure of school attendance was removed – for others, it compounded already stressful circumstances. With the intention of NVR to strengthen support networks for parents and reduce isolation, the periods of lockdown during the pandemic had a detrimental effect on some families. The research plan was also adversely affected. Three parents withdrew from the intervention with two citing their unwillingness to engage by telephone having started face-to-face with an interview. Others remained engaged, but interviews and NVR sessions had

to take place on the phone. The challenges of conducting research with families during the pandemic were difficult to overcome.

And yet, as with many situations, life continued – despite Covid-19. Most parents remained engaged and implemented the strategies of NVR. De-escalation skills were used, efforts to repair relationships were made and in most cases, the violence ended or reduced. Of course, as has been stated several times, correlations cannot and have not been drawn between the intervention and those changes. With data collected at two intervals – of varying length – parents reflected on what was different for them at Time 2 and what *they* believed had – or had not – contributed to any change that happened.

Most parents reported an improvement and related some of that directly to their implementation of NVR strategies. Parents spoke of the benefits of taking a new position – a ‘higher view’ – as David said. Increased parental collaboration was reported – with parents reaching a common ground – described by one mother as ‘working more like a team’. Efforts to repair the relationship with their child were reported by some parents to be very effective. Parents opted to use the elements of NVR that suited their situation and as such, the degree of implementation varied. For some, the earlier parts of the intervention - de-escalation and parental presence - were, in their view, sufficient to make an acceptable change. Others reported using the elements more thoroughly – making a formal announcement to the child and inviting a support network to strengthen the parents’ position.

For two families in particular, the violence continued and in fact was, at Time 2 “*off the Richter scale*” for one couple. A small number found it difficult to work together and to take a shared position in response to the violence. Yet, despite the on-going violence, both families agreed that they would recommend the NVR intervention and cited the pandemic as being detrimental to their situation. They reported that their isolation resulted in them being unable or fearful of implementing the NVR strategies – particularly during periods of lockdown when supporters could not be physically present.

Despite the conflict and violence that they experienced, parents reported high levels of concern for their children. They worried about the future – not just for themselves but for their child who was behaving violently and indeed, for their siblings. Many found ways to maintain good relationships. For one parent in particular, their view was that NVR came too late and believed there was no going back in terms of damage to the parent/child relationship.

In summary, parents experienced extensive abuse and violence – towards themselves, their other children and their property. Yet, at Time 2, most parents reported a decrease or in some cases, an absence of violence. Each family stated that they would recommend NVR to a friend who was dealing with CPVA.

The findings of this study have provided a rich source of data on parents' experiences of CPVA and of the NVR intervention. As a researcher, it is incumbent on me to use these findings to inform practice and policy in the field of this growing form of family violence. At the opening of chapter 5, I cited Lee and Stanko who argue "*violence is preventable*". They continue "*The more we gather knowledge about it, the better off we are to contribute to its minimisation in society*" (2002, p.36). The knowledge gathered in this study is likely to expand our understanding of parents' experiences of CPVA, the contributory factors in terms of family dynamics and the potential of NVR to address violence. With this in mind, the following is a list of key findings and recommendations.

### **Key Findings**

- The parents in this study experienced significant and on-going levels of violence – physical, psychological and financial (including property damage). In some cases, the violence was life-threatening.
- Other children in the family home experienced violence and abuse directly or indirectly – at times resulting in physical injuries.
- All of the children behaving violently had contact with CAMHS.
- Parents reported that the situation was a huge source of conflict in the relationship with their partner – with each taking a different position in relation to their child's violence.
- For some families, Covid-19 brought a welcome respite from the daily pressures of life – particularly from mandatory school attendance. For other families, the pandemic compounded the violence by increasing their isolation and reducing available supports.
- Most families reported that NVR supported them to bring the violence to an end or to reduce it significantly.
- Most parents reported improved relationships with their interest child which they believed to be a result of their implementation of NVR strategies.
- Two families continued to experience severe violence despite their efforts to bring it to an end.
- All families reported that they would recommend NVR to a friend who was experiencing CPVA.

### **Recommendations**

- CPVA to be included in basic training as part of a wider curriculum on family violence for Social Work, Social Care, Psychology, Nursing, An Gardaí and associated professions.
- Services for parents and children to develop appropriate responses and supports.
- Tusla to name CPVA as an emerging phenomenon and signpost parents to supports.

- Current practitioners to receive training in CPVA and NVR to prepare them for responding effectively.
- Public awareness to be promoted on CPVA as a form of family violence as takes place with other forms of violence.
- On-going research on CPVA to establish how common this is.
- Further research on NVR to establish the efficacy of this intervention.

To conclude, this grounded theory study set out to bring to light, experiences of a form of family violence that is largely unrecognised, appears to be increasing and suffers from a lack of research and policy. The study provides comprehensive accounts of parental experiences of CPVA and indeed a thorough review of the literature in this field. It is likely to provide a valuable source of information to practitioners and policymakers. Furthermore, it's exploration of parents' views of NVR as an intervention, provides useful indicators of what works – in supporting parents, their interest children and indeed, their siblings. Despite the harrowing accounts of violence presented in this study, it is appropriate, in a study designed to give voice to parents, to conclude with a recommendation from a parent who, having implemented NVR strategies to address her son's violence, became hopeful that her family could live without violence. When asked what she would recommend to a parent in her situation to do, Sarah said:

*“I would try to encourage them to get help, they are not alone, this is something that happens, and it is not their fault. There is hope and everyone needs support. You don't have to feel like this. You can feel more empowered, and you can find more peace as a family” (L342).*

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# Appendix A Time 1 Interview Schedule



**Title of study: An Exploratory Study of Parents' Experiences of both Child to Parent Violence and Abuse and of the Non Violent Resistance Intervention**

**Researcher:** Tara Kelly 087 907 4472 T.KELLY41@nuigalway.ie

**Supervisor :** Dr. Declan Coogan [declanp.coogan@nuigalway.ie](mailto:declanp.coogan@nuigalway.ie)

## **Interview Schedule (Pre-Intervention)**

The interviews will take place in one of two rooms in a Family Support Service. Both are quiet spaces furnished with relaxed seating (sofas) and coffee tables. The researcher will begin the interview by offering tea/coffee water etc. and will proceed with three or four warm up questions of a general nature. These will likely include questions regarding the journey to the centre, weather and basic chat to set a relaxed tone and to establish a level of rapport. The researcher will then thank the parent for participating and remind him/her of the confidential nature of the information and the limits to confidentiality. Parents will also be reminded that he/she can withdraw at any time during the process. The number of questions will be outlined and the parent will be advised to feel free to pause or stop the interview at any stage.

The following are the questions for the interviews that will be conducted with parents prior to their participation in the NVR intervention..

1. Can you tell me for how long you have been experiencing child to parent violence/abuse?
2. Can you describe these experiences of child to parent violence and abuse?
3. What effect would you say child to parent violence and abuse has had on you as a parent?
4. Has child to parent violence and abuse impacted on your family and if so, can you describe that for me please?
5. Can you tell me how child to parent violence and abuse has affected your relationship with your child?
6. Is there anything that helps you to deal with this violence/abuse?
7. Is there anything that hinders you in dealing with this violence/abuse?
8. Do you have any support in dealing with this?
9. How confident do you feel about dealing with the violence/abuse that you are experiencing?

## Appendix B Time 2 Interview Schedule



**Title of study: An Exploratory Study of Parents' Experiences of both Child to Parent Violence and Abuse and of the Non Violent Resistance Intervention**

**Researcher : Tara Kelly 087 907 4472 T.KELLY41@nuigalway.ie**

**Supervisor : Dr. Declan Coogan [declanp.coogan@nuigalway.ie](mailto:declanp.coogan@nuigalway.ie)**

### **Interview Schedule (Post Intervention)**

The follow up interview will take place in the venue described above. The researcher will follow the same procedures in terms of care for the participant and ensuring the participant is fully aware of the confidential nature of the interview, but also of the limits to confidentiality. Warm up questions will again be used to set a relaxed and supportive tone for the interview.

\

1. What, if anything, has changed for you following your participation in the Non-Violent Resistance intervention?
2. What, if anything, has changed for your family following your participation in the Non-Violent Resistance intervention?
3. What, if anything, has changed in your relationship with your child following your participation in the Non-Violent Resistance intervention?
4. In your view, what, if anything, was the most useful part of the Non-Violent Resistance intervention?
5. In your view, what, if anything, was the least useful part of the Non-Violent Resistance intervention?
6. What, if anything, are you doing differently since you started the Non-Violent Resistance intervention?
7. In what ways, if any, has your involvement in the NVR intervention affected the violence/abuse that you have experienced?
8. How confident do you feel about dealing with violence/abuse from your child?
9. Following your participation in Non-Violent Resistance sessions, what advice would you give to a parent who was at that stage that you were at when you first came to the service?
10. What, if anything, would you change about Non-Violent Resistance?

## Appendix C Permission to use questionnaire



**Title of study : An Exploratory Study of Parents' Experiences of both Child to Parent Violence and Abuse and of the Non Violent Resistance Intervention**

**Researcher : Tara Kelly 087 907 4472 T.KELLY41@nuigalway.ie**

**Supervisor : Dr. Declan Coogan [declanp.coogan@nuigalway.ie](mailto:declanp.coogan@nuigalway.ie)**

### **Confirmation of permission to use questionnaires**

Dear Tara,

Thank you for your email. As you know, I was the Ireland Lead for the 5 nation EU co-funded (FP7) Responding to Child to Parent Violence Project and specifically for the activities under Workstream 3 (Self-Efficacy Tools). For further information about the Project see [www.rcpv.eu](http://www.rcpv.eu) and about Workstream 3, see <http://www.rcpv.eu/research> Each individual who was the nominated lead for each partner country has the ability to give consent for use of the research outputs of the project which include the Self-Efficacy Questionnaires and, for example, the other evaluation questionnaires (Workstream 2). I consent to your proposed use of the research outputs and any questionnaires used in the RCPV Project on the understanding that the original sources of the questionnaires and any other material from the RCPV Project are acknowledged. I wish you the very best of luck with your research.

Yours truly,

Dr Declan Coogan,

Lecturer, Masters of Arts in Social Work Programme,

Research Fellow, UNESCO Child and Family Research Centre,

School of Political Science & Sociology, Room 223, Aras Moyola,

National University of Ireland, Galway,

University Rd., Galway,

Republic of Ireland.

Phone + 353 (0)91 495373

## Appendix D Parent Questionnaire

<b>Personal Information</b>	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Age:
No. of children:	
If you have a partner, specify gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>Marital Status</b>	
<input type="checkbox"/> Single	<input type="checkbox"/> Partner
<input type="checkbox"/> Married	<input type="checkbox"/> Separate or divorced
<input type="checkbox"/> Civil Partnership	<input type="checkbox"/> Widow/er
<b>Educational Level</b>	
<input type="checkbox"/> No studies	<input type="checkbox"/> University studies
<input type="checkbox"/> Primary studies	<input type="checkbox"/> Professional studies
<input type="checkbox"/> Secondary studies	<input type="checkbox"/> Other (please specify which) _____
<b>Please specify your nationality</b>	
<input type="checkbox"/> Irish	<input type="checkbox"/> Non EU ( <i>please specify which nationality</i> )
<input type="checkbox"/> UK ( <i>please specify which nationality</i> )	<input type="checkbox"/> Other ( <i>please specify which nationality</i> )
<input type="checkbox"/> EU( <i>please specify which nationality</i> )	<input type="checkbox"/> Other ( <i>please specify which nationality</i> )
<b>Please specify your ethnicity</b>	
<input type="checkbox"/> White	<input type="checkbox"/> Black
<input type="checkbox"/> Traveller	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Other (Please specify) _____

Please note that there are no right or wrong answers to these questions. Please answer as honestly as you can.

<b>Section 1. This section asks you about your role as a parent</b>					
Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements.					
1. I feel able to bring up my child well	1	2	3	4	5
2. I am a good father/mother/carer	1	2	3	4	5
3. I am confident in my parenting skills	1	2	3	4	5
4. I do not have doubts about my child care decisions	1	2	3	4	5
5. I am sure about how to bring up my child	1	2	3	4	5
6. I am clear about my responsibilities at home as father/mother/carer	1	2	3	4	5

<b>Section 2. This section asks you about how your family functions</b>					
Indicate on a scale from 0 to 5 the degree of agreement (5) or disagreement (1) with the following statements.					
1. At home, we all have our own role in the family.	1	2	3	4	5
2. At home, we all have our own tasks assigned which we are responsible for.	1	2	3	4	5
3. At home, we have some rules to follow.	1	2	3	4	5
4. At home, each of us does whatever he/she wants to do.	1	2	3	4	5
5. At home, what happens to each of us affects the whole family.	1	2	3	4	5
6. All family members take part in the tasks at home.	1	2	3	4	5
7. We all have a good relationship with each other and help one another.	1	2	3	4	5
8. My child and I do not have a relationship more similar to a friendship than to the relationship between parent/carer and child.	1	2	3	4	5
9. In our family, the father is the head of the family.	1	2	3	4	5
10. In our family, the mother is the head of the family.	1	2	3	4	5
11. In our family, we don't have any specific gender head of the family.	1	2	3	4	5



<b>Section 3. This section asks you about your relationship with your child</b>	
The relationship with my child, at the moment is:	
<input type="checkbox"/> Very Bad	<input type="checkbox"/> Good
<input type="checkbox"/> Bad	<input type="checkbox"/> Very Good
<input type="checkbox"/> Acceptable	
Do you engage in activities with your son or daughter? (Activities can include sports, games, walks, cycling, dance, music, cinema etc)	
<input type="checkbox"/> Never	<input type="checkbox"/> Once a week
<input type="checkbox"/> At least once a year	<input type="checkbox"/> Daily
<input type="checkbox"/> Once a month	

<b>Section 4. This section asks you about your experiences of Child to Parent Violence and Abuse</b>					
When you have been attacked or abused by your child, how frequently have these behaviours been used against you? Use this scale from 1 to 5					
1 = Never					
2 = Rarely (one to three times at year)					
3 = Occasionally (approximately once a month)					
4 = Frequently (approximately once a week)					
5 = Almost every day					
1. Criticized you.	1	2	3	4	5
2. Called you names.	1	2	3	4	5
3. Tried to keep you from doing something you wanted to do.	1	2	3	4	5
4. Gave you angry looks or stares	1	2	3	4	5
5. Screamed or yelled at you	1	2	3	4	5
6. Threatened to hit or throw something at you.	1	2	3	4	5
7. Pushed, grabbed or shoved you	1	2	3	4	5
8. Put you or other family members down (made critical remarks)	1	2	3	4	5
9. Threatened to hit or hit brothers or sisters	1	2	3	4	5
10. Became upset with you or your partner because something at home was not the way they wanted it or done the way they thought it should be done.	1	2	3	4	5
11. Stayed away from home for several hours without informing you.	1	2	3	4	5
12. Said things to scare you (Example: told you something "bad" was going to happen, threatened to commit suicide, told you to watch out.)	1	2	3	4	5
13. Slapped, hit or punched you	1	2	3	4	5

14. Refused to do the chores	1	2	3	4	5
15. Threatened you with a knife or weapon	1	2	3	4	5
16. Threatened to kill you	1	2	3	4	5
17. Told you that you were bad parents	1	2	3	4	5
18. Threw, hit, kicked or smashed something during an argument	1	2	3	4	5
19. Kicked you	1	2	3	4	5
20. Hurt a pet or threatened to hurt a pet	1	2	3	4	5
21. Choked or tried to strangle you	1	2	3	4	5
22. Used a knife, gun or other weapon	1	2	3	4	5
23. Stole your money	1	2	3	4	5
24. Spent money without consulting you	1	2	3	4	5
25. Was sexually abusive or violent to you	1	2	3	4	5
26. Harmed her or himself	1	2	3	4	5
27. Have you ever had the feeling that your life was or is in real danger?	1	2	3	4	5

<b>Section 5</b>	
1. Did you receive professional support to cope with these problems?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes:	
a) Type of service?	_____
b) How many times?	_____
2. Have you ever been injured as a result of your child being violent or abusive to you?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you receive medical care for injuries because of your child being violent or abusive to you?	
<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently <input type="checkbox"/> Almost every day
Could you please tell us which kind of injuries?	

3. Could you please indicate on a scale of 1 to 5 the level of disruption in your life caused by child to parent violence ( <i>1=no interference and 5=maximum interference</i> )				
1	2	3	4	5
4. Did you need to contact a service because of your child violence behaviour?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes:				
a) Type of service? _____				
b) How many times? _____				
If yes, did that service visit your home?			If so, was it helpful?	
Did someone from the service speak to your child?			If so, was it helpful?	
Is there anything else that you would like to add?				

## Appendix E Information letter to professionals



**Title of study:** An Exploratory Study of Parents' Experiences of both Child to Parent Violence and Abuse and of the Non-Violent Resistance Intervention.

**Researcher** : Tara Kelly 087 907 4472 [T.KELLY41@nuigalway.ie](mailto:T.KELLY41@nuigalway.ie)

**Supervisor** : Dr. Declan Coogan [declanp.coogan@nuigalway.ie](mailto:declanp.coogan@nuigalway.ie)

### Information form for referrers

Dear Colleague,

My name is Tara Kelly. I am the Project Leader of Springboard Family Support Service in Loughlinstown where I work three days each week. I am also a Doctoral Researcher in NUI, Galway. My supervisor is Dr. Declan Coogan.

In recent years, more and more parents have been seeking our support with child to parent violence and abuse (CPVA). Parents have reported physical, psychological and financial abuse from their child/teenager. This is obviously very distressing for parents and can result in significant injury and distress to both the parent and child (often in the context of restraint). Many of these families come to the attention of the Duty Social Work team, An Gardaí and indeed the children's hospitals.

I am planning to conduct some research on CPVA in this Integrated Services Area (ISA). The purpose of this research is to help us to better understand parent's experiences of CPVA and to explore their views of the Non-Violent Resistance intervention. You may be aware that this intervention is currently being delivered at a number of locations within our ISA. It is available to parents and is designed to support them to address the child's violence.

In order to do this, I am planning to interview twenty parents. In addition, I will invite them to complete a number of questionnaires before engaging in the NVR intervention. Following completion of that intervention, I will ask the parents to complete follow up questionnaires. Finally, parents will be invited to attend an interview so that I can ask them about their experiences of NVR and what difference, if any, it made to their experiences of CPVA.

I would like to request your assistance in engaging parents. Should a family present at your service with a report of CPVA, I would very much appreciate if you would consider referring the parents to me. Should they meet the criteria for participation as outlined below, I will invite them to engage in the research. In the event that they do not agree to participate, I will work to ensure that they will be provided with the NVR intervention anyway.

#### Criteria for Inclusion

- Anybody with parental responsibility for a child
- Parents (or anyone in a parental role in relation to a child) who are referred to the Family Support Service identified above.

-Parents whose experiences are in line with the definition of Child to Parent Violence and Abuse provided above.

-Parents must be over the age of eighteen years.

-Parents who have signed the requisite consent forms.

Criteria for exclusion

Parents who are in active addiction.

-Parents whose child/children have been placed in care as a result of child abuse or neglect.

-Parents who do not meet the criteria outlined in the above definition of CPVA.

-Parents who are part of an on-going Social Work assessment for allegations of child abuse (In these cases, the presenting concern may be the abuse of a child rather than the abuse of a parent).

I have attached a flyer and would be grateful if you would circulate this to your teams. I have also attached an information leaflet for parents.

If you have any questions at all, you can contact me on 01-2814934 or 087 9074472.

Kind regards,

Tara Kelly

Project Leader, Springboard

Doctoral Researcher, NUI Galway

## Appendix F Information letter for parents

**Title of study : An Exploratory Study of Parents' Experiences of both Child to Parent Violence and Abuse and of the Non Violent Resistance Intervention**

**Researcher : Tara Kelly 087 907 4472 T.KELLY41@nuigalway.ie**

**Supervisor : Dr. Declan Coogan [declanp.coogan@nuigalway.ie](mailto:declanp.coogan@nuigalway.ie)**



### **Parents -Are you experiencing a lot of conflict, aggression or violence from your child or teenager?**

Many parents are telling us that their home life is very stressful with constant rows, damaged property or even physical injury – and that this aggression comes from their child.

If you are experiencing this, we can help. Many parents are worried about talking about child to parent violence but here in Springboard, we are ready to listen and to help you to bring the conflict to an end.

We are working successfully with many parents, using the **Non- Violent Resistance (NVR)** intervention. This intervention is designed to bring the violence and aggression to an end and to build a better and stronger relationship between you and your child.

If you think NVR might be helpful to you and you would like to find out more, please contact:

**Tara Kelly, Project Leader, Springboard Family Support Project**

**01 -2814934 / 087 907 4472 / [tara.kelly@tusla.ie](mailto:tara.kelly@tusla.ie)**

*Please note that parents who engage with the NVR intervention will be invited to participate in a research project on Child to Parent Violence and Abuse. Should you decide not to engage in the research, this will in no way affect the service you are offered. For those who wish to participate, detailed information will be made available.*

*Further information on this intervention can be found on the following websites*

<https://cpvireland.ie/>

<http://www.rcpv.eu/>

## Appendix G Consent form for parents



**Title of study : An Exploratory Study of Parents' Experiences of both Child to Parent Violence and Abuse and of the Non Violent Resistance Intervention**

**Researcher : Tara Kelly 087 907 4472 T.KELLY41@nuigalway.ie**

**Supervisor : Dr. Declan Coogan [declanp.coogan@nuigalway.ie](mailto:declanp.coogan@nuigalway.ie)**

### **Consent form for parent participation**

- I \_\_\_\_\_ voluntarily agree to participate in this research study.
- I understand that I can withdraw from the research process at any time and if I do so, I will continue to receive a service should I wish to avail of it.
- I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
- I understand that all data collected in this study is confidential and anonymous.
- I understand that there are limits to confidentiality. The researcher has explained to me that reporting child protection concerns is mandatory. I understand this protocol and have been advised that I will be informed of any reports that are to be made to the Duty Social Worker.



- I give my permission for the researcher to use quotes from my interviews on the understanding that I cannot be identified in any way.
- I understand that should I have any complaints about this study, I can contact one or both of the following:

Dr Declan Coogan, Research Supervisor,

Kevin Webster

Email: [declanp.coogan@nuigalway.ie](mailto:declanp.coogan@nuigalway.ie)

Principal Social Worker, PPFS, Tusla

Tel: 091 495373

Tel: 076 695 8419

- I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

Signature of parent

\_\_\_\_\_

Telephone number

\_\_\_\_\_

Signature of researcher

\_\_\_\_\_

Date

\_\_\_\_\_

## Appendix H Distressed persons protocol



**Title of study: An Exploratory Study of Parents' Experiences of both Child to Parent Violence and Abuse and of the Non Violent Resistance Intervention**

**Researcher** : Tara Kelly 087 907 4472 T.KELLY41@nuigalway.ie

**Supervisor** : Dr. Declan Coogan [declanp.coogan@nuigalway.ie](mailto:declanp.coogan@nuigalway.ie)

### **Dealing with Distressed Persons Protocol**

In the event that a participant becomes distressed during an interview, the following steps will be taken:

1. The researcher will acknowledge the distress of the participant and pause the interview.
2. The researcher will assess the cause of the distress – is it related to the interview process or to the subject of the interview?
3. The researcher will assess the level of distress.
4. If this is low, the researcher will support the participant to decide if he/she would like to stop the interview or to take a break. If the level of distress is high, the researcher will stop the interview and stay with the participant to offer support in easing the level of distress.
5. If the participant wishes to leave while distressed, the researcher will provide the participant with a list of support services in the area.
6. The researcher will also advise the participant that she will contact him/her within a three-hour period.
7. If the level of distress eases, the participant will be invited to decide if he/she wishes to continue with the interview at that time or at a later time.
8. The participant will be assured that he/she can withdraw at any stage in the research process and that any data collected will be immediately destroyed at their request.

While completing questionnaires, the researcher will remain in an adjoining room and advise the participant that she is available for support during the time it takes to complete the questionnaire. If the participant becomes distressed during this period, the steps outlined above will be followed.