



# Responding to Child to Parent Violence & Abuse in Europe

Research and Data Mapping -  
Workstream 1

# Workstream 1 : Research and Data Mapping

## Responding to Child to Parent Violence and Abuse: European Perspectives

### Research and Data Mapping on Child to Parent Violence and Abuse across Europe: Bulgaria, England, Republic of Ireland, Spain and Sweden

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## Abbreviations

<b>APV</b>	Adolescent to Parent Violence
<b>B4C</b>	Break4Change Programme (England & Wales/Sweden)
<b>BHCC</b>	Brighton and Hove City Council
<b>CPV</b>	Child to Parent Violence
<b>CAMHS</b>	Child and Adolescent Mental Health Services (England & Wales/Ireland)
<b>HITW</b>	Holes in the Wall Blog; <a href="http://holesinthewall.co.uk/">http://holesinthewall.co.uk/</a>
<b>ITF</b>	Integrated Team for Families (BHCC)
<b>NICE</b>	National Institute for Clinical Excellence (England & Wales)
<b>NUIG</b>	National University of Ireland Galway
<b>NVR</b>	Non Violent Resistance Programme (Ireland)
<b>P2C</b>	Power2Change (Ireland)
<b>RCPV</b>	Responding to Child to Parent Violence
<b>recURRA</b>	Programa RecURRA GINSO
<b>RYPP</b>	Respect Young People's Programme
<b>SEVIFIP</b>	Sociedad Española para el Estudio de la Violencia Filio-Parental
<b>Tusla</b>	Child and Family Agency (Ireland)
<b>UoB</b>	University of Brighton
<b>UoV</b>	University of Valencia
<b>VFP</b>	La Violencia Filio-Parental
<b>YOS</b>	Youth Offending Service
<b>YUVA</b>	Yuva Young People's Service, Domestic Violence Intervention Project

# Workstream 1: Research and Data mapping

## The Responding to Child to Parent Violence (RCPV) Project Funded by DAPHNE III European Union

### 1. Introduction

In 2006 the European Youth Forum identified the need for research and policy on child to parent violence (CPV) and the Daphne II programme (2004-8) indicated a rise in reported cases. As a result the Daphne III programme put out a call for proposals on 'Children as victims and perpetrators of violence'. It was thanks to this call that the 'Responding to Child to Parent Violence' (RCPV) action research project was funded from February 2013 until the end of January 2015.

CPV is one of the most hidden, misunderstood and stigmatised forms of family violence. It involves teenage and younger girls and boys who use physical, psychological, emotional and financial violence and abuse over time to the extent that parents/carers live in fear of their child. The idea that parents, who are responsible for children's welfare, can become victims of abuse from their own child is extremely challenging not only for the parent experiencing violence from their child but also for practitioners and wider society. This particular form of violence in the family is not yet being adequately addressed in Europe; CPV is largely absent from national and European programmes on the violence of young people, domestic violence and on violence against women and girls.

A partnership of six institutions from five European countries was granted a two-year action project (2013 – 2015) within the framework of the Daphne III programme. RCPV examined whether violent and abusive behaviour by children towards parents/carers can be changed in 5 European countries: Spain, England, Ireland, Bulgaria and Sweden; the project's focus was on children aged 10 – 19 (WHO definition of adolescence). Adult 'children' can also be violent and abusive to parents but this aspect of CPV was not included in the scope of RCPV. The project explored the ways practitioners currently respond to this social problem focussing on two European-based interventions: Break4Change (see <https://www.justice.gov.uk/youth-justice/effective-practice-library/break-4-change>) and Non Violent Resistance (Omer, 2004).

The RCPV partnership was led and coordinated by the University of Brighton working with Brighton and Hove City Council (BHCC), England; National Association XXI Century Rhodopa Mountain Initiative, Bulgaria; Brighton and Hove City Council (BHCC), England; National University of Ireland Galway (NUIG); Polibienestar Research Institute, University of Valencia, Spain and Åmåls Kommun, Sweden. There were also two associate partners: COPE Galway (domestic violence and outreach service) and the Regional Directorate of the Ministry of Interior – Smolyan. The project produced a range of useful resources for policy makers and practitioners contained on an RCPV USB card and available on the project website [www.rcpv.eu](http://www.rcpv.eu): films on CPV, filmed role plays for use in training professionals and tool kits for the Break4Change and Non Violent Resistance models are available on the website via the RCPV YouTube Channel.

RCPV adopted an action research methodology motivated by the quest to map policy, practice and knowledge in relation to CPV in each partner country and to learn how to improve these by reflecting on the changes made through project actions. The aims of the project were as follows:

- To research understanding and raise awareness of CPV
- To improve policy and practice
- To develop an evaluation framework
- To implement intervention programmes
- To develop tools for practitioners and families in Spain, Bulgaria, England, Ireland and Sweden.

All with an underpinning focus on gender dynamics and preventing and responding to violence against women and children.

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The two intervention models chosen to be implemented and studied as part of the research project were Break4Change (B4C) based in Brighton and Hove and works with parents and young people in parallel groups over 10 weeks and Non Violent Resistance (NVR) based in Galway, as adapted in Ireland, works with parents usually on a one to one basis for up to 10 sessions with additional telephone support, if required (NVR can also be used with groups of parents).

## 1.2 Workstream 1

The five participating countries are very diverse, both in terms of their geographical location, history, traditions, child welfare and protection system and current policies and practices. Children of all ages can be violent and abusive in different ways and this can take the form of abusing or being violent with parents, carers, step-parents, foster or adoptive parents and/or grand-parents. Within RCPV we have recorded children as young as 5 years being abusive, however, because of the different ways in which family workers and practitioners work with young children this project chose to focus on children aged 10 to 19 (WHO definition of adolescence).

The focus of this workstream was on research and data mapping to find out what was happening in relation to CPV in each partner country. This meant collecting and analysing the research literature, information and statistical data in all the participating countries as well as carrying out study visits and interviews with practitioners, parents and young people.

## 1.3 Theoretical Underpinnings

RCPV partners recognised early in the project the importance of identifying and naming CPV as a specific category of domestic violence and so where English was not the first language each partner translated the Daphne project name into their own language as below:

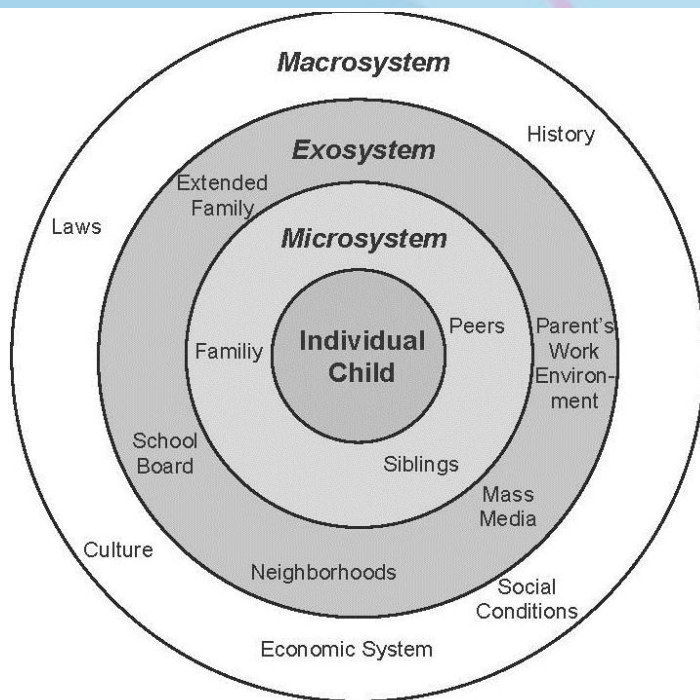
In Spain Respondiendo a la Violencia Filio-parental

In Bulgaria Водговор на насилието на дете върху родител

In Sweden: Barns våld mot föräldrar

Having named the project and the social problem in each country we needed to agree on how to conceptualise this complex familial issue. In the international literature theoretical standpoints varied depending on the academic discipline in which they are located. The academic backgrounds of the RCPV research team are located in sociology, psychology and psycho-therapy and so we wanted to draw on and develop an inter-disciplinary perspective which would dissolve the boundaries of the biological/health/criminological and the psychosocial.

Having named the problem in each country it was important to agree on how to conceptualise this complex issue and we found Urie Bronfenbrenner's (1979) social ecological model useful to try and capture the dynamic interrelationships of micro (personal) with meso (situational) and with macro social/cultural factors. Socioecological models were introduced by the Chicago School after the First World War to extend the focus on the individual and personal influences. In this model the individual child is presented in the centre of a series of concentric circles which represents a network of influences; from the most immediate microsystem including friends and family to more remote influences such as the extended family and the media and finally the macro social and cultural contexts. This model also acknowledges the child's right as an active participant in each of these spheres.

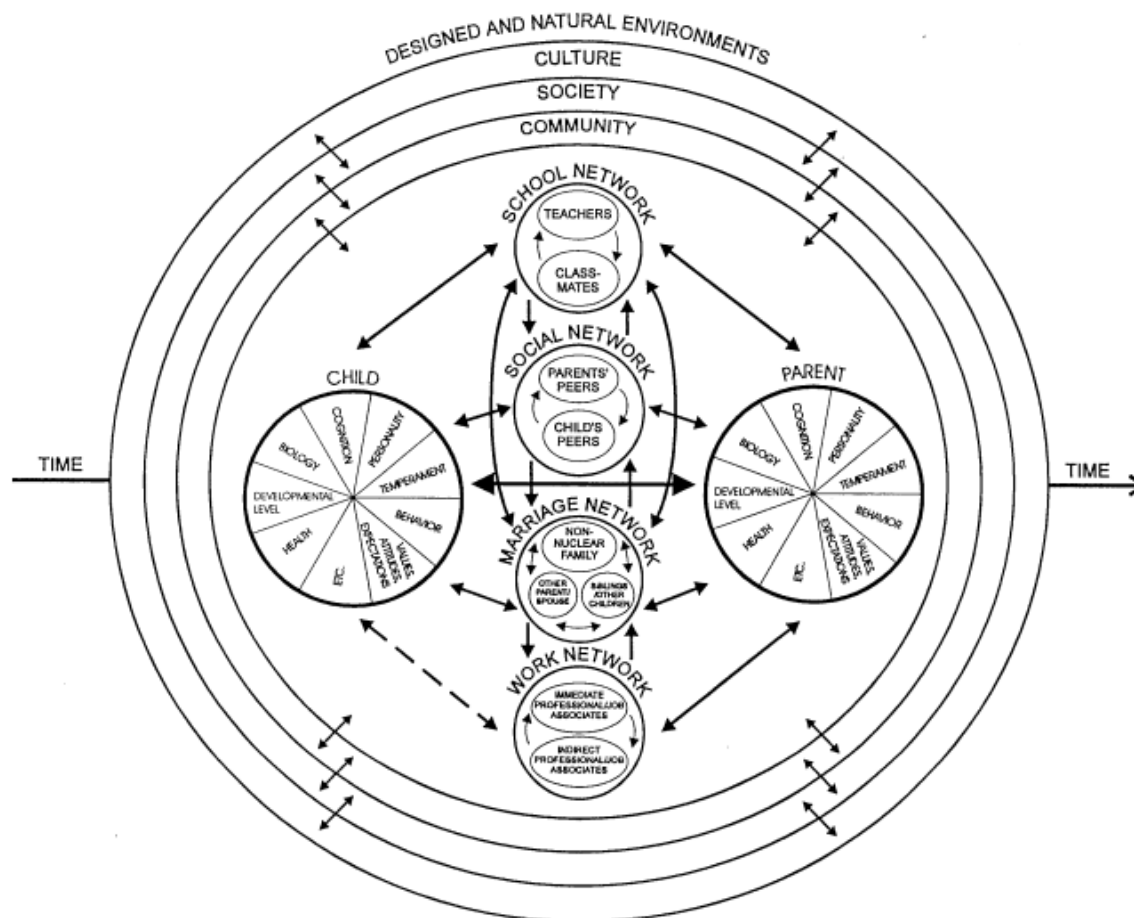


**Figure 1: Bronfenbrenner's Ecological Theory of Development, Source: [www.biomedcenter.com](http://www.biomedcenter.com)**

In addition as the focus of the project was the abusive behaviour of children aged 10 to 19 towards their parents we were interested in the ways in which academics are currently theorising this period of the life course. Sociologists such as Furstenberg et al (2004) re-examined traditionally accepted social markers of adulthood such as leaving home, finishing school, getting a full-time job, becoming financially independent, supporting a family, marrying and becoming a parent finding that adulthood is seen in more individualised ways. Johnson et al (2009) have reviewed the literature on longitudinal neuroimaging studies which appear to demonstrate that the adolescent brain continues to mature well into the 20s. This has prompted interest in whether there are connections between the maturity of the brain and maturity of judgment. However, according to Johnson et al (2009) empirical evidence of brain development and adolescent behaviour in the real world remains sparse.

We know that all humans require connection with others to thrive and the environment in which we find ourselves is a network of social relationships which can provide positive and adverse experiences over time. Growing into adulthood is clearly an embodied process over time which calls for parental presence and experience with the child which balances protection and challenge. A child can experience positive development following challenging life experiences as long as adequate protection is provided. Where child to parent violence and abuse is happening this longitudinal development has broken down and this poses a thorny challenge for the services and agencies called on to respond to this complex familial context in similar but different ways to the challenges faced by services responding to intimate partner/domestic violence. The areas of child protection and safeguarding are also critical within any theoretical analysis within this sociological discourse.

To intervene within CP, there needs to be a focus on the role of parents as well as children. The researchers and practitioners explored the issue of bidirectional relationships between family members of two and in some cases more generations as well as highlighted how *diversity* can be a substantive feature of parenting behaviour. They drew on the human development theory of developmental contextualism. This views human development as inextricably and reciprocally linked to the changing relations between an individual and the multiple contexts of their lives (Lerner 1991, 1995). So as Lerner identified parenting is both a biological and a social process. Thus, parenting is a complex process, involving much more than a mother or father or indeed two parents of the same sex providing food, safety, and succour to an infant or child. Parenting involves bidirectional relationships between members of two (or more) generations; should take account of different gender experiences and different family structures those that are the so called normative 2.4 families, one parent families as well as same sex families, extend families and those that are foster or care families.



**Figure 2: Lerner's developmental contextual view of human development Source: Lerner et al (1998, 2)**

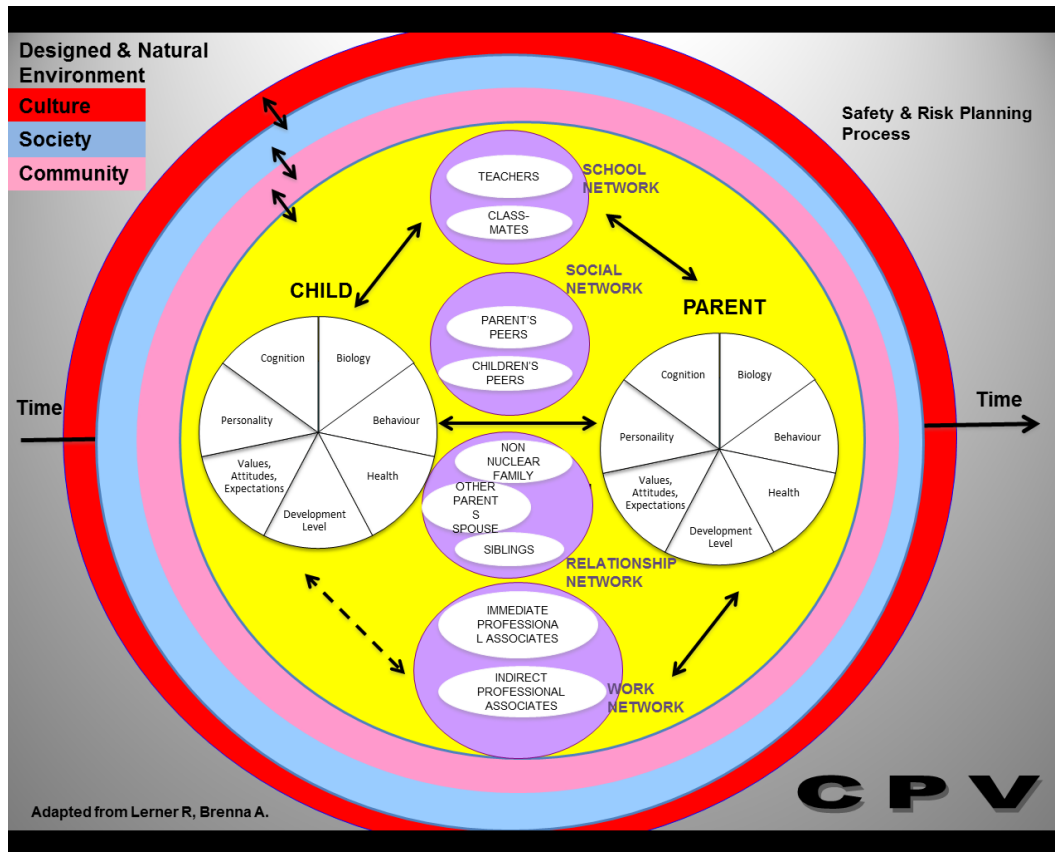
Lerner et al (1998) argue that child relations, and interpersonal and institutional networks, are embedded in and influenced by particular community, societal, cultural, and designed and natural environments, all changing across history as shown in Figure 2 above. For the RCPV research team this diagram captured well the complexity of relationships within which the child and parent/s are embedded and also importantly refers to the way in which these contexts will change over time and hence the practitioner will need to take cognisance of such contexts prior to, during and after any specialised CPV intervention programme.

Due to the experience of those on the research team who had worked in and researched domestic violence the conceptualisation of child to parent violence as a form of domestic violence was helpful and we would argue that learning from work on intimate partner violence is useful in relation to CPV. One response to domestic violence which was looked at was the Coordinated Community Response to domestic violence (CCRM) which was designed as a blueprint in England and Wales against which local services could map their provision for domestic violence services to assess their current response and identify any gaps (see <http://www.ccrm.org.uk>). This model acknowledges that, while each agency maintains its independence, all agencies involved must work in an integrated and coordinated way with each other to achieve:

- An increase in the safety of domestic violence survivors
- An increase in the safety of children who live with domestic violence
- Holding abusers accountable for their actions
- Effective prevention strategies

In effect it aims to develop a system where the onus of holding abusers accountable lies with service providers, and the wider community, rather than just with the survivor. This we felt could be effectively applied to working with CPV.

By looking at the approach to risk and safety planning, an adaption of both Lenner et al's model and the CCRM model enables a process whereby families experience of the complex issue of CPV needs to be worked through in a holistic approach that takes note of people's histories, cultural, societal, environmental and intergenerational relationships. See Figure 3.



**Figure 3: RCPV adaption of Lerner's developmental contextual view of human development & Coordinated Community Response Model to Domestic Violence**

This process requires a carefully constructed and supported approach that assesses risk, safety and safeguarding whilst also ensuring support during and post any CPV intervention. All of these conceptual and theoretical principles were used to underpin the project work carried out by the RCPV team.

#### 1.4 Models of Intervention on CPV

The RCPV project worked closely in England with the Home Office working group on APV which has produced the Information Guide: Adolescent to Parent Violence and Abuse (Home Office 2015); Table 9 Responding to APVA (p. 27) gives examples of the types of therapeutic approaches in England and Wales as follows: Solution-focused brief therapy, Functional family therapy, NVR, Attachment and trauma-based approach, Conflict resolution and mediation and Multi-modal.

In order for the action part of our action research project to be put into effect the project needed to focus on one or more specific intervention models to assess approaches, differences and similarities and to learn what worked in any particular model. In the project team there was existing expertise on Non Violent Resistance (NVR) at NUI Galway in the Republic of Ireland and Break4Change at BHCC and Rise in England. Both NVR and Break4Change interventions have been developed within a European context. Break4Change has positive internal evaluations (Munday 2009, Pooley, 2012) and was developed in Brighton and Hove drawing to some extent on learning from Gallagher in 2008 and Routt and Anderson in 2013. NVR originates with Haim Omer from Israel (2004). NUI Galway in Ireland has built on this model using a one to one approach. Both models are solution focused but there seemed to be sufficient differences as well as commonalities between the two approaches to make comparison fruitful. In England NVR is offered by NHS Oxleas Trust as a group work intervention.

Break4Change based in Brighton and Hove works with parents and young people in parallel groups for 10 sessions over 12 weeks with some support between sessions and after the intervention if required. NVR based in Galway, works with parents usually on a one to one basis for between 5 and 10 sessions with additional telephone support if required.

This report draws on the reflections of practitioners facilitating B4C and NVR as well as the views of the senior clinical psychologist who has many years of experience working in this field and who has been important to work on NVR in England as well as our partners in the Republic of Ireland, Declan Coogan, a social work academic and psychotherapist and a former mental health social worker, psychotherapist and academic, and in England, Michelle Pooley, a former domestic and sexual violence practitioner and manager, both of whom have many years' experience of working with CPV in the public sector.

**Table 1 CPV Intervention Models; Break4Change & Non Violent Resistance**

Break4Change	Non Violent Resistance NVR
Origins: responding to needs expressed by residents via B&H City Council youth justice, domestic violence agency and family practitioners	Origins: non violent political struggles combined with ideas from family therapy
Multi-agency partnership; facilitators experienced in work with parents & young people, social workers, domestic violence survivors & perpetrator work. Supervision via DV worker	Individual agency workers such as Social Workers, Counsellors, Psychologists, Family Support Workers, , practitioners on CAMHS teams etc.
10 sessions. Separate groups for parents and children run in parallel over 12 weeks + follow up support	Usually one-to-one work with parents for up to 10 weeks + telephone support
Key approach: Re-wiring communication and relationships so both parties understand roles and responsibilities and non-violence. Group environment forms support group. Addressing abusive behaviour, understanding cycle of change, transactional analysis, power and control in families including gendered power relationships thus developing mutually respectful relationships. Use of a restorative film dialogue process. Creative processes with young people.	Key approach: 'new authority' (Haim Omer) - parental commitment to non-violence and resistance, de-escalating conflicts, increased parental presence, taking a firm stance against violence from parents or children, Announcing the commitment, Sit-Ins, Recruiting and utilising support network. Developing respectful relationships.

## Non Violent Resistance (NVR)

Based on the Non Violent Resistance approach first developed in Israel by Haim Omer and his colleagues (Omer 2004; Weinblatt and Omer 2008), the NVR model developed by the RCPV Project is a psycho-educational and therapeutic approach to supporting parents to use a methodological structure to resist violence and to change how they respond to the abusive behaviour of their child. This model is used in parents' groups, as well as on a one to one basis, in agencies working with children and families such as Child and Adolescent Mental Health Services, Social Work Services, Family Support Services and Juvenile Justice Services. The use of this model in England has been led by Dr Peter Jakob, Consultant Psychologist, and by Oxleas NHS Trust. In Ireland, the NVR model has been developed and promoted by Declan Coogan and practitioners in a range of services working with children and families such as the Mater Misericordiae University Hospital's CAMHS team in north Dublin, the Daughters of Charity, Children and Family Services in Dublin, Le Cheile in Limerick and Parentline.

The structure of the NVR programme is described in more detail in the NVR Handbook for Practitioners developed as part of the RCPV Project and available at [www.rcpv.eu](http://www.rcpv.eu). In summary following the initial assessment a practitioner holds a series of meetings with the parent or parents:

A pre-session question is posed for the parent/s to think about: "What will be different when things change in your family?"

A shared understanding of the problematic behaviour and the interactional patterns around this is developed. As part of this the parents' emotions, beliefs (and somatic responses) inherent in these repetitive interactional sequences are explored, especially around symmetrical escalation and submissive parental responses.

As a result an action plan is developed based on non-violent methods (such as the Initial Announcement, Sit-in and Support Network) which aims to change these interactions, lower levels of risk, help change negative internalisations of the other in parent and child, and promote re-connection. The latter is achieved by the use of reconciliation gestures. De-briefing parents is achieved by looking at previous non-violent action and making meaning of this.

Non-violence in the context of NVR is a way of actively resisting violent behaviour, to be active in and conducive of peace; e.g. stop blaming, being present, reconnecting people (Omer 2004). At the start of the NVR model the child concerned does not know about the parent's activity and it is not until the announcement is made that the child (along with his/her siblings) is made aware.

Session One which lasts about 1 ½ hours engages the parent/s in discussion, it shows the prevalence of CPV to demonstrate they are not alone, it outlines the key aspects of NVR e.g. empowering, strengths based, solution focused and sows the seeds of hope by asking: 'How do you survive CPV?' It also asks the parent/s to expand on what will be better when things change. It is important to let parents know that things may get worse before they get better as s/he starts to introduce changes in the form of NVR. Parents are also invited by the practitioner to consider making commitment to avoid the use of any abusive or violent behaviour themselves.

Session Two which lasts about 1 hour looks at what has been different? Whether the child used violence in last week? What did the parent do? The aim is to establish a really open and good relationship and to create space where there can be more honesty – so that the parent/s can talk about it – explore what it feels like. Later in the programme the practitioner works with the parent/s to discuss and practise new skills in responding to their child's abusive behaviour and to establish a support network.

Parents will volunteer suggestions as to why in their view the CPV is happening but it is important not to dwell on this. NVR cannot deal with what has happened in the past or ongoing issues – its focus is to reduce violence.

For full details in relation to all the NVR sessions and on the NVR model of intervention please see the NVR Handbook for Practitioners available on the RCPV website at [www.rcpv.eu](http://www.rcpv.eu).

## Break4Change

The Break4Change model entails therapeutic work with parents and children as well as creative work with children. There is a parents' group and a children's group (aged 11 to 16) which run in parallel to each other over a 12 week period. It is organised as a multi-agency partnership approach – in Brighton and Hove the partnership is between Brighton & Hove City Council Integrated Team for Families (ITF) & Youth Offending Service (YOS), Rise domestic violence services <http://www.riseuk.org.uk/> and AudioActive performing arts group <http://www.audioactive.org.uk/>.

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The approach is based on assessing the relationships and behaviours within the family and extended family context over time. This is carried out on a one to one basis with child and parent/s or carer/s separately at referral and during the programme where necessary. As people develop their trust and confidence whilst working with practitioners greater disclosure often takes place.

The Break4Change model affects change in parents and children through the following processes:

- Parents' and children's isolation is reduced through sharing experiences with others who are experiencing similar behaviours in the group work.
- It increases feelings of safety. Each group deals with the effects of abuse and develops strategies to help them whilst feeling secure in the confidentiality of what they share in their groups.
- It enables change in how parents and children communicate with each other and thus improves their relationship.
- It encourages listening as well as better communication. Film is used to create a 'restorative conversation' between the parent and the young person. They are both able to ask and answer questions from each other in a safe space and listen to answers given without interruption.
- Creative processes, such as graffiti, lyric writing, artwork and music editing, are used by the young people to explore their abusive behaviours and the issues they are dealing with.
- Practical strategies to respond in non-violent ways are demonstrated, tried out and reflected upon. Participants leave the programme with strategies and new ways of working with each other to ensure a non-abusive and non-violent future.
- The parent/carer and young person take away lasting memories of their hard work together, including a DVD of the filming.
- For full details of the Break4Change model and training please go to [www.break4change.co.uk](http://www.break4change.co.uk). Please also see chapters from the Break4Change manual available on the RCPV website at [www.rcpv.eu](http://www.rcpv.eu).

## 2. Research methodology and methods

The project adopted an interactive and consultative methodology, going several times around the action research circle of planning, doing, observing and reflecting with the goal of enhancing practice, policy and knowledge on CPV. Each partner identified relevant stakeholders, held consultations and carried out a review of the literature in their country (see the five country reports included as Appendices A1 – A5). Through subsequent discussion at steering group meetings partners came to common understandings on CPV and agreed research activities for each country.

The team decided that mixed methods would be the best research approach using a blend of quantitative self-efficacy questionnaires, qualitative interviews and focus groups with professional workers, as well as a small sample of qualitative interviews with parents and young people. Ethical approval was given for the research methodology and methods through the ethical procedure of the University of Brighton (see Section 2.2).

### 2.1 The Research Approach

The focus of project activities in WS1 was to increase knowledge on CPV, to assess practitioners' levels of confidence in working with CPV and to increase knowledge and understanding of the experience of CPV expressed by parents and young people. The project discovered at a very early stage that there was wide disparity in terms of policy, levels of professional awareness and the range of literature available on CPV. In Bulgaria work had only recently begun on adult domestic violence and abuse and statistical data reveals overall rates of domestic violence as much lower in Bulgaria than in other countries. This is, however, likely to be because people in Bulgaria tend not to hear from family members and colleagues about domestic violence since domestic violence is considered to be a private matter to be dealt with by the family (FRA 2014 Violence against women: an EU wide survey [http://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main-results\\_en.pdf](http://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main-results_en.pdf)).

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In this case knowledge of CPV was virtually non-existent and this called for a different approach by the RCPV team. Led by our Bulgarian partners the project team decided that the main focus here should be on raising awareness of CPV through a range of activities with professional workers, with young people and with policy makers in addition to developing the country report (see Appendix A4 and report Workstream 4).

Perhaps surprisingly it was also the case in Sweden that CPV was largely unacknowledged in policy and practice. In the FRA EU survey (2014) above Swedish women reported an above average level of incidents of physical violence in childhood (33 %) which seemed to indicate the need for further investigation of CPV. As Sweden has a long and well developed history of working on domestic violence it was decided by the partnership that research in Sweden should follow the same pattern as for Spain, England and Ireland.

The following research activities were agreed:

- Establish a research sub-group to ensure that research was carried out in a collaborative way and that this work was supported and mainstreamed;
- Develop a template for the collection of data on CPV in each country;
- Research understandings and awareness, legislation and policy, key stakeholders, the extent of the problem and how it is currently handled in order to identify gaps and opportunities for new and/or improved interventions;
- Share experiences and capacity build for future intervention across partner countries;
- Capture the voices of parents who have completed an intervention programme to inform future work;
- Capture the voices of young people who have completed an intervention programme to inform future work;
- Capture the voices of professionals working with parents/ carers experiencing CPV through the provision and evaluation of training to inform future work;
- Publish and disseminate research findings at national and European levels through research reports, the RCPV policy film, website and social media.

## 2.2 Ethical Issues

Ethical approval for the study was given by the University of Brighton's Faculty of Health and Social Science Research Ethics and Governance Committee for the UK research and ethical approval for research in other countries was established by partners using the same principles. The research also benefited from the advice and support of the project's transnational steering group, which met in person in the five countries on six occasions.

All participants were provided with age-appropriate information about the research, which stipulated that, unless there was a risk of harm to a person or persons, confidentiality would be maintained and anonymity protected. Standard consent procedures were adopted for all research participants. Throughout this report, care has been taken to anonymise all individuals. In interviewing young people and parents, care was taken to ensure that the interviews did not inflict further harm or trauma. Since the young people and parents who took part were accessed through the Break4Change programme in England and the Campus Unidos programme in Spain, both of which address the issue of child to parent violence and abuse on a regular basis, participants came to the interviews with some preparation and also had the opportunity to address any issues arising from participation in the research with facilitators afterwards. Interviewees were encouraged to seek support if required through debriefing information.

The work undertaken by the project attracted much media attention from journalists who were keen to get this issue into the public eye, but they wanted to speak to actual victims and instigators, and this raised the question of how best to safeguard children and protect parents. Within a culture where mothers/parents are frequently blamed for their children's behaviour and where there is a history of mediated demonization of young people, this question called for careful consideration. The project, therefore, worked really closely with communications officers to ensure the non-misuse of children and parents and was engaged cautiously with the media using anonymised case studies and disguising the identities of children and parents. In the policy film on CPV for example we wanted to reflect the voices of young people but in such a way that they were not identified or labelled. The way we solved this was to distort their voices and to disguise their faces.

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## 2.3 Secondary Data Collection and Literature Review

A template for the collection of data on CPV was drawn up by the research sub-group. Study visits were carried out by UK partners to Åmåls Kommun in Sweden and to Galway in Ireland (NUIG) to gather initial data on awareness of CPV and study visits were carried out by our Spanish partner who visited specialised CPV programmes in Spain. In Bulgaria the focus was on awareness raising and Bulgarian partners visited relevant stakeholders to discuss their awareness of CPV. Each RCPV partner also carried out a literature review on CPV in order to develop their country report (see Appendix A1 – A5). This analysis was used as the basis for discussion with partners in order to generate recommendations likely to be useful in the majority of Member States. Recommendations were taken to a policy round table held in Brussels on 20 January 2015.

## 2.4 Primary Data Collection

The aim of primary data collection was to better understand the experiences of our research target groups: professionals, parents and young people. In addition to the quantitative and qualitative approaches outlined below, monitoring data collected by our English partner, BHCC, to evaluate the Break4Change programme from 2009 to 2015 was made available for analysis by RCPV (see report WS2).

### Capturing the voices of practitioners

NUIG collaborated with the Irish Probation Service, Parentline and Le Cheile in Ireland and with RCPV Project partners in the development of self-efficacy assessment questionnaires to measure and track changes in the self-efficacy of professionals in relation to CPV. These were implemented with over 300 professionals at RCPV training courses (n = 320; see report WS3 and WS4) in Ireland and England.

Thirty semi-structured qualitative interviews were carried out in England and Ireland with professionals (England n=15; Ireland n=15) May 2013 – September 2014.

Two focus groups were held with Break4Change facilitators in England after two programme interventions to reflect on how the programme had run and how it could be improved.

### Capturing the voices of parents

Semi-structured interviews were carried out with 15 parents (England n=12; Sweden n=3) who had completed the Break4Change English and Break4Change Sweden programmes Dec 2013 – January 2015.

The piloting and use of the evaluation framework with two runs of Break4Change also captured data on parents and young people (see report WS2).

### Capturing the voices of young people

Semi-structured interviews were carried out with 6 young people (England n=6) who had completed the B4C programme Dec 2013 – Aug 2014

A focus group and information gathering session was held with 17 boys aged 14-17 years old who had completed 4 months of the programme at Campus Unidos run by GINSO in Madrid, Spain <http://www.ginso.org/content/campus-unidos> (Eileen Lauster from NUIG and Claire Thompson from UoB undertook this work).

## RCPV Programme Evaluation Framework

Polibienestar Research Institute at the University of Valencia led the development of a new evidence based framework and tools for the evaluation of specialised CPV programmes sensitive to the different contextual situations of families in Europe. The RCPV evaluation framework was implemented with two Break4Change programmes (see report WS2).

## RCPV Training

Training courses on CPV were developed on Non Violent Resistance by NUIG in collaboration with family services and on Break4Change by BHCC and the Break4Change multi-agency steering group. Over 300 (n=320) professionals from England, Ireland and Sweden were trained on the Non Violent Resistance (195) and Break4Change (125) programmes (see report WS4).

Gender workshops were developed by BHCC in collaboration with Rise and YOS in Brighton, England and three gender workshops were held with professionals: 2 in Brighton, England and 1 in Galway, Ireland. Qualitative data was captured at the workshops and analysed thematically (see report WS4).

## 2.5 Data Analysis

Quantitative analysis of self-efficacy questionnaires using SPSS (see report WS2)

Thematic analysis of all qualitative interviews, workshops and focus groups.

## 2.6 RCPV Seminars and Conferences (see report WS5)

- Regional seminar on Child to Parent Violence, Åmåls Kommun, Sweden, 12 April 2013
- Regional seminar on Child to Parent Violence, Smolyan, Bulgaria, 25-26 September 2013.
- RCPV First International Project Conference: **Child to Parent Violence – Innovations in Practice, Policy and Research**, 12- 13 June 2014, NUI Galway.
- Regional seminar on Child to Parent Violence: **Challenges in Positive Parenting**, Valencia, Spain, 26 September, 2014
- RCPV Policy round table: **Responding to Child to Parent Violence in Bulgaria**, Sofia, 31 October 2014
- E.U. RCPV Policy round table: **Responding to Child to Parent Violence: Ensuring families are safeguarded by EU policy and practice**, Brussels, 20 January 2015
- RCPV End of Project International Conference: **Child to Parent Violence: European Perspectives**, Brighton, 28-29 January 2015

## 3. Mapping CPV across five Countries

### Introduction

The study found important similarities regarding CPV but also significant political, social and cultural differences in partner countries. Unlike most of the RCPV partners researchers and practitioners in Spain had been working on CPV since the 1990s and from 2009 the reality television programme 'Hermano Mayor', with over 2 million viewers, has made CPV far more widely acknowledged and discussed in Spain. Despite this, however, Spanish families and society as a whole still have difficulty in coping with this complex and multi-faceted social problem. In England, Ireland, Sweden and Bulgaria CPV remains more hidden than in Spain.

All partner countries had been affected by the severe banking crisis of 2008. The subsequent austerity measures taken by governments resulted in reduced funding for the training of professionals and reduced health and social service delivery for the public. This has had significant impact on families' ability to cope with problems like CPV. Levels of poverty are not necessarily linked to unemployment and in Ireland and England there is a growing number of people who are considered to be the 'working poor'; those who are in employment but paid insufficient to live on. The Joseph Rowntree Foundation research found that just over half of the 13 million people in poverty in the UK - surviving on less than 60% of the national median (middle) income - were from working families (MacInness et al 2013).

Whilst poverty and inequality of income and wealth cannot be directly correlated with levels of CPV nevertheless the stresses of impoverishment may form one aspect of increased conflict in the family. Decreasing social welfare and health supports on the other hand have direct and significant impacts on families' difficulties when parents try to get effective help and support at the right time to ensure early intervention and future prevention of CPV.

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As Featherstone et al (2012) argue the cumulative impact of cutbacks in this age of austerity has undermined the possibilities for effective social work and social care practice, especially the building of strong partnerships with families.

A specific factor in Bulgaria is that of increased external migration. Since 2000, the highest increases in emigration rates have been recorded in countries such as Bulgaria. The emigration rates to OECD countries increased significantly for Bulgaria by +4.6 percentage points (UN World migration in figures 2013 <http://www.oecd.org/els/mig/World-Migration-in-Figures.pdf>). Many more workers are migrating in order to earn a living wage and this has resulted in villages in Bulgaria comprised largely of grandparents and children. This may be a factor contributing towards rates of CPV since previous research has identified that elderly parents and parents with disabilities may be particularly vulnerable to abuse by teenage children (Harbin and Madden 1979, Wells 1987).

### 3.1 Awareness of CPV as a Social Problem

The first RCPV trans-national steering group meeting uncovered wide disparities of experience in partner countries. This applied to the level of public and professional awareness, the range of literature in each country and the level of work being carried out on CPV. As pointed out in the introduction above, Spain has had academics working on CPV for some time now (e.g. Roberto Pereira, Javier Urra, Concepcion Aroca and Esther Calvete) many of whom were involved in a Daphne II project looking at CPV. As a result in Spain intervention programmes have been established to tackle this social problem. In all partner countries, including Spain, we found that mainstream services are not collecting data or monitoring work on CPV and this is creating serious difficulties in establishing the prevalence of CPV.

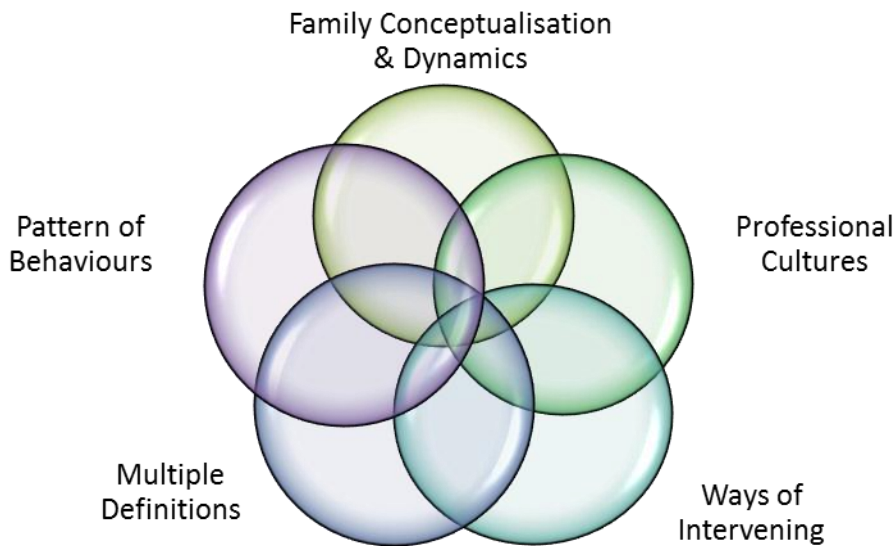
### 3.2 What is Child to Parent Violence and Abuse (CPV)?

CPV is the most hidden, misunderstood and stigmatised form of family violence. It involves teenage and younger girls and boys who use physical, psychological, emotional and financial abuse over time to the extent that parents/carers live in fear of their child. As Cottrell says “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” (2003, 1). CPV can happen to anyone with parenting/caring responsibilities - to mothers, fathers, carers, foster carers, step-parents and grandparents. Our research supports international and European research, which shows that mothers are more frequently the victim of CPV than fathers (see e.g. Cornell and Gelles 1982, Evans and Warren-Sohlberg 1988, Pelletier and Coutu 1992, Condry and Miles 2013).

CPV is a complex social problem and the dimensions of this complexity are illustrated in Figure 3 below. The dimensions identified in the RCPV project were: (1) family conceptualisation and dynamics, (2) the different behaviours which make up CPV, (3) professional cultures, (4) multiple definitions and explanations for CPV and (5) multiple unevaluated models of intervention.

(1) First of all it is important to be aware of differing conceptualisations of the family and how these impact on how and whether CPV is identified and worked with. In Bulgaria for example strong views are held on the privacy of family life and that the family should deal with its own problems without intervention by outside agencies. Traditional moral values are upheld which inhibit parents from discussing any problems in the family and these values make it difficult for them to seek outside help from for example psychotherapy, psychology, social work or specialised family services. Moreover, there is a lack of trust in such institutions and implementation of the law and there is a lack of public knowledge about the social services provided by NGOs and hence knowledge and awareness of CPV is scarce. Across the partner countries family formations are becoming increasingly varied and this may not be sufficiently acknowledged in CPV work. Power and control and gender dynamics within families were also identified by the project as critical to work in this field (see Section 5.4).

**Figure 4: The Complexity of Responding to Child to Parent Violence**



(2) CPV entails a pattern of violent and abusive behaviours including psychological or emotional and verbally threatening behaviours as well as physical violence, property damage and financial abuse. The forms of violence and abuse identified in the RCPV research programme were as follows:

- Verbal abuse such as yelling, arguing, challenging, sarcastic and belittling comments, threats, name calling and swearing.
- Physical abuse such as hitting, slapping, punching, kicking, shoving and pushing, breaking and throwing things, punching holes in walls, throwing things down the stairs, spitting, using weapons. Findings reveal significant rates of injury among parents (bruises, cuts, broken bones).
- Emotional abuse such as intimidation, controlling the running of the household, mind games, unrealistic demands, running away from home or staying out all night, lying, threats to hurt or kill, to run away, to commit suicide or hurt themselves, degrading the parent or other family members or withholding affection.
- Financial abuse such as stealing money or parent's belongings, selling family possessions, destroying the home or parents' belongings, demanding parents buy things they can't afford, incurring debts the parents must cover and so on.
- Sexual abuse was reported by two mothers who experienced this from their teenage son<sup>1</sup>.

(3) There are multiple definitions for CPV. In Spain the definition of CPV most widely drawn on comes from Aroca et al. (2012): "Child to parent violence is where the son/daughter acts intentionally and consciously with the desire to cause harm, injury and/or suffering to their parents, repeatedly over time, and with the immediate aim of gaining power, control and dominance over their victims to get what they want through psychological, economic and/or physical means" (p. 136).

<sup>1</sup> Two anonymous unsolicited phone calls were received by the PI of RCPV following media coverage about CPV and so this issue is not developed further but flagged up as needing discussion with Rape Crisis and other specialised sexual violence organisations.

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In England and Ireland the most commonly used definitions of CPV are those of the Canadian researcher Barbara Cottrell quoted above: *“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”* (Cottrell 2003, 1). Another way of conceptualizing CPV, according to Paterson et al. (2002) is that a child’s behaviour should be considered as abusive *‘if others in the family feel threatened, intimidated or controlled by it and if they believe that they must adjust their own behaviour to accommodate threats or anticipation of violence’* (p. 90).

Practitioners said that CPV is not the usual kind of boundary testing or patience testing behaviour all parents experience with their teenage children, but rather a more persistent pattern of emotional abuse and physical violence used over time which ends up controlling and dominating parents as a result of which parent/s are in fear of their child. *“We don’t have any specific definition or an agency definition of child to parent violence but I would say it is where a young person uses physical, psychological or other forms of violence or abuse in order to exert control over his or her parent”* (Community safety worker, England).

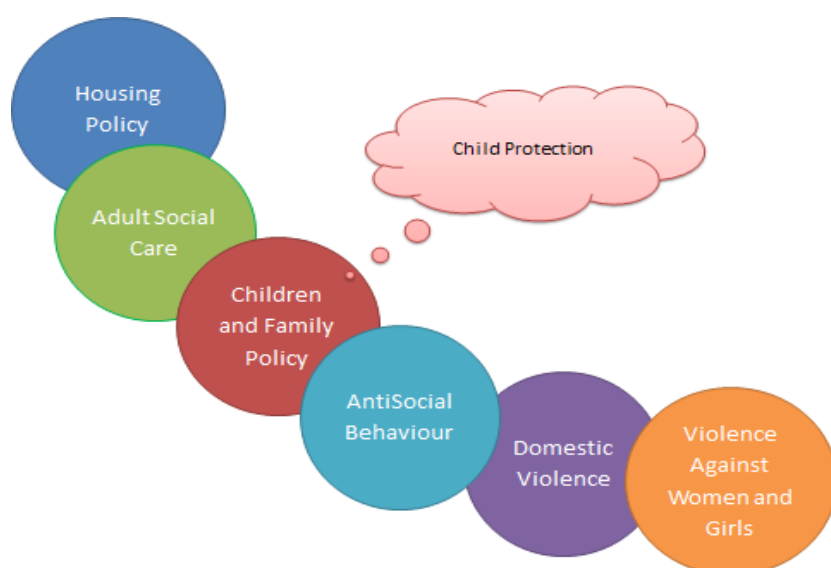
A consensus emerged amongst project partners that CPV involves:

**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 contacts with others (see Section 4.4).**

Project partners are also aware that different terms are in use to refer to the social problem of children being violent and abusive towards their parents: ‘child to parent violence’, ‘parent abuse’, ‘adolescent to parent violence’, ‘child on parent abuse’. They were also clear that often families do not refer to the abuse and violence as ‘child to parent violence’, instead talking about being unable to control their child and describing the acts and effects of their child’s behaviour. Partners chose to use ‘child to parent violence’ (CPV) to encompass a wider age range of young people’s abuse towards parents. This study recorded children as young as five years old being abusive, however, because of the different ways in which family workers and practitioners work with young children RCPV chose to focus on teenage children aged 10 to 19 (WHO definition of adolescence).

(4) Another challenging issue as regards working with CPV is the varied areas of policy and practice involved in this work as well as the varied backgrounds of the professionals who may be working with parents or children and who are likely to conceptualise CPV through differing disciplinary lenses and professional cultures. RCPV conceived the constellation of policy areas where joined-up work is needed on CPV as shown below in Figure 4 and currently this is an ideal to be worked towards. Indeed RCPV research reveals that there are no official policies or legal definitions of CPV in any of the partner countries studied although it is starting to be recognised in some countries as a form of domestic violence and abuse (Wilcox 2012). RCPV found that services consulted by parents for help with CPV do not have policy guidelines or a standard definition to draw on moreover different contemporary family forms are frequently not taken into consideration.

**Figure 5: Policy and Practice Areas Working with CPV**



(5) Finally, there is complexity around the way in which services are currently responding to CPV in a multiplicity of models most of which have not been evaluated and where there is little standardisation or quality control. There is clearly a debate and further work to be carried out on this aspect of the work since standards may be prescriptive and in some ways it can be positive to offer a range of different models of work which may be more appropriate for some families than others. Nevertheless, the lack of quality control and standards of practice and ways of proving effectiveness was something RCPV was interested in starting to address through the development of the RCPV evaluation framework.

### 3.3 Prevalence of CPV

CPV is recognised by practitioners who are working with families across the range of services identified in Figure 4 above and as reflected in the quotations below:

*“Did you think there was child to parent violence with any other teenagers. Yeah about how many then altogether? Altogether I would say there was about ten”* (Fidelma, Family Support Worker, Ireland).

*“Well it is quite prevalent at the moment with my case load, at the moment I have got eight families at the moment and erm maybe I would say 50% of those have had some level of CPV yes including emotional abuse. I have children who are 10 to about 18 at the moment. It seems high but I am not sure whether that is the same for all coaches. CPV definitely needs to be out there a lot more and spoken about a lot more”*(Shahida, Family Coach, England).

*“100% would experience verbal abuse and controlling behaviour but physical violence I would say about 20% to 30%. This would be child to parent violence - this is what we hear about – there may be DV also going on but we don’t hear as much about that”* (Adam, Youth Offending Mentor, Ireland).

Research from North America and Australia indicates that CPV affects around 1 in 10 families, however, statistical evidence of its prevalence is extremely limited in Europe. A large review of US literature on CPV prevalence found 7 – 18% of families experience this problem. (Kennair and Mellor 2007) and it is possible to argue that 1 in 10 families experience CPV. This is likely to be a conservative figure due to the levels of stigma associated with CPV and high levels of under-reporting. What is more we know that in Spain where statistics are being collected by the Ministry of Justice that numbers of cases are increasing; the number of complaints filed by parents against their children has shown a steep increase from 1,627 cases in 2006 to 5,377 in 2011, an increase of 230% (Ministerio de Justicia 2012 cited in Calvete et al 2013).

A UK survey of 30,000 telephone calls received from October 2007 until June 2008 found that 17 per cent discussed adolescents' (mostly thirteen to fifteen years old) challenging verbal aggression and a further 8 per cent discussed their physical aggression. The incidents described were usually targeted at mothers who often felt 'desperate, isolated, helpless, ashamed and out of control' (Parentline Plus, 2008: 6). It was mothers who more frequently reported aggressive behaviour, with 66 per cent of long calls discussing verbal aggression (8 per cent from fathers) and 84 per cent of long calls discussing physical aggression (8 per cent from fathers) (Parentline Plus, 2008: 10).

In the first empirical research study on CPV in England, Condry and Miles (2013) analysed all cases of adolescent to parent violence reported to the Metropolitan Police over one year (April 2009 – March 2010) defined as constituting a criminal offence. Taking a broad definition of violence to include threat, use of force and criminal damage (but excluding offences such as theft and handling) they found that there were 1,892 cases of violence from adolescents (aged 13 – 19 years) to a parent, and most involved violence against the person or criminal damage in the home. They found that the adolescents reported to the police for violent offences against parents were overwhelmingly male – 87.3% and ¾ of reporting parents were female – 77.5%. This result shows an over-representation of female victims and male perpetrators. 86% of offences reported against mothers were perpetrated by their son and 14% by their daughter.

"Our findings reveal that adolescent to parent violence is a gendered phenomenon: 87 per cent of suspects were male and 77 per cent of victims were female" (Condry and Miles 2013 p.1).

**Table 2. CPV Prevalence Data**

<b>Bulgaria</b>	<b>England</b>	<b>Ireland</b>	<b>Spain</b>	<b>Sweden</b>
No national or regional statistics	National data: British Crime Survey 1996 3% of DV is CPV	No national or regional statistics	No national or regional statistics	No national or regional statistics
3 cases have been formally recorded	Parentline Plus had 30,000 telephone calls 17% on verbal CPV and 8% physical (2010)	Parentline recorded 22% increase in CPV 2010-2011	Family courts: 1,627 in 2006 5,377 in 2011 (Attorney General of Spain 2012, 162)	Anecdotal reports by practitioners
	Condry and Miles (2013) London Metropolitan Police 1 yr: 1,892 cases of APV mostly violence against the person or criminal damage in the home			

### 3.4 The Legislative Framework

It is only in Spain of all the countries studied that the issue of CPV has been formally recognised and named as such in legal contexts; Spain has legal Circular 1/2010 from the Chief Prosecutor on crimes by children towards relatives which includes CPV. The other four countries have no specific legislation addressing CPV and hence there are no legal definitions relating to CPV.

In England from 31st March 2013 (just after the start of RCPV), a wider definition of domestic violence which includes 16 and 17 year olds took effect. This amendment to the Domestic Violence Crime and Victims Act 2004 also included coercive or controlling behaviour. The amendment was not enacted to address CPV but to address young people experiencing domestic violence, building on the launch of the Home Office's Teenage Relationship Abuse and

Teenage Rape Prevention campaigns to help young people identify abuse towards them rather than cases where children of 16 and 17 are violent to their parents or other member of their family.

**Table 3. Legislative Contexts Relevant to CPV**

<b>Bulgaria</b>	<b>England</b>	<b>Ireland</b>	<b>Spain</b>	<b>Sweden</b>
No specific CPV	No specific CPV	No specific CPV	No specific CPV	No specific CPV
<i>Protection against Domestic Violence Act 2005</i>	<i>DV, Crime and Victims Act 2004</i>	<i>DV Act 1996 and 2002</i>	<i>Circular 1/2010 Crimes by children towards relatives</i>	No DV Act but Government Bill <i>Violence Against Women</i> (1997/1998:55)
<i>Child Protection Act 2000</i>	<i>Children Acts 1989 and 2004</i>	<i>Child Care Act 1991</i>	DV Ley Orgánica 1/2004 28 de diciembre, de Medidas de Protección Integral contra la Violencia de Género	Swedish National Domestic Violence Coordinator from April 2012
Child pedagogic rooms in police department	Police can take action against children 16+ as DV	Under criminal law under 18's dealt with Children's Act of 2001		Police can take action against children 15+ as domestic violence
Age of criminal responsibility 14	Age of criminal responsibility 10	Age of criminal responsibility 12	Age of criminal responsibility 14	Age of criminal responsibility 15

No country studied has legislation which targets CPV specifically but Spain has a law on crime by children towards relatives which is the closest framework; other countries studied have legislation which enshrines domestic violence and/or violence against women. We know that domestic violence is defined differently in the countries studied with some taking a holistic view of family violence, embracing all forms such as intimate partner violence, child abuse, elder abuse and sibling violence, whilst others focus on intimate partner violence.

Countries in Europe also vary in the degree of public awareness there is of domestic violence legislation: a Special Eurobarometer report in 2010 (n=26,800) highlights that in France, Slovenia and Sweden, 68% of respondents say that their country has legislation aimed at preventing domestic violence; however, in Bulgaria only 34% of people know there are laws in place. The results from the newer Member States seem to indicate a lack of knowledge about the various kinds of laws concerning domestic violence and this may point either to a relative lack of legislation in those countries or to a lack of awareness, and thus to a need for awareness campaigns (Domestic violence against women report 2010 Special Eurobarometer 344, 91).

As regards knowledge of perpetrator rehabilitation and perpetrator programmes - in Belgium, 69% of respondents say their country covers the rehabilitation of such offenders in law, as do 68% in Germany and 66% in Sweden. In Bulgaria, though, only 22% think that perpetrators of domestic violence are rehabilitated by law, followed by 32% in Finland, and 38% in Greece and Hungary (Domestic violence against women report 2010 Special Eurobarometer 344, 105).

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### 3.5 The Policy Framework

Like domestic violence, CPV has been and remains a controversial and difficult issue to get onto public and social policy agendas. Thirty five years have passed since Harbin and Madden first identified this issue in the United States in 1979 and in Europe it is only very recently that CPV has started to emerge on the policy agenda, notably in Spain but also in England and Ireland over the past two years.

Until recently the main way in which CPV has come to the attention of agencies is through calls from parents to the police for help in tackling and stopping the physical violence and property damage from their child. There is also evidence to show that violence and abuse towards parents in the home can also spill out into the community with violence in the public sphere in the form of anti-social behaviour; this is dealt with by youth offending teams/services in England and by the police in Bulgaria. A small study by Parentline Plus in England (2010) found that: “Aggressive behaviour was also linked to higher incidences of involvement with the youth justice system, gang and weapon carrying, smoking, anti-social behaviour and children wanting to leave home”. Further research is needed on these links.

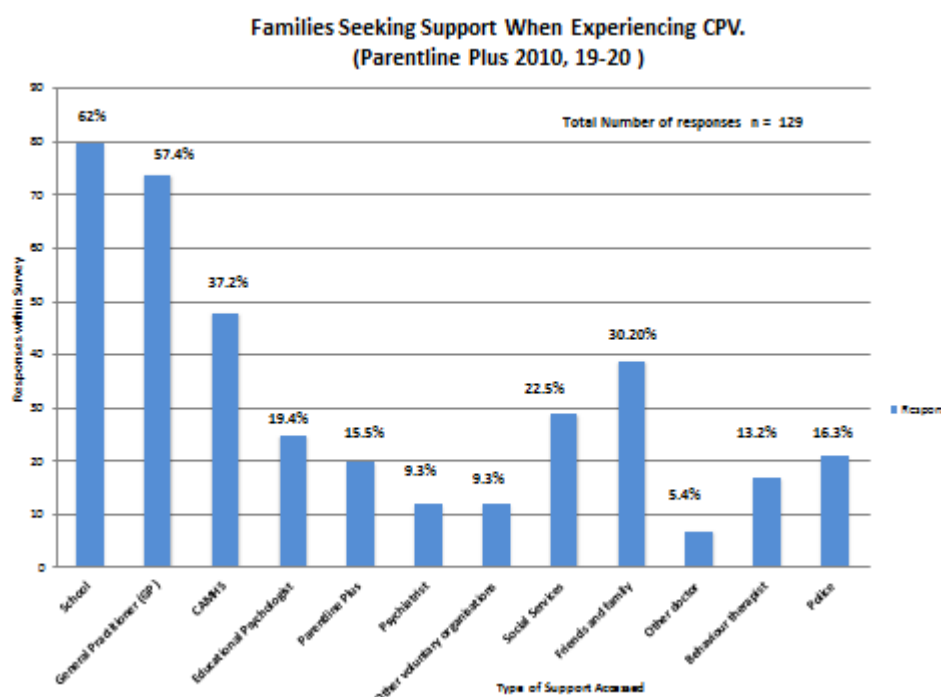
The way CPV has come to the attention of policy makers and practitioners has inevitably influenced how CPV is conceptualised in each country: so in Spain CPV is seen as a crime of children/teenagers and has been mainly tackled through the courts/CJS. This is also true of how CPV has been dealt with in England and Wales since until recently it has been the Youth Justice Board which took the leading role in work around policy and practice. In 2014 the Home Office included an action point on CPV in the Violence against Women and Girls Strategy (Home Office 2014 *Violence Against Women and Girls Action Plan*) and this year 2015 the Home Office has produced an Information Guide: Adolescent to Parent Violence and abuse; please see the Home Office website ‘Guidance for Domestic Violence and Abuse’ <https://www.gov.uk/domestic-violence-and-abuse>.

CPV presents multiple issues straddling private and public spheres cutting across major policy areas: adult care/parenting, child protection, domestic violence and youth offending. It has serious impacts on mental and physical health for both children and parents and this can include drug and alcohol abuse. RCPV findings would indicate that mainstream agency responses, therefore, need to be organised on a collective and community basis with schools, social and health services (mental and physical health), criminal justice services working together with specialised CPV agencies/projects to address this serious problem.

### 3.6 Overview of Service Provision

We know from previous research carried out albeit on a small scale in England that help and support seeking in cases of CPV may be very different from that in cases of IPV. This evidence shows that parents turn mainly to schools and GPs to try to gain support and help whereas IPV research reveals that survivors turn firstly to family and friends for help.

**Figure 5. Families Seeking Support (Parentline Plus 2010)**



As we will see in Sections 4.4 and 4.5 the relationship between children, parents and schools may be central to understanding how to respond more effectively to a significant number of cases of CPV. Where children are either being bullied and/or becoming bullies themselves, this is an area that has been researched traditionally as a discrete social problem distinct from home life whereas RCPV research would indicate a need to explore the impacts on and links between such bullying/being bullied at school and potentially violent and abusive behaviour at home.

Bearing in mind the complexity of CPV what was discovered in our partner countries in terms of responding to RCPV was perhaps to be expected - patchy, fragmented and often unconfident service responses. As seen in Table 3 below in Bulgaria, England and Spain the principal agencies responding to CPV are located in the Criminal Justice system – the police and youth offending services. This is because it is often only when violence becomes of such threatening proportions that parents' property is damaged and/or parents feel physically at risk that as a last resort they break the silence and report CPV to the police.

In Bulgaria, CPV is not defined in legislation (including the acts and documents regulating relations between children and their parents) and there are no sanctions for this kind of child deviant behaviour in the Penal Code, Family code, Domestic Violence Act, Child Protection Act. Only the Juvenile Delinquency Act stipulates that child to parent violence could be treated as a form of deviant (antisocial) behaviour contrary to the moral norms of society. In Bulgaria this act towards parents usually combines with other deviant acts such as running away from school and home, theft, involvement in prostitution, criminal activities or in non-formal criminal groups, etc. All these forms of deviant behaviour, including violence toward parents, are considered to be either objects of alternative educational measures, realized under the Local Commissions for PJD or objects of social services according to the Child Protection Act. Bulgaria is one of the small number of countries which have developed two national referral mechanisms (NRM) for child victims of violence: one of them is NRM for children - victims of trafficking and the other – NRM for children – victims of violence. But there is no NRM for parents who are victims of violence perpetrated by their children.

**Table 4. Services Responding to CPV**

Bulgaria	England	Ireland	Spain	Sweden
National: Department for Protection of The Child	National: The Home Office, The Youth Justice Board, National Institute for Clinical Excellence(NICE) guidance on conduct disorder	National: Tusla Child and Family Agency	National: Ministerio de Justicia	National: No national level body responsible
National Hotline for Child Protection	Domestic Violence Services	Domestic Violence Services	Local Police Departments and State Lawyers	Social services
Crisis Centres for Children	Youth Offending Services (Municipal) and Police	Irish Probation Service	Social services	Police
Local Commission Against Anti-Social Acts of Minors	Child and Adolescent Mental Health Services (CAMHS)	Child and Adolescent Mental Health Services (CAMHS)	Religious agencies	Schools
Municipal Services for Social Support	Family Lives Helpline (formerly Parentline Plus) and other NGOs  Troubled families Services	Parentline  NGO and community based children and family services	Privately funded programmes and residential centres	
Each Local Police Department has a Child Pedagogic Room	Schools	Juvenile Liaison Officers (Police Service)		
	Social Services	Child Protection and Welfare Social Work Services.		
	Multi –agency partnerships including YOS, DV and Social Services			

In Spain, whilst the criminal justice service leads in the CPV field, referrals are starting to come through social services. This is viewed as an expensive route and in some cases referrals come instead through NGOs and religious agencies. Programmes and residential centres funded privately or through social enterprise agencies also play an important role in Spain. Other agencies which are involved are social work/family support agencies and they can be the first point of contact in Spain but especially in Ireland and Sweden.

In England there are a number of services where CPV is being disclosed, Schools are a particular case that stands out, and they take a part in referring parents to specialised services where these exist. Specialised services are few in number and spread thinly across the country. In many cases where CPV exists parents have been sent to parenting programmes (such as Triple PPP, Family Functional Therapy, ParentPlus, Incredible Years).

These are seen by many practitioners as an inappropriate response to CPV. Triple PPP aims to enhance family protective factors and to reduce risk factors associated with severe behavioural and emotional problems in children. These programmes are important in supporting parenting but practitioners told us that in many cases they are not adequate to address CPV and that specialised CPV interventions that work with children and/or parents are more effective. The family context is vital for assessing the extent of CPV, as other forms of violence may be revealed, and non-violent interaction patterns between parents and adolescents can be explored.

In the countries we have worked with the organisations at national and local levels responding to CPV show wide diversity as seen in the table above. In England different models, different styles and different services are starting to develop in a piecemeal style particularly in the NGO sector; in Spain services for CPV are based on legal remedies and a range of services are involved from residential services which offer programmes over 12 months to centres which offer sessions on a weekly basis. In Bulgaria there is a developed structure of organisations for child protection with national referral mechanisms (NRMs) but there is nothing in place for children who are violent and abusive to their parents.

Until recently there has been little liaison or coordination of services responding to CPV in any of the partner countries. However, in Spain a national association was established in 2014, the Sociedad Española para el Estudio de la Violencia Filio known as SEVIFIP <http://www.sevifip.org>. In England too a Home Office working group (with RCPV input) has been compiling an information leaflet on Adolescent to Parent Violence and Abuse for the different service areas on working with CPV and this was published and disseminated in 2015; see the Home Office website 'Guidance for Domestic Violence and Abuse' <https://www.gov.uk/domestic-violence-and-abuse> also referred to in 3.5 above.

### 3.7 Specific Service Responses

#### Municipalities

In the countries we have worked with it is the case that in most countries municipalities do not have a defined role. In Ireland and Spain the municipality has no role in working against CPV. In England municipalities can be involved (such as in Brighton and Hove with the Break4Change programme) but many do not involve themselves as yet. In Sweden the assumption seems to be that social workers will tackle this issue as part of their normal workload with no specific training on CPV.

#### Police and Youth Justice

Bulgaria	England	Ireland	Spain	Sweden
Inspectors at Police Child Pedagogic Room refer to the Local Commission Against Anti-Social Acts of Minors and Underage Persons and the Department For Protection Of The Child	16+ from 2013 viewed as DV and criminalised; Under 16 police warning or referral to Youth Justice Services	Under 18: Children's Act 2001 (keeps children under supervision)	Police act in case of alarm (e.g. physical violence, neighbours call police)	Police have no specific policy or strategy for CPV
	Youth Offending Services can work on CPV, e.g. partners in multi-agency B4C programme	Juvenile Justice, e.g. Le Cheile, Limerick – groupwork with parents		

As responses in Spain are based on the law and referral is through the court system there are only two ways in which parents can deal with CPV: (i) parents can go to the police and denounce their child and the case will be referred to court or (ii) parents can be private and keep CPV hidden; Madrid has recently created a court especially for CPV (Atares 2014). The police will act in reaction to complaints from parents or neighbours. In England from 2013 those children aged 16 and over can potentially be criminalised as domestic violence perpetrators; at this stage it is not possible to say how this is working in practice.

In Ireland the Juvenile Liaison officers work with children under the age of 18 using a coaching system with the aim of diverting them from the courts. They can instruct the children to attend a particular intervention or if the child commits a crime that leads to the involvement of the Irish Probation Service they can instruct the child to attend a particular probation programme. However, as far as our Irish partners are aware this is not happening for crime in the home.

In Bulgaria the police who have partnered with RCPV in Smolyan have approached this issue by jointly organising a Police Academy programme for young people which has looked at CPV as one of the range of problems children may face.

In England child to parent violence (16+) is now largely viewed as domestic violence but this is not specifically flagged on police databases and so it is difficult to assess the number of reported cases on a national level. Research which analysed Metropolitan Police statistics provides an insight into prevalence as well as the type of incidents reported to the police across London for a one year period (see Condry and Miles 2014).

## Youth Services

Bulgaria	England	Ireland	Spain	Sweden
Mainly in the field of protection of children from violence and crime	Youth Services work with young people in CJS	Child Care Leaders Youth Advocacy Project Workers Youth Alcohol and Drug Addiction Intervention Services	Youth services scarce due to cuts/ focus mainly on cultural and leisure activities and prevention of alcohol abuse	Youth counsellors, youth clinics. Åmås has a youth house

In all the countries surveyed it was found that youth services have suffered the most extensive budget cuts due to the austerity measures put in place since 2008. In most cases the remaining youth workers were over-stretched and focused mainly on leisure activities and the prevention of drug and alcohol abuse.

## Social and Care Services

Bulgaria	England	Ireland	Spain	Sweden
Local Commission Against Anti-Social Acts of Minors and Underage Persons	Social Services	Tusla Child and Family Agency	Social Services dependent on Public administration and private organisations	Social Services

There is relatively little knowledge or awareness around CPV in social work and social care fields except for those individual practitioners who have expressed an interest in this area. The exception is in Ireland where Tusla Child and Family Agency has supported the RCPV approach there.

## NGOs and Private Institutions

Bulgaria	England	Ireland	Spain	Sweden
No NGOs working on CPV except for XX1st Century Rhodopa Mountain Initiative	A large number of NGOs, e.g. Rise DV services, AudioActive & other specialised CPV NGOs e.g. Respect Young People's Programme	Domestic Violence services, e.g. COPE Galway Parentline Daughters of Charity Clare Care	A large number of private institutions and NGOs e.g. Amigo Foundation, Amalgama, San Vicente Ferrer Foundation for violent behaviour in general and CPV/religious organisations	None for CPV. Brottsofferjouren – Victim's Support Organisation (BOJ) a national NGO working to improve conditions for crime victims. Services for women experiencing DV**

\*\*Women's Helpline Kvinnofridslinjen. The Organisation for Women's and Young Women's Shelters in Sweden, (ROKS). The Swedish Association of Women's Shelters and Young Women's Empowerment Centres (SKR).

The education sector and schools demonstrate very little formal recognition of CPV as a problem. However, individual schools are experiencing parents reporting this problem to them and they often don't know who to turn to for help in tackling it. Referrals in Brighton and Hove are now going through ACAS which is the Advice Contact and Assessment Service, which provides public access to child protection services.

## Education

Bulgaria	England	Ireland	Spain	Sweden
Private individual work with the child (e.g. school psychologists)	Schools Pupil Referral Units Advice Contact and Assessment Service (ACAS)	Education Welfare Officers Home School Liaison Officers	Regional programmes on parenting and alcohol/drug abuse in private schools	School counsellors and psychologists

There is very little recognition of the social issue of child to parent violence and abuse and the range of impacts it can have on parent/s, child/ren, other family members and wider community in the health sector. The most likely service to have recognised this issue in England and Ireland is the Child and Adolescent Mental Health Services (CAMHS) but even so CPV is usually not seen as a separate category of domestic violence but rather conceptualised as part of broader family problems and rarely specifically asked about. As parents interviewed for RCPV told us, CPV is not being adequately addressed (see Section 4.3).

## Health

Bulgaria	England	Ireland	Spain	Sweden
Doctors are required to report to police or to social services if violence is disclosed to them	No specific CPV strategy in health services	No specific CPV strategy in health services	No specific CPV health strategy	No specific CPV health strategy
	Child and Adolescent Mental Health Services (CAMHS)	Health and Safety Executive: Child and Mental Health Services (CAMHS)	Psychiatric care and psychological care in family centres; many of which are private institutions	
	Oxleas NHS Foundation Trust have a groupwork Non Violent Resistance programme	National Family Support network works with families with drug and alcohol problems		

## 4. Qualitative Research Findings

### 4.1 How are practitioners responding currently?

The idea that parents, who are responsible for children's welfare, can become victims of abuse from their own child is an extremely challenging one not only for parents to acknowledge it is happening but also for practitioners and wider society to understand and respond to. We have acknowledged the general anxiety and concern about this in the first statement of the Self-Efficacy Questionnaire: *I find it difficult to accept that young people/children can be violent and abusive to their parent.* Perhaps not surprisingly about a quarter of practitioners agreed with this statement before training reflecting what we see as the dominant discourse. After training this percentage was reduced but remained at about ten percent revealing how difficult it can be for practitioners to understand that children can be violent and abusive towards their parent/s.

Where there seemed to be most concern from practitioners in responding to CPV was around the issue of being able to draw on practical strategies for parents and children living with CPV. Turning first to work with parents: responses to this Statement prior to training highlight a relative lack of awareness of such strategies. Just over 50% of respondents indicated that they were uncertain about this or not able to do so (21% disagree and 30% neither agree nor disagree). In view of the relatively experienced nature of this sample group this finding is particularly significant for the wider practitioner population. After the training the response shifted quite dramatically to 95.7 agreeing that they are able to draw on practical strategies a strong indication that RCPV training was effective in raising awareness in this respect (see report WS4).

## 4.2 What issues does CPV raise for professionals?

A total of 30 professionals were interviewed in England (n=15) and Ireland (n=15); 9 male and 21 female. They were located in the following work sectors: Family and Children Workers/Adoption (n=9), Domestic Violence/VAWG (n=9), Criminal Justice (n=8) and Mental Health and Health professionals (n=4). There was 1 professional in private practice, 13 NGO workers and 16 public sector professionals who were interviewed. The names of respondents used throughout this report and in the table below are pseudonyms, used to protect the identity of individual respondents.

**Table 5 Professionals Interviewed in England and Ireland**

Code Number	Pseudonym	Role	Area of Work
ENGLAND			
001	Mark	Director	Clinical Psychology/Private MH
007	Damien	Social Worker	Mental Health Services/Public MH
008	John	Community Safety Case Worker	Community Safety/Public CJ
009	Frank	Family Coach	Family Services/Public F&C
010	Shahida	Family Coach	Family Services/Public F&C
011	Mia	Police Community Support Officer	Police Services/Public CJ
012	Jacqui	Family Support Worker	Domestic Violence/NGO DV
013	Fiona	Mental Health Nurse	Youth Offending/Public CJ
014	Will	Senior Manager	Violence Against Women and Girls/Public DV
015	Tanya	Family Coach	Family Services/Public F&C
016	Neil	Senior Manager	Youth Offending/Public CJ
017	Sarah	Commissioner	Health Services/Public MH
018	Martha	Senior Practitioner	Adoption Services/Public F&C
019	Angela	Outreach Worker	Domestic Violence/NGO DV
020	Nicky	Children's Worker	Domestic Violence Children's Services/NGO DV
IRELAND			
002	Caroline	Family Centre Worker	Family Services/NGO F&C
003	Adam	Youth Offending Mentor	Youth Offending/Public CJ
004	Rose	Director	Domestic Violence/NGO DV
005	Kerri	Outreach Worker	Domestic Violence/NGO DV
006	Karen	Resident Worker	Domestic Violence/NGO DV
0049	Alannah	Senior Manager	Health and Safety Executive/Public MH

## IRELAND cont

0053	Brigid	Senior Manager	Parenting Telephone Service/NGO	F&C
0065	Caitlin	Youth Offending Mentor	Youth Offending Service/Public	CJ
0070	Brendon	Family Worker	Family Services/Voluntary	F&C
0082	Ciaron	Police Officer	Police Services/Public	CJ
0075	Eimear	Youth Offending Mentor	Youth Offending Service/Public	CJ
0102	Colleen	Family Support Worker	Family Services/Voluntary	F&C
0099	Fidelma	Family Support Worker	Family Services/Voluntary	F&C
0116	Gael	Refuge Worker	Domestic Violence/Voluntary	DV
0120	Mairead	Refuge Worker	Domestic Violence/Voluntary	DV

The interviewees were those who agreed to be interviewed following attendance at a training course on Break4Change and/or Non Violent Resistance. (See Appendix B2 for information on the interview guide used and ethical documentation).

When asked whether there was anything else they would like to add about their work in relation to child to parent violence all comments were positive and fell into the following two main areas:

They would have liked to have more on the training courses about gender and power in families and how to build these aspects into interventions. There was also an expressed need for leaflets and manuals or toolkits on specific intervention models such as Non Violent Resistance and Break4Change and a real need for more information and training on CPV work. A key problem identified by practitioners was the lack of a universal definition of CPV. In RCPV we found that services do not have policy guidelines or a standard definition to draw on, moreover different contemporary family forms are frequently not considered:

*"We don't have any specific definition or an agency definition of child to parent violence but I would say it is where a young person uses physical, psychological or other forms of violence or abuse in order to exert control over his or her parent"* (John, Community safety worker, England)

Since CPV is not currently being measured by services as a specific category of domestic or family violence, then as with other forms of domestic violence it is likely to be more prevalent than recorded statistics indicate. As Javier Urrea (Spain) says "only one in eight parents dares to report CPV. If we add to this fact that you can only bring justice to those over 13 years, the number of cases would increase significantly" (The Mundo.es, October 10, 2011).

Professionals also told us that families who experience child to parent violence and abuse come from a wide diversity of backgrounds:

*"The other thing for us was there was very interesting diversity in the backgrounds of the people who came. You had the single parents, you had parents who were the skilled professionals ... the lovely thing out of that was the power of people supporting each other, suddenly it didn't matter who you were, from what background, they had this violence in common and I thought for me if nothing else happened meeting each other and finding there wasn't just 'a type' who experienced this"* (Caroline, Family Centre Worker, Ireland).

Naming and breaking the silence on child to parent violence is complex. We found that even experienced family and youth work practitioners find it difficult to accept that parents can become victims of abuse from their own child. We assessed this by asking 52 practitioners before and after training to what extent they agreed with the statement: I find it difficult to accept that young people/children can be violent and abusive to their parent (37 completed both questionnaires). Perhaps unsurprisingly 22% of practitioners agreed with this statement before training; after training this percentage was reduced but remained at 10%. This reveals how difficult it can be for practitioners to accept that children can be violent and abusive towards their parent/s (RCPV training Brighton May 2013).

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Professionals found the training programmes implemented by RCPV very helpful. The research demonstrates that the training increased practitioner awareness and understanding, provided the relevant skills to work with parents and children and increased practitioner self-efficacy. Indeed, requests for RCPV training exceeded the resources of the project to provide the training within the lifespan of the project. This highlights CPV as a social problem and represents the high demand for the practitioner training:

“.....the training was valuable...When working with young people ..... I have been more confident in saying no this is not acceptable, what you are doing isn't acceptable if it carries on it's going to get you in a lot of trouble in your future relationships and so just having the confidence to spell that out consistently” (Frank, Family Coach, England).

It is important to emphasise that if and when parents disclose CPV they rarely if ever use terms found in the literature such as Child to Parent Violence or Parent Abuse, rather they talk about ‘having problems in the family’ or ‘not being able to control their child’. This is important as practitioners need to be aware that parent/s are loath to talk about their child violence and they may minimise or even deny that abuse is being used (Routt and Anderson 2015, 27, 58). It seems to us that work on associating the parent-child relationship with notions of violence and abuse is key to ensuring programme frameworks that make sense to policy makers, practitioners and most importantly parents and children. If the words and language associated with this phenomenon become articulated within general discourse then discussion becomes easier for all involved.

The other important aspect of naming, as practitioners told us, is that whilst CPV is not identified as a specific category it will be difficult to prioritise this issue and for their organisation to monitor it. Overall we found CPV is not considered a usual topic of conversation amongst family and friends. Whilst it is usual to talk about children's schooling, education, health and wellbeing, there is little if any discussion amongst parents of children's abuse and violence. As mentioned above, we found a lack of awareness of CPV as a specific social problem and perhaps because of this many practitioners share the same hesitance in raising CPV with parents. When interviewing practitioners we found most workers are not asking questions about this phenomenon:

“It's not a specific question in the assessment process. Some parents will be very up front about the aggressive behaviour that is directed towards them by the children, sometimes it is more hidden and they don't want to initially discuss this, so again it varies from case to case. Sometimes it is a presenting issue and so you know about it before you even start work” (Shahida, Family Coach, England).

“People really don't bring this up, we need to initiate conversations and bring it up ourselves” (Caroline, Family worker, Ireland).

**“Can I ask you what kinds of behaviours do the parents discuss with you, do any of them discuss violence? Do any of them talk about being hit?”** They never say they have been beaten up. You would never get that but I said, you would say ‘Have they hit you, has he hit you’ and they just say ‘Yes’. They would never actually say, I have never had a parent come and say ‘My son has just beaten me up’. **Okay.** Or that they would have kicked a hole in a door. Or that the parent is actually afraid of them ... They will actually stop short of pushing home the point that would push the child to physically hitting them. **Okay.** That would be the feeling I get. **Okay, alright, so the parent is changing their behaviour so that the child doesn't get to the point where they are being physically...** Yeah, yeah. That's the sense you get. Yeah” (Brigid, Parenting Telephone Service, Ireland).

About 20% of practitioners say they are not expected to ask about violence within the family as part of the assessment process. 21% said they do not have management support with CPV work with parents and 20% say the same thing in relation to CPV work with children/young people (Self Efficacy Questionnaires B&H). We asked the professionals what motivates parents and children to disclose CPV to them and they told us trust was important, a feeling of safety and being able to talk about it as something that happens in families rather than something as stigmatised and shocking:

**“What do you think motivates parents to talk to you about child to parent violence? I think if someone was to come into a room and hear that someone actually say ‘Oh my child hit me once’ and nobody reacted terribly they might be more inclined to open up and say ‘Well actually so did mine’. So I think two things, feeling in a safe environment and being with someone you trust and secondly normalising it”** (Eimear, Youth Offending Mentor, Ireland).

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**“What do you think motivates a parent to talk to you about child to parent violence?”** I think safety, yeah. I think when a parent feels safe ahem and certainly when you are open with them as well and you know ahem like a lot of parents want an assurance that you know that okay, you know, will he get into more trouble if I come and talk to you and you obviously kind of outline right the whole child protection that if something is disclosed where I need to refer it on. But generally ahem parents will look for some sort of advice or some sort of support and parents generally don’t want to get their kid into any more trouble, you know ahem, but I kind of say to parents as well like that if they are suffering at the hands of their kids that the guards are there for their protection as well. And if they can say to their kids, say look I need to be protected here. And if I need to be protected, you know, the guards can then protect me as well, and I will be obliged to ring them. I then explain to the kid as well that they are not using the guards as a weapon against them but it is something for their own safety to manage what is going on (Ciaron, Police Officer, Ireland).

The complexities of working on cases of CPV because of the impact on families was also something referred to by practitioners and this was intensified when there had been little or no training on the issue:

“I have worked with a number of cases where there has been CPV in the house, in the home and it is a very, very difficult thing for families to cope with and you know often it is as difficult for the young person to deal with as it is for the parents, there is a lot of regret yeah a lot of regret involved for the young people and it is a kind of learned behaviour that they want to get out of themselves” (Frank, Family Coach, England).

We asked practitioners who they are currently working with and the replies support the findings of previous research in that it is mainly but not only mothers. We also asked in their view to whom the violence and abuse is mainly targeted which also supported previous research:

“The group last year we had one dad who attended, no there were two originally but one dropped out. It tends to be the mums we work with who are available by day in our case we have a very middle income group. You are working very hard to bring dads in and that is even in a very motivated set of parents – they are gung ho and you are still well below the average and they are normally in a good place in life, educationally, socially and economically they are well resourced” (Caroline, Family Centre Worker, Ireland).

“I would say mother because in 90% of the cases Dad is not involved in parenting at all so the son, the teenage son we would be working with tends to take over as the father figure in the house and may have witnessed previous DV in the past when dad was around and is now repeating that behaviour but in all cases I have come across the violence it has been to the mum” (Adam, Youth Offending Mentor, Ireland).

“Single mums with violence coming from teenage sons, but a lot would report that they would have suffered domestic violence in the past from their partner while the father of the child was around. [Can you say roughly how many cases have experienced domestic violence in the past?] Again, I haven’t recorded it, but I suppose off the top of my head anyone who has reported to me over the last two years that their child has been violent towards them would I would say very close to 100% would have had other men being violent towards them in the past and their child may or may not have witnessed that violence” (Youth Justice Worker, Republic of Ireland).

When discussing CPV with domestic violence workers they identified that there are some similarities in working with DV and CPV:

“I think some of this mirrors the work that we already do with women where you know the dynamic may be self-blame or it may be being totally obsessed with his behaviour and never being able to speak to the women, and I suppose what you are looking for that kind of emotional and mental disengagement to say hang on, that isn’t quite right, that stepping back thing that’s in NVR, that letting go thing. We were saying among ourselves the other day that that’s actually quite difficult for anyone to do you know never mind if you have been in a DV situation, we have all been there. So I think that this involves working a bit with the children and the women trying to sort of think how much of this child’s behaviour are you actually able to control and how much can you safely let go, because there is always that issue around responsibility” (DV Worker, Republic of Ireland).

Time and again we were asked the questions, where can I find out about training on CPV? What practical strategies are there that parents and young people can use? These questions revealed the extent of unmet need identified by practitioners. To summarise our research with professionals we found a lack of awareness about how to respond to CPV and that awareness raising workshops on CPV would be very useful for professionals. More importantly, there is a lack of specialised CPV training and professionals wanted more knowledge on specific interventions and how they might be implemented in differing agency, cultural and family contexts.

It became clear that due to the complexity of family dynamics in CPV and the impacts on schooling for the children, on parent's physical and mental health, on safeguarding children and adults, that multi-sectoral work will be necessary.

### 4.3 What issues does CPV raise for parents?

Each family represented in the interviews conducted is different in terms of the constitution of the household, the family and friends' support available and the resources they are able to draw on (see Table 6 below) and each has a unique and complex history leading up to the experience of CPV. As others have said before us CPV does not have any simplistic mono-causal explanation. However, there are certainly patterns of behaviour and experience which can be helpfully identified to sensitise researchers, policy makers and practitioners to the risk factors and more common contours of CPV as we will see.

**Table 6 Parents Interviewed in England and Sweden**

14 parents interviewed in total, England (n=11) Sweden (n=3). As above, the names of respondents used throughout this report and in the table below are pseudonyms, used to protect the identity of individual respondents.

Code No	Pseudonym	Child Instigating CPV	Agencies Parent Sought Help From	Significant Factors
P001	Jane	Son 13 when CPV started	Child and Adolescent Mental Health Services (CAMHS); School; Youth Offending Team; Police; Break4Change	Previous domestic violence; separated
P002	Amy	Daughter 15 and son 10 when CPV started from both children	School for son; CAMHS; Break4Change	Previous domestic violence; separated; son violent at school
P003	Beth	Daughter 5 or 6 when CPV started, behaviour worsened at senior school aged 12	CAMHS; Break4Change	Divorced from father
P004	Carol	Son 5 at onset, sought help from GP age 6, even more severe at senior school aged 12	Primary school; GP; Social Services; Triple P CAMHS art therapy; Break4Change	Biological father did not want contact; 2nd relationship domestic violence; now married
P005	Deborah	Foster son age at onset of CPV unknown but some years of violence in birth family pre fostering at 12	Family therapist involved pre fostering; Break4Change	Domestic violence in birth family; violent at school
P006	Elaine	Son 14 or 15 at start of CPV	Rise domestic violence programme; Break4Change	Previous domestic violence; separated
P007	Peter and Pat	Adopted son 7 at start of CPV	School; Post adoption centre (London); private therapist; community CAMHS; Break4Change	Violent at school

P008	Stephanie	Son 13 at start of CPV	School; Police; Family Services; Break4Change; Multi Agency Safeguarding Hub (MASH)	Violent at school and expelled
P009	Gina	Daughter 13 at start of CPV	School; the Hub; Police; CAMHS; Break4Change	Violent at school
P010	Fran	Son diagnosed on Autistic spectrum	Social Services; Residential programme; Break4Change	Disability of single mother and of son; Son violent at school and permanently excluded
P011	Phyllis	Two sons violent from a young age but 11 and 14 when sought help	School; Police; CAMHS; Break4Change	Violent at school;
<b>SWEDEN</b>				
Code No	Pseudonym	Child Instigating CPV	Agencies Parent Sought Help From	Factors
P012	Elsa (Guardian)	Son of Elsa's brother; sought help from age 11	Family Centre; Social Services	Son's biological mother is mentally ill and father abuses alcohol
P013	Lucas	Son's aggression noticed earlier but sought help aged 15	Children's Psychiatric Care in Hospital; Social Services	Problems at school; Abused spice; ADHD diagnosis
P014	Maya	Daughter 9 when CPV started	Children's Psychiatric Care; Social Services	Separated from her father, re-married and 2 further children

As seen from Table 6 above and the evidence from professional interviews and questionnaires, women are more likely to experience CPV than men but fathers also experience CPV. Drawing on the same evidence although sons are the majority of instigators of CPV daughters are also violent and abusive. Key similarities across most participants in this research are that there are problems at school, often severe problems of violence, bullying or being bullied and this is an important finding which needs further research. Evidence of a problematic relationship with their father through domestic violence, separation and divorce in children's backgrounds was also significant.

Parents told us that central to the experience of CPV is the deep level of shame and stigma felt by parents which in most cases stops them from disclosing what is happening in their family and leads to significant under-reporting of this serious social problem:

*"I suppose another thing that hasn't helped is that I have been [pause] ashamed and private and I haven't talked about it"* (Amy, mother, England)

When children are very young aggressive behaviour is viewed less problematic because the child/ren are easier to handle:

*"But I remember when he was little and he used to do it and I just used to sit him on... I used to do what I did as a little baby, I just used to get him on my lap and just hug ... just like that [makes nonverbal gesture] and then he used to come down, I mean different things work different times and some things don't work another time"* (Pat, adoptive mother, England).

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*"I would say [son's name] was kind of model child till about eleven or twelve really, he, yeah, certainly had no problems with school, was on the gifted and talented register, he's a bright kid"* (Elaine, mother, England).

Parents can find it difficult to say exactly when the violence starts as they talk about their child as pushing and shoving or kicking off rather than talk about him or her being violent: *'He was probably about fourteen, fifteen he was starting to throw his weight around a bit'* (Elaine, mother, England) and then later she said *'So he would have been sixteen so I think that during that period that that was when it started to kick off in terms of this, you know, he'd be, [makes rude gesture] you know, that sort of thing'* (Elaine, mother, England). *'This all happened when my son was 13 although it had been brewing since secondary school at 11'* (Jane, mother, England).

The need for early help, support and intervention from a young age (5 years and above) is indicated from the data revealed in this study. One parent sought professional help when her son was only six years old due to the level of violence and aggression being expressed:

*'And the doctor, and I think the doctor came round once because [son's name] had really bitten me, I think he was about 6 and I insisted, I think I'd phoned trying to get help and in the end I just said "you have to come and you have to come and see him", that I think he was 6 and he'd trashed my flat completely at 6 and had bitten me and the GP just looked really [laughs] shocked. But even then, and yeah, I phoned Social Services a lot and asked for help and it was like "oh you seem to be doing really well"'* (Carol, mother, England).

CPV is hidden, misunderstood and stigmatised. It is especially complex because of the strong feelings between parent and child expressed so poignantly by Amy below:

*"That's the other thing he still does now, so if he is upset he will barricade me into a room, he will physically stand between me and the exit and erm I haven't said this, I am a clinical psychologist, I work with people who are distressed, angry, upset and aggressive, I know what to do, I have got the theory I'm very good at the practice at work, I am less good at the practice at home! So when there is emotion involved, and when there is love and attachment, it is very, very, very difficult and very different [voice deepens over very very very]. And whereas I would do something completely safe, to keep both of us safe at work, I don't have the capacity to think in quite the same way when it is somebody that you love [breathes out heavily]"* (Amy, mother, England).

There are many different forms of violence and abuse experienced by parents and it is important to stress that CPV is not only about physical violence but includes actions which are more subtle, undermining and controlling of parents. It is often these acts that lead to the more physically violent aspects of this phenomenon. Those identified in the RCPV research programme were listed in Section 3.3.

The physical violence experienced can be extremely severe and frightening:

*"He had me round the neck with the lanyard and was hitting me, he got out a hammer and knives, he is 12 and, and he was being really, really threatening. And it was at that point that I phoned the social worker and said I am sticking to my guns I am erm trying to get my child to school, it's where I think he would be best to be, I am being very calm but I am feeling actually at the point where I really don't know how to cope with this. And I had gone out a couple of times and come back, erm, but it wasn't, he had got really, he was at that point, really, really emotionally upset and expressing all of that towards me. And actually being very intimidating and I just didn't feel that I could keep him or me safe."* (Amy, mother, England).

*"It manifested in lots of shouting, smashing things, taking my bag, threatening to break things, threatening behaviour, physical violence, smashing various parts of the house and being very out of control. This just got worse and worse. All the boundaries I had been using before just were not working"* (Jane, mother, England).

*"And then he did things like one time, I mean he pulled a drawer out, you know, he's got a little desk in his room and he pulled the drawer out and just hurled it at the window.....and smashed the window....And although, I mean it's an old thing double glazing, you think oh it's toughened glass, but the bottom bit up to six foot or something is toughened glass but the one above it isn't and this glass just went, just came falling straight in, but it didn't hurt anything in...I remember him going like this with a belt around his head [makes nonverbal gesture] in the bathroom. Yes, yeah. I'd forgotten about that, and he trashed the bathroom, do you remember that time he just...Oh yeah, went and just...put shaving foam all over everything and just smashed...And smashed the banisters as well"* (Peter, adoptive father, England).

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Sometimes the violence also involves the use of weapons against the parents and/or against him or herself:

*"It's got very significant to be actually hit and kicked and, you know, my daughter threw a knife at me at one time"* (Beth, mother, England).

*"I remember him trying to push us down the stairs once, and I remember the knife thing. Yeah, he picked a knife up in the kitchen and threatened Pat with a knife. Threatened, well both of us. Well both of us, yeah. He threatened you once when I wasn't there and you didn't tell me about that. Yeah, yeah."* (Peter, adoptive father, England).

"Very aggressive and threatening, he has been running away from home, he has locked himself in the bathroom with a knife and threatened to hurt himself. It happens when we set limits or when we nag him" (Lucas, father, Sweden).

The pattern of abuse and violence, as with intimate partner violence, in most cases takes the form of coercive control:

"Parents I work with are pretty aware of the fact that it's not just the physical violence that they are actually controlled by the blaming things kids say by threats, threats of self-harm . . . Threats to run away, to kill yourself to, the threat of not eating good food yea, not eating healthily or doing unhealthy things to your body, the threat of having dangerous sex, all these things" (Mark, Consultant Clinical Psychologist).

"It's the threats for me because I've lived with threat for a long time, which stops you from being able to think and stops you from being able to act" (Amy, mother, England).

The impact of CPV on parents can be very isolating ultimately:

"It was the social aspect of it because it's also incredibly isolating, not only because you don't want to talk about it, but because like for me I never go out, I don't have a social life, my whole life is focused on maintaining my daughter . . ." (Beth, mother, England).

The impacts of CPV are not only felt by the parent/s but by the whole family:

"It's very distressing for everybody and it just stresses the other children in the family, it distresses you know, it's very wearing, as a parent, to constantly be very conscious of what you're saying, how you're saying it, your tone of voice, and constantly being aware that situations around may influence his outbursts, that's very wearing, very tiring" (Deborah, foster mother, England).

The impact on the mother and/or father is extremely severe and debilitating and parents just do not know how to start to tackle it:

"I think I was so low . . . I was absolutely at my lowest and I just, anything, I didn't know what to do, I didn't know what to do, I didn't know who to ask, I didn't know what to do..." (Beth, mother, England).

It is often only when the violence and abuse of a child is directly turn on others, their sibling/s or friends at school that parents realise they have to get help and support wherever they can:

"She can be violent to her sister. She gets angry when she doesn't get what she wants. Sometimes it seems like she is depressed, she is not happy" (Maya, mother, Sweden).

"And I guess the other thing that made me want to have some help is that [son] was being aggressive to friends, not at school, he was being very well behaved at school, so school had not observed anything, but friends were starting to choose not to spend time with him um and he had been physically aggressive twice towards one of his friend's younger siblings, to an 8 year old girl, he had hurt her, and I had had two complaints from other parents about his aggression towards their sons" (Amy, mother, England).

"It was also affecting my daughter (4 years younger)" (Jane, mother, England).

Three parents reported using alcohol as a coping mechanism:

"Er, [sighs] no, I mean, you know, if I'm honest I think I've had periods of drinking too much, over the, you know, that sort of... To try and... Just to sort of, you know, take the edge off ... Um, so I think that's, you know, that's important to acknowledge that" (Elaine, mother, England).

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"No but the police was involved when I got a breakdown. We had a party at home and I was so stressed so I get a breakdown. It was 2011. My husband had at that time moved to a home for [illness] patients. My child says that I gave him a slap. I don't remember anything. A neighbour called the police and they came. My daughter took [son's name] to her boyfriend in [place name] for a week. I don't know how much this has affected him. After that incident I never drink alcohol at home ... We have talked a lot of this incident. I don't have problems with alcohol, I was very stressed at that time. I should help everyone and I had never time for myself" (Elsa, adoptive mother, Sweden)

### **Impact on working parents**

Another impact of CPV was that especially for mothers they found it difficult to hold down a job with frequent periods of sick leave and in some cases were forced to give up work altogether:

*"I am not afraid of him. I am still stronger than him and he cannot scare me. It has been worse for my wife. She has been on sick leave because of the stress she has felt. Of course it has distressed me, I have been and I am worried"* (Lucas, father, Sweden).

*"We had that awful period where he was excluded, I lost my job, I always wanted to work but because of the situation with my son every time I managed to get a job and go to work something would happen with my son where I would have to be with him, I'd be needed for him, usually problems at school or whatever where he couldn't go to school or for a long period I was doing the escort to school because no one would take him, and all that's impacted on me trying to work, so I lost my job three times, by the time this last one, when he was excluded, I loved that job, I was in a management position, I absolutely loved the job, it's the best job I'd had probably ever in my life and I loved it so much, but the problems, okay they accept it for a little while, I was off with stress, my son was permanently excluded, he couldn't, I couldn't leave him at home, he's not safe, he wasn't safe then to be left at home, he set fire to the house before you know, but they made me redundant basically, I couldn't return back to work because my son was out of education so they made me redundant and that's had a massive effect on me, I've now, I've given up, totally given up the idea of returning to paid work, I've done voluntary work throughout but I've now accepted that it's been too traumatic, too stressful, and where I am with my own health now I can't go there again, I can't go there again, so I'm accepting that, I accept 99.9% I will never do paid work again, and that is a real negative for me and it's a real depressor, because I am a hardworking, somebody who loves to be a hard working person, but that's another side of it"* (Fran, mother, England).

How do parents cope? Parents have great difficulty in coping with their violent son or daughter. *"How were you coping with this all this time? [Sighs]. Very very difficult, I mean it's incredibly difficult 'cos you're having to make difficult decisions, you don't have a lot of information, you get no help, you're tired, and you're having to access, you know, trying to find out what you should do...What's the matter with him. Yeah....and then try and do it. And getting different [opinions]"* (Peter and Pat, adoptive father and mother, England).

Parents who eventually seek support as Peter and Pat above have huge difficulty gaining the support they need because there is relatively little information available on CPV and people are frequently bounced from agency to agency due to lack of knowledge on how to respond (as seen in Section 4.3).

*"Severe anxiety and rages when he was seven, hand washing and hand licking, and we saw [name of professional] as well, who worked for Social Services but we saw him privately and again offered us some support, to us, being us or [son's name] when this behaviour started, and nobody kind of knew what the hell was going on, the rages, trashing and severe rages"* (Peter, father, England).

*"When he was 13 I approached CAMHS and said how worried I was that things were not working. We had a woman come round and see us and we gave the family history but nothing happened and his behaviour still got worse and worse"* (Jane, mother, England).

*"And you know social workers with all their kind of training and belief that they are not going to be judgemental about things, are, and friend are, and family are. And people say 'just do this!', and if you have been in a room with a group of people who have tried 'just doing that!' and you know how difficult 'just doing that is' then you can really feel heard and supported"* (Amy, mother, England).

It is usually only as a very last resort that parents call the police for help and usually this is when they are fearful of the damage that their child will cause to them or himself:

*"[son] hit me around the head with something really hard and I just thought... It was coming to [husband] would be trying to protect me and then [son] would try and be really aggressive towards him and he'd been smashing our, we were in my flat then on a regular basis and this one night I'd tried to calm [son] down and he smashed his window I think, threw a skateboard at [husband's] head and then I went back in and he, yeah, hit me round the head with something and I thought at this stage that [husband] was then going to [be violent], because I think he's just had enough of seeing me attacked. Which would have been awful because he's not, he's really, it would have been horrific, yeah. So I just thought 'I'm going to phone the police myself because I have to do this for me, it's not up to [husband] to do it, it's up to me to say this is enough' so I called the police" (Carol, mother, England).*

CPV clearly affects both mothers and fathers and can be extremely damaging and demoralising. The impact on mothers seems to be more intensely felt and this is partly because of the sexist nature of our wider patriarchal society, the misogynistic nature of the terms of abuse used against women and also the way in which mothering is at the centre of child rearing with far more stress put on being a good mother than a good father. There needs to be far more recognition of the harmful and undermining nature of the threats and abuse used by children (see Section 5.4).

The health impacts of CPV also need to be more widely acknowledged. Several of the mothers interviewed experienced mental breakdowns and feelings of suicidality. Elsa, a Swedish adoptive mother had a nervous breakdown. *"No but the police were involved when I got a breakdown. We had a party at home and I was so stressed so I get a breakdown. It was 2011".* Beth, an English mother had a major breakdown: *"Absolutely hysterical, absolutely hysterical with being told that how much she hated me and wished that I would die and why didn't I just kill myself when I was thinking about killing myself anyway, no, I was absolutely, I had a breakdown, I had a really quite major breakdown but because I'm the only person who can look after [daughter's name]..."*. And Maya, Swedish mother, felt near a breakdown *"I am very tired. I have a work that I really like. It feels good when I go to work. Sometimes I feel that I am near a breakdown. I feel stressed and sometimes I have stomach ache. It has affected my mood, my husband sometimes asks me, 'why are you so grumpy', but I am just very tired. And I feel powerless of the situation"*.

#### 4.4 What issues does CPV raise for children?

The interviews with children and parents made clear the absolute importance that practitioners gain a clear and detailed understanding of the history of the relationship between the child and parent/s, with other members of the family, as well as the wider social contexts in which CPV has emerged as highlighted in Section 1.3 above. In Table 7 below the names used are pseudonyms, to protect the identity of respondents

**Table 7 Children interviewed in England**

Code No	Pseudonym	Age when CPV Happening	Key Themes	Other Factors
C001	Graham	13	Aggression and violence at school with teachers	Two siblings who 'gang up' on him, he feels left out
C002	Thomas	13	Mother separated from father due father's stealing, drug abuse and domestic abuse	Lack of relationship with his biological father
C003	Matthew	15	Spent much of life in care, moving from place to place and found it difficult to settle, started getting into trouble	Regular trouble with the police, out of control, smoking cannabis

C004	Fred	11	Problems at school, frightened, excluded on first day at secondary school, put into ACE	On medication for ADHD through CAMHS worker
C005	Jacob	13	Being bullied for a long time at school, he thought mother would solve problem but it continued, he turned anger against his mother	Mother and father lived in France but father stole money, did not work, problems with domestic abuse so mother returned to England
C006	Ben	16	Domestic abuse; Father violent to mother who then moved away from area to refuge with Ben, he had to leave friends/girlfriend behind	Beaten by father, he failed to attend school, smoking cannabis

In the RCPV research children talked about their family history and why they turned their anger against their parent/s. As with other forms of family violence the routes into CPV given by young people were multiple rather than singular. As the quotations below reveal there are good reasons for young people to feel angry and to express this, but clearly not in violent and abusive ways. In this study the contexts which appeared most frequently in the children's accounts were: problems at school such as bullying or being bullied, having to move home and/or school, domestic violence and abuse, not feeling able to communicate with their mother or father, not understanding why their parent had taken a particular course of action, issues around an absent or unknown father, the use of drugs and alcohol, being diagnosed with ADHD, being taken into care, fostering or adoption. A fairly common issue as well was the inability to remember clearly what happened at this time: *"I can't really remember these things they go away"* (Fred). Adverse experiences such as these were described by children as weakening the bonds between themselves and their mother (usually) and/or father.

## Problems at School

One of the strong themes in the RCPV interviews with young people was that school was often associated with being bullied and hence experiencing troubled relationships with friends at school, teachers and others.

"Yeah, OK so how, how are you get, how's school, how do you get on at school? Well I used to be a bit of a rebel at school or I kind of still am but not as much as I used to be. I've sorted stuff out, my anger and stuff ... What sorts of things do you get into trouble with at school? Just any random thing like I used to just do it for like a laugh like I would act being angry and just get into trouble" (Thomas).

"So you said you had problems a few years ago? About six probably, about five, six that's when I come I here anyway. So about probably the time starting secondary school that sort of time? Yeah, yeah, yeah, yeah, my second choice. Did you have problems at school? I got excluded on the first day of secondary school" (Fred).

"I got frightened ... at school that changed a lot as well I didn't really get frightened out of school I got moved into Ace and I was on like very little school week and that changed as well I sorted out that mainly trying to make a change anyway" (Fred).

"Me and mum used to disagree on stuff a lot and cos I was getting bullied quite badly at school and I guess I'd come home and take it out on her so. Yea. A bit of project the bullying that I'd get projected on me so I'd take it home and subject it on my mum when it would kind of spiral out of control really... I was in year eight and year nine yea about year eight I'd say so I was about thirteen, fourteen I am not sure, yea between the ages thirteen to fourteen and all I can remember was yea the bullying really starting to get to me and I didn't really know what to do about it so I thought I told my mum, mum make a big deal about but those bullies would just carry on bullying me even more" (Jacob).

## Children become isolated at school and home

Our research reveals that in many cases children who are instigating CPV are likely to become isolated from their friends and family and in some cases to make friends with other peers who have similar issues of conflict with parents. Parents may unwittingly reinforce this isolation by allowing their children to spend more time alone at home (new technology has an important role here) and by to a greater or lesser degree withdrawing from a proactive presence in their child's life:

*"He spends a lot of time with his computer. He is playing, he is on Facebook and he watches movies. He is isolated from the family, he can eat dinner with us but he spends most of the time in his room"* (Lucas, father, Sweden).

*"I think she has a real sort of affinity to meet up and strike up friendships with people who are similarly troubled so being in a room with nobody but troubled people and also people who are younger than her because she's more on a sort of wavelength with them, then you know I think it could have been a problem in some ways"* (Beth, mother, England).

As a result of experiences at school and at home children's most significant relationships become attenuated and their friendships at school and relationships with teachers often become similarly strained and stressful with school refusal a common problem faced by parents. The parents talked about how the CPV would manifest itself and how children became more distant from them and their friends.

*"It manifested in lots of shouting, smashing things, taking my bag, threatening to break things, threatening behaviour, physical violence, smashing various parts of the house and being very out of control. This just got worse and worse. All the boundaries I had been using before just were not working. Also there were problems at school and he was not getting the support he needed there"* (Jane, mother, England).

*"My son had been absolutely fine at school, really coping well. We first had difficulties with him refusing to go to school, he was in Year 6 so probably 2 years there have been difficulties and at that point showing distress and unhappiness through physical complaints and not wanting to go to school"* (Amy, mother, England).

*"It started with that she didn't want to go to school. I tried everything and often it became a conflict between me and [daughter's name]"* (Maya, mother, Sweden).

*"He does not go to school. He decides over his life himself. He never meets friends any more. He has isolated himself. Before this he had a lot of friends"* (Elsa, adoptive mother, Sweden).

## Domestic Violence, divorce, separation and Issues in relation to their father

For half of the 6 children interviewed domestic abuse/intimate partner violence from father to mother was present in the past leading to the mother separating from the child's father. This was not always clear from the interview with the child e.g. Thomas below was not sure about domestic abuse, but it was possible for the researchers to check with the Break4Change database in order to confirm whether this was the case or not. The adverse experience of domestic abuse as well as the upheaval of having to leave home, to go into a refuge, to change schools and so on took its toll on children and in some cases anger was turned against their mothers.

*"I haven't actually met my real dad since I was one and so I think when I found out about him it was kind of like a blur and trying to find out about him and my mum wouldn't really talk about him that much, and I will call him dad but my mum, my mum would say can you not call him that can you call him by his real name calling him like him because of the stuff he did and stuff. **What stuff did he do?** He, he did drugs. **Yeah?** Like a particular drug and he used to steal like toys to like buy, buy it and, and one time like he forgot to pay so the people that he got it off came to the door and like threatened me and my, my older brother, yea, and like that kind of impacted. We had to move house as well and we didn't have anywhere else to live so we had to go into this place I can't quite remember. **Was there was there some sort of sort of domestic abuse or?** I don't think there was"* (Thomas).

*"Well I spent a lot of time, a lot of my life I spent in care and moving from place to place, getting in trouble, adjusting to the people who lived there, that was something I never really did enjoy and through the time I wasn't getting love and support. I learnt to manage that very well and I have been out of care now for nearly three years so I am very happy to be back at home and doing very well for myself"* (Matthew).

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**“So how, what’s your relationship like with your mum?** Yeah it’s good you know, is better now than about five years earlier. **So what were the problems in the past?** Don’t know I had a bad ADHD and it wasn’t sort of diagnosed till I was about 13 I think, so I was well angry with my mum” (Fred).

*“I don’t remember much at all, all I remember is I didn’t really particularly understand why I’d been taken away from my dad when now I get it because my dad wasn’t particularly very good for me so. Do you think that might have had something to do with the way you’re sort of angry? yea maybe I don’t know I mean it depends if you look at it that way I mean I don’t know because I haven’t I haven’t really thought about it but yeah probably (Jacob).*

## Children’s description of how they were feeling

The children interviewed were for the most part open about the extent to which they were at a low point in their lives and how angry and out of control they were feeling at the time the CPV was occurring:

*“To be honest social services were at the point of giving up on me and I was being threatened of being put into a secure unit because my behavioural problems were out of control. I was in an awful lot of trouble. I was even facing prison at one point so it was either change or go to prison basically” (Matthew).*

*“While at the time when I came onto Break4Change I was at the kind of worst point for my behavioural problems. At the time I was under an awful lot of stress, I was getting into a lot of trouble with the police, I also had quite a severe cannabis problem and it was causing the bond between my mother my mother to weaken quite heavily. We were having arguments quite a lot and I was in trouble with the police on average every week at least twice a week I was in a very bad place and I was recommended to go to Break4Change by my social worker I believe it was” (Matthew).*

*“Younger I was a bit of a little terror but now I’ve grown up it’s a lot different like to talk about these things. So how have things been since? Fine, yeah, yeah. Obviously there’s always your family arguments and that but everyone has them, it’s been alright” (Fred).*

## What is important for children?

Despite all the problems and difficulties described above, the children when interviewed reveal that they remained aware of the importance of family, and friends. When asked directly ‘what is important to them’ reveal that they are well aware of the significance of their relationships with their family and that friends too are crucial.

*“What things do you think are the most important for you? I don’t know. For example, friends, your relationships, your family, the money, your sports, your hobbies, the free time that you have for yourself? Whatever you can think of. My free time is pretty good, but I would probably say the relationships. Ok. The relationships with whom? My friends, my family, and other people in general. I see, so you think that family is important for us? Mmm (affirmative). “And if there are, for example, troubles that come up, you would tell your mum first, you prefer telling your mum or your friends? I’d probably tell my friends first, because I’ll probably say to them a lot more than I do with my mum. So, I’ll probably tell them first ...” (Graham).*

## Getting the right kind of support

A problem faced by the children, as with their parents, was the difficulty in getting the right kind of support to help them deal with their violence and abuse. Those we interviewed (albeit a small sample) tended to be referred to social services, CAHMS and youth work. Overall their views of these services were rather negative as seen below:

*So what sort of support did you get through CAMHS? Not much, we got a little bit, we got like we got the guy called [name] who kind of came and then they gave us a bunch of different suggestions. They wanted us to all do a mental evaluation test or something to see if everything was OK but I didn’t want to so then I was a bit scared about that I don’t know why and mum was OK and my brother’s OK so I didn’t particularly want to do it in case they thought OK well why do that then here’s a couple more options so he said the whole attendance kind of the body system was...the guy would come round and take me out so yea that worked OK I guess but those are the only main options I can remember there might have been other stuff but not, I am not saying that I remember particularly” (Jacob).*

*“CAMHS done that, everything still that. I’m still seeing them now. **So how, how helpful are they?** I don’t like CAMHS it’s not really, they just check the medication something like that... they are quite and that, I find the appointment not really helpful, they just check the medication” (Fred).*

*"I had a I had a guy called [name] coming to the school sometimes or he would come to my house and he just asked me a bunch of very generic questions I don't know I just didn't really find them very useful so eventually he kind of left and he put us in touch with this, this other programme, I can't remember the name of the programme at all it was like a programme where a guy would swing by the house every two weeks and he was like I think he worked with the social workers yea I think he was a social worker or something like of sorts basically what he'd do would be he'd take out like kids having a hard time it was just often take them to fun places and stuff and then there was loads of them around Brighton this kind of doing this sort of work around. Mum suggested to me at first it was like I don't really want to go out with some man I don't know you know she was like you know give it a go and a guy called [name] showed up and he was really nice I got on with him so yea it was kind of like the cinema we'd go like snookering or we just to go to the arts and crafts stuff really, it was just kind of a, a way for me to get away from it all and get just a bit of fun yea it was nice (Jacob)*

## **Need for specialised CPV programmes which work with children (such as Break4Change)**

In all of these cases it seemed as though referral to a specialised intervention programme for CPV, such as Break4Change, was not the first course of action for children and their parents but rather something that was considered when all else had failed. Practitioners had told us that they experienced difficulties in persuading young people to take up this option and we can see from the children below that the programme seemed challenging to them:

**How did you feel about it [Break4Change] in the beginning?** *I didn't want to at first cos I thought I don't want to be you know in a room full of people I don't know forced activities with them I don't know them so I was like I was really averse to it at first then my mum was just like no come along once at least and if you don't like it then we don't have go anymore but at least come along so I came along and it was alright yea **Did you feel that you had any choice about it at the time or you thought you would just try it the one time?** Well at the time I don't know I felt as if I if I didn't come things would just stay the same. I thought if I at least came things could change preferably so I thought I will come and give it a go, if I don't like it then just not come back again but yea so yea I thought this would be a good way for us you know to show that we can get on with each other and stuff plus you know it was another way for the social worker to, to kind of ease off cos I thought that she felt as if things were so, so bad" (Jacob)*

*"When I was first told [about the Break4Change programme] I refused, I wasn't interested. Didn't want to do it? I was in a very bad frame of place but at the time I didn't really have much interest I was just always in trouble with the police or either smoking cannabis I wasn't really bothered about anything. And what did you expect would happen? When I was told I had to do it I didn't think anything would happen, I didn't think I would get anywhere from it, it was just another programme" (Matthew).*

**"So how did you feel about it [Break4Change] in the beginning?** *Well I was, I used to be really shy and I had this one group that I would always talk to and I thought that I like the first week I made up an excuse not to come here, then after a while I thought this was really good so it's helped really with anger and me coming out of my shell a little by talking to new people" (Thomas).*

*"I was with kiddies that were my age or a little bit older so it wasn't actually that bad to be honest, done a lot of different things here for ages and finished it I think, a long time ago yea" (Fred).*

## **What worked for children in a specialised CPV programme?**

In this study the children who participated had all successfully completed a Break4Change programme and this is the model of intervention that was focused on in this section. For most youngsters there was a strong feeling of group support which was expressed by them as 'not being the only person going through it'.

*"Yea so at first I was like no and I came along and yea enjoyed it... I know this sounds, I just wasn't the only person going through it as well and there were other people, other young people who had been you know been through it or still going through it as well so I felt that was quite refreshing and it was quite nice coz most of my friends were not going through what I was going through so I couldn't exactly talk to them about it but when I came here the people here were going through the same thing so ah that was pretty cool so you know I came here and I made a few friends and it was nice" (Jacob).*

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*"I found that the first session is always the hardest because we are all getting to know each other. We weren't really talking too much but after the first session it settled down quite a lot, people started talking about their issues and the staff were able to talk to us about the issues we were having and ways on how to address them and correct them and it just took a lot of strain off like I'd say it took a lot of strain off all of us there and it felt that it would help, people who wanted to help us get through our problems and not just somebody to talk to about them" (Matthew).*

## Support post programme

*"So what other sort of support have you received if any apart from Break4Change? Well I've received support from my friends, the school and stuff" (Thomas).*

*"My mum stayed in touch with two of the mothers from the group for quite a while. I stayed in touch with a guy called [name1] and I stayed in touch with a guy called [name2] and also a guy called [name3]. Me and [name1] slowly kind of drifted apart cos we lived quite far away from each other and he was I think he was a year older than me or two so yea I didn't really talk to him that much outside of Break4Change but then we met up a few times ... but I don't think we met up again. Me and [name2] was quite a lot older than me I think he was about two years older than me so I didn't I just spoke to him at Break 4Change and then he went and that was about it. [Name3] was a year younger than me so I did see him quite a lot and we did hang out a few times and our mums got quite friendly but I don't see [name 2] as often now but yea I still see him sometimes, very rarely but you know" (Jacob).*

*"I think the way they tackled things was pretty good because they gave us yea they gave us sort of like talks to kind of help ourselves as well when we came here, it wasn't to say oh here's a task do it that's it they were like they'd give us a task and explain how we had to do it and then ask everyone what was going on and actually give you like solutions. So they'd say how about your breathing and count to ten and they would give you like different methods of dealing with your anger sort of like projecting it and like if you have to punch a pillow or go outside you know deep breaths and all that sort of stuff so yea I think most of the stuff here was pretty, pretty good techniques yea" (Jacob).*

***"So what happened about the kind of bullying stuff, what, did you deal with that?"** I mean it nothing was really done I just had to kind of rise above it and eventually it kind of died off and the people got bored of doing it really I guess but you know the school didn't really do much about it and neither did like stuff like walking away doesn't always help because they could just follow you it's not really that sort of advice doesn't help anyone but I felt like the only way I managed to get out of bullying was just kind of seeing what they were doing and just kind of going whatever I don't care and just walking away and I felt like the bullies got bored and just kind of left it so yea" (Jacob)*

## Strategies for tackling CPV that worked well for children

*"We learned about different ways to avoid an argument and different ways to trains put your point across without blaming the other person and making them angry so. Do you think that was the most helpful thing in all the, what would you say was the most helpful thing about it? I would say that was probably the helpful thing because I try and put the blame onto the other person and all than it is like self... **OK. Is there anything you didn't find helpful about it or you think could be improved about it?** I thought they could have done more ways to after the argument they could have done more about what to do after that but it was more trying to avoid the argument. **OK, so there wasn't really much about how to deal with things afterwards.** No" (Thomas).*

*"Since the programme I'd say it took about six months to fully sort myself out, get off cannabis which was the main thing I needed to do at the time and then start on focus my behaviour and managing my temper which has worked out very, very well. I very rarely lose my temper these days and manage pretty well I'd say" (Matthew).*

***"So did, did the programme give you sort of strategies to sort of help with that [losing his temper] do you think?"** Yea, I'd say I learnt different managing strategies to not lose my temper and to assess the situation fully before reacting" (Matthew).*

*"I learnt how to talk to other people who have similar problems and to be open about my problems instead of keep them hidden away which I thought was a very useful tactic in life, not to keep everything hidden and then to be open about things it works out a lot better. **What do you think was the most helpful thing, what did you like best about the programme?** I'd say it was the calm environment and the people that were managing it made it a lot easier as well" (Matthew).*

**OK so do you think Break for Change affected the way you feel about yourself you said that maybe you feel a bit more confident? Yeah it helped” (Thomas).**

*“Sort of helped you without you even realising until you finish so I don’t really know. It helped, it helped but it’s one of those things that you don’t really know is helping until you finish the course sort of thing” (Fred).*

**“What would you say was the most helpful thing about the programme?** *hmm, I think the most helpful thing is actually they give you ways and methods that you can use to deal with the problems you have at home and me and my mum and that the I think, I think they make you so conscious and aware of what you are doing and how it’s not a good thing what you are doing you more you make more of a conscious effort not to do these things at home so when you are arguing you’ll think back to the meeting or whatever and you will I don’t know think of something that we’ve cos because a lot of a lot of the things we said to each other and the way we argue it would be brought up in the, not necessarily for me but they’d mention things like examples of what we would use and say to our mums and the things we do and ways we could like stop this and not, stop it before it had even started and I found that really helpful” (Ben).*

## **The Use of Creative Processes**

**“What did you think about the creative sort of activities like the music and stuff?** *Well I personally I, I listen to music that like, like really loud music to help calm myself and that kinda helped and I found that the art thing they did was helpful as well for creativity and trying to put that into us as well. We did drawings and one time we had like this massive sheet across the floor and you just draw on it” (Thomas).*

*“I can remember that we did graffiti at one point but I can’t really remember much more than that and that was very enjoyable. I actually got into graffiti quite strongly and actually did it as my GCSE art at school and actually got a C from that so I became quite a fan of Banksey and other artists so it gave me something else to do instead of getting in trouble” (Matthew).*

*“I think the technique that worked for me probably best was just don’t let it get to you which is like the sort of like if someone comes into your room or someone you don’t particularly like winds you up so it’s like rising to what they are doing or rising to the situation just kind of calm yourself down and if I have to remove myself from the situation so like I say if anyone is having an argument so like smashing things and getting angry you know pushing around in my room I could decide to go for a walk for about ten to fifteen minutes to cool off and come back home when I wanted to I felt that helped quite a lot I mean not like go off to like town or something like just going for a walk around the block or something, just get away from it. I think that works for yea most of it, it was pretty good yea” (Jacob).*

*“I thought that [creative process] was really cool because I wasn’t expecting that I didn’t realise that Break4Change was about that cos my mum didn’t really tell me everything. I thought it was a place you kind of come to each week and just kind of talked about your feelings and stuff but the fact that you were able to do like cool activities and you know that sort of stuff was good because I guess I know cos this is the sort of stuff you weren’t able to get your hands on at school or stuff that you just didn’t, couldn’t afford to do and you know they did it here like at workshops and stuff so I thought that was a cool side of it because they kind of listened to what you would like to do so they’d ask you “does anyone here like music” and if you didn’t like music then they wouldn’t ask you that again and they move onto a different sort of thing like everyone in the group who liked music and stuff well OK we will have a music workshop and they would get like musicians in and all this sort of stuff so I felt as if Break4Change actually listened to what you liked and they kind of project that as well” (Jacob).*

## **Filmed communication between children and parent/s**

*“Did you do the filming thing where you have to talk, you get videoed and then your parents do it as well? I found it quite helpful because I was still quite shy and I don’t really talk to people like face to face that much and I found it was more easy to talk to the, the parent either a video and not actually talking to them. **And how did it feel like listening to?** It felt quite good because you know it was just you and the person filming it and they could say anything they wanted you know” (Thomas).*

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*"[The filming] was weird at first cos I remember in front of the camera and speak to it and tell it like private details of my life was a bit weird but then you know I think because everyone did it eventually it turned out pretty well and then by the Break4Change people actually showed us our parents talking and then they showed our parents us talking, I was able to kind of get that sense of communication of things we didn't really want to talk to them about but we were OK saying all of the jokes and once some of the jokes were gone. I knew that this is more I guess less awkward than speaking about it face to face was, or was just less threatening as well so I think talking about it though a camera was a kind of a key idea from them because like I guess it kind of saved us having to sit down with our parents or them sitting down with us and going 'oh I don't like this don't like that' and you just got like you got like a few things out of them you could be there for like more than ten minutes sort of very quick sort of you say what you need to and then hopefully they have said what they need to, you both listen to each both part and then you process to your, your part you listen to theirs and you kind of understand how you should change [your book?] from what they are saying so yea I think it's quite a good idea yea" (Jacob).*

*"What did you think about the filming part of it? I thought it was a very useful idea and that could be shown to others and show what problems other people have. **So you do something like you filmed how you felt about things and the parents did the same was that what happened?** I thought it was helpful to see other people's ideas on the situation" (Matthew).*

*"**So how did it feel kind of listening to what your mum said?** It wasn't great so you know. Telling me I was doing a lot of bad stuff but you know at the same time I guess it was stuff I needed to hear to help me to be able to change as a person and I told her things that I didn't enjoy that she did and she told me that she wasn't expecting some of the stuff I said but said it helped her change as well so yea I think that was good, I think that was good sort of like yea I think that was a good sort of thing that I did there cos I feel like listening to what my mum had to say yea I didn't want to hear it sometimes but I had to so ..." (Jacob).*

## **Post Intervention Support**

Break4Change offers post-intervention support in cases where this is necessary but also in most cases the family case returns to the original referring agency.

*"**Did you have any sort of communication with them after the programme?** Me and [name] spoke a bit after it cos after the programme I was feeling quite low, it was still about the whole bullying thing so he thought how about you come speak to me through it so for about I don't know about a month I came here again and me and [name] we would go talk in the room for about like I don't know not even half an hour, I think it was about half an hour to an hour every week and that was, that was pretty helpful as well. Other than that I don't think I spoke to the others but no I spoke to [name] for about a month and then kind of just left it there" (Jacob).*

***So how have things been since, since the programme ended?** Well you know everything has its ups and downs and stuff like now I still argue like small things but I don't think it is as bad as it was cos it was really bad I mean me and my mum still argue quite a bit but you know it's just like a, a bit like take out the argument bins have a little go at me but OK fine I got to do it but I wouldn't really count as being an argument it's kind of like her just repeating herself sometimes ... so other than that I don't think, I don't think it's been too bad at all really I think I think Break4Change did help quite a lot" (Jacob).*

*"**How have things been since the programme ended? I mean when was it that you did it [the programme]?** I can't quite remember but it was last year, yeah, last year, about a year ago or so. So how have things been since then? Well I've got into less trouble at school, like there's the odd slip up like once or twice a week whereas I used to get into trouble like every day and yeah that it's helped quite a bit like there's less arguments at home" (Thomas).*

*"**So how do you think it has affected your relationship with, with your mum?** I think it's given us a stronger relationship than we've probably ever had. We are able to talk to each other and talk about any issues while in the past it would have been shift in an argument so it's made us a lot better as mother and son" (Matthew).*

**“So do you think it has affected your relationships obviously with your mum or with any, with other people as well?”** No I think Break4Change kind of changed the way I kind of saw things a little bit like at first I thought well here if someone’s being rude to me or something you know shouting at me or whatever then just straight away turn to violence or anger but now I just kind of think well if this person is rude to me, or you know whatever, then I just kind of think to myself well just remove myself from the situation so if say someone’s rude I won’t give that person the time of day so eventually that person gets bored with it ... I think it you know it kind of helped me along to kind of see things from each other’s eyes and we didn’t before so mum always used to think ah well he’s not doing this because of that and then she’d see it from my point of view and then she’d understand more and sometimes I don’t understand what she was, where she was coming from so I think it helped us through that sense as well so yea” (Jacob).

**“What about with, with other people like friends or do you think it’s affected your relationships with other people?”** Well since Break4Change I actually I sort of basically left the old friends that I used to have because they were always getting into trouble and stuff like that and I’ve got a, a new circle of friends since then and do really well with them, don’t really have any problems at all” (Matthew).

**“Do you think it’s affected the way you feel about yourself?”** Yea I guess in a sense. I think cos I was quite an angry guy and when I left behaviour changed in me, I wasn’t always calm but yea I think it helped me mellow out, a little bit more kind of understand things better, so I think it did change me in a sense because I became less of a violent person and became more understanding through Break4Change” (Jacob).

**“How’s it affected the way you feel about yourself?”** I feel a lot better in myself and quite proud of myself how much I’ve changed over the years” (Matthew).

**“Is there anything you could suggest about how, how the programme, or how support in general could be improved for people like yourself?”** I think the way they managed it was pretty bang on, I couldn’t really suggest anything to improve it. I think they did it the best they needed to” (Matthew).

## 5. Discussion of Findings

### 5.1 Intervention Models

The original aims of the RCPV steering group were to develop and deliver training for practitioners in both NVR and B4C interventions and to evaluate both intervention models in this study. It was also hoped that we could compare and contrast them to identify strengths and weaknesses in both cases using the RCPV evaluation framework and tools as well as follow up qualitative interviews with parents and young people. While research on the experiences and self-efficacy of practitioners who attended the NVR & Break4Change training was carried out as part of the RCPV Project, it was not possible to evaluate the experiences of parents and children who availed themselves of NVR interventions in Ireland. NVR has, however, been evaluated in studies elsewhere (see for example Weinblatt and Omer 2008, Ollefs and Schlippe 2006). Both the NVR and Break4Change interventions evaluated positively in terms of the effectiveness of RCPV training in significantly increasing the knowledge, understanding, confidence and skills of practitioners in responding to child to parent violence. As we were unable to evaluate the NVR model directly with parents and children the assessment of change for parents who experience the NVR model outlined below is perforce framed in the abstract.

### Assessing Change for Parents and Children who Experience the NVR Model

In terms of trying to measure change in parents it is the parent/s mental health and wellbeing that is of prime importance and secondly the extent to which physical violence and verbal abuse has diminished. Hence the following questions need to be addressed: has the frequency with which the abusive behaviours are occurring diminished? Has the intensity diminished? Has the severity diminished? The project team agreed that to expect all violence and aggression to cease following relatively short term interventions would be unrealistic. However, it may be possible to assess acts of reconciliation by the parent and by the child. To what extent were parents deferring responses to problematic behaviour? Was there a decrease in punitive responses by the parent?

The key mechanisms identified by Declan Coogan and Dr Peter Jakob in terms of triggering positive changes of behaviour in parents were as follows:

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Emotional self-regulation of parents through deferred responses replaces reactivity with planned responsiveness – on a neurophysiological level: survival system reactivity with bottom up thinking is replaced with greater executive functioning.

Parents' de-sensitizing themselves in regard to the threat emanating from child, by no longer showing avoidance behaviour (e.g. not giving in to child demands, taking back the freedom to move in their own home, distributing the family's resources fairly).

Overcoming parental isolation, social authorisation of the parents' stance against violence and reduction of risk, all this through engagement of a social support network.

Improvement of negative internalisations in each other through de-escalation, use of parental presence rather than punitive responses, and reconciliatory gestures.

Parents' re-sensitising themselves for child distress and unmet needs, which are obscured by the aggressive behaviour – in order to re-instate themselves in a caring position and improve attachment.

Improvement for the child generally lies in developing more positive internal images of parent, and facing life challenges rather than avoiding them (because they can no longer avoid these challenges due to the parents' resistance of their controlling behaviour). This enables developmental achievement as children often use controlling behaviour to avoid difficult life challenges – e.g. not go to school, use drugs to overcome social anxiety, join gangs to develop a sense of belonging and so forth.

The difficulty that is experienced in using NVR with parents only is that whilst a practitioner works with the parent or parents only it is likely that his/her perception of changes for the child is gained solely through the parent/s' perceptions. This is not to say that NVR does not work but that when implemented through direct work with parents only, it does not systematically capture the child's perspective on CPV nor work directly with the child. However, in some cases it may be that the child is working individually with another practitioner from the same or a different agency – in this case it is important that communication exchange between the workers is agreed upon.

## **Assessing Change for Parents and Children who Experience the Break4Change Model**

According to the European Association of Psychological Assessment, EAPA, Guidelines for the Assessment Process (2001) the evaluation of the effectiveness of a psychosocial programme needs to be implemented not only before and after the intervention, but also at a follow up period. Since the RCPV evaluation framework aims at identifying consolidated behavioural and emotional change in family settings, this would demonstrate stability one year after the intervention was finished. According to this premise, three assessment moments were identified:

Pre-intervention assessment for families and professionals, to be carried out before the beginning of intervention

Post-intervention assessment for families, once the programme or CPV intervention has finished

Follow up assessment for families to be measured one year after the programme ended.

The following dimensions of change were measured through quantitative scales:

- Child to parent violence characterization (behaviour typology and frequency)
- Intensity and severity of the violence
- Acceptance of the problem and motivation to change
- Affirmation of the parental role
- Family roles structure and dynamics
- Emotional parent-child link
- Psychological distress
- Assimilation of the contents of the programme
- Satisfaction with life
- Network of support

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In addition to the above quantitative measures, qualitative interviews were carried out with 15 parents who had completed the Break4Change England or Sweden programme and 7 children who had completed the Break4Change England programme.

## Quantitative Findings

According to the results obtained through the implementation of the RCPV Evaluation framework to the Break4Change programme (please see report of WS2 for full details of sample and methods), we can summarise the following conclusions:

The comparison between the responses of the individuals in the different moments, pre-intervention and post-intervention are a rich provider of relevant information to detect those variables influenced by the intervention programme (family structure and dynamics, emotional links, perceptions and behaviours) but also other indicators such as the psychological improvement and its effect on the satisfaction with life of the family members. Significant positive changes associated with the B4C intervention were found in items from all the following dimensions: parental role, family structure & dynamic, emotional link, violent behaviour frequency and psychological symptoms. All of these indicated a significant positive change associated with the intervention.

## Qualitative Findings

The qualitative interviews with 15 parents and 7 children who had completed Break4Change identified many quotes which reflect the positive views that came from the parents and children who attended B4C. We asked about negative experiences and how the programme could be improved and these answers are recorded below.

### **Parents' and children's isolation is reduced through sharing experiences with others who are experiencing similar behaviours in the group work.**

*"And possibly one of the best things about being in the group was just the support that you get from being with other parents who, you don't feel judged by in quite the same way that you do by the rest of the world. And you know social workers with all their kind of training and belief that they are not going to be judgemental about things, are, and friend are, and family are. And people say 'just do this!', and if you have been in a room with a group of people who have tried 'just doing that!' and you know how difficult 'just doing that is' then you can really feel heard and supported" (Amy, mother, England).*

*"When I came onto Break4Change I was at the kind of worst point for my behavioural problems. At the time I was under an awful lot of stress, I was getting into a lot of trouble with the police, I also had quite a severe cannabis problem and it was causing the bond between me and my mother to weaken quite heavily. We were having arguments quite a lot and I was in trouble with the police on average every week at least twice a week I was in a very bad place ... I've been out of trouble with the police for I'd say nearly two years now, gave up cannabis about two years ago as well and have stayed out of trouble, got into college, already have a level one qualification in car mechanics and very close to getting my level two, I am also doing a lot of work into finding apprenticeships and doing quite well with myself in general and my bond with ... my mother sorry is pretty strong, we are not really having any problems at all and seem to be going on just as a normal family would" (Matthew, young man, England).*

### **It increases feelings of safety. Each group deals with the issues of abuse and develops strategies to help them whilst feeling secure in the confidentiality of what they share in their groups**

*"I found that it was a very calming place to be with others that were having similar problems to myself and I found it quite easy to be very open about the problems that were empowering and talk about why they were occurring and on solutions to work through those problems and since then I've changed myself completely" (Matthew, young man, England).*

*"How did you feel about being in a group? It was very good to meet other parents who had the same kinds of problem. I really felt that I am not alone. I felt before that I am the only one in the world with this kind of problem. It was good to discuss and talk with other parents" (Maya, mother, Sweden).*

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*"But no, I think it made an enormous difference to me being able to talk about things, being in a very safe environment with people who completely understood and being able to say things that you couldn't, couldn't say elsewhere, you couldn't, that I couldn't tell my parents for fear of giving them a heart attack or, you know, tell anyone who knew my daughter because they would hate her. Well I do, you know, I do think it's a really, really necessary and really amazing service. I don't know where I would have been if I hadn't been able to come. I really, I really don't, I really don't" (Beth, mother, England).*

## **Not being judged**

***"Did you feel able to do so [talk about CPV] in that group?"*** *Very much so, and it was a really diverse group which I found really positive and it felt very supportive and not judgemental and there were some chaoses for us all individually throughout the group [laughs loudly] we played some of our chaoses out!! And actually really positively six of us, hang on, five of us have met up since" (Amy, mother, England).*

*"Just totally not being judged. And having the people, you know, from having, I think quite a lot of us had really negative experiences with CAMHS ... But to have other professionals working in a very non-judgemental way with you and basically in a way wanting your young person to stay out of trouble and being experienced at having worked with young people that have really gone through the sort of Criminal Justice System, you know, it was kind... and they came at it, the issue from a different problem. It wasn't like, you know "you are to blame, you're a bad mother, you're not putting boundaries down, you're", you know, it wasn't all these things, it wasn't, it was just from a different angle really" (Carol, mother, England).*

## **It changes how parents and children communicate with each other and thus improves their relationship**

*"Well we got loads and loads of handouts which were really useful, the emotions wheel, the brightly coloured wheel with different segments with related emotions, so it has fear, sadness, happiness, hopeful, all different colours, radiating out different rings. It's like an emotional vocabulary. And I had bought before we were given that these little speech bubble magnets and [son] was writing stuff on the fridge and I had started filling them in with Mum is, [son] is, [daughter] is, and I was waiting for someone to put how they felt and they haven't done that, they haven't put how they felt, I mean I was occasionally putting words in but what I did have as well, I had these round button magnets that have got herbs and spices on, so what they are doing is choosing emotions from the herbs and spices; so [son] is chilli at the moment Mum is mint and [daughter] is marjoram. And then I have filled in things I would like to be feeling – optimism, respect, aspirations around the emotions wheel, so sometimes if [son] is angry he would be nigella which is black, so he is telling himself and telling me and I think that's really good, that's one of the things .. and I have laminated it so he can't tear it up" (Amy, mother, England).*

*"Returning to the group to report how you had managed that week really helped you let go of everything. Being given a pat on the back and the encouragement to keep going was also important" (Jane, mother, England).*

*"Well I think, I think... I mean actually, probably the main one is actually that because of the, not strategy but in terms of a thought process so you can come to get very, very fearful of doing or saying anything and that can't be right when it's your home ... And that and I think and you know, there are still times where I will decide that tonight's not the night but that kind of just walking on egg shells, I mean it's been a long process but I don't feel quite the same now, you know, I think I can have a conversation with my son and say, you know, you're not going to like hearing this ... he is doing all of this kind of throwing toys out of his pram to sort of like divert you off what it is that you want done and just kind of like well just stick with what it is that you want done and don't get diverted by this noise" (Elaine, mother, England).*

With Break4Change it is possible for a parent to attend on her own or with her partner, husband. In this sample Beth attended along with her husband (although he missed a few sessions due to work issues) and Pat and Peter (adoptive parents) attended together as did Carol and her husband.

*"I think since Break4Change and the second one with my husband coming as well, we all know now I don't walk around on eggshells as much as I used to and have done for years. My husband in the last few months is now not, not locking us in the room at night, I know that if there is a major incident again it will be horrendous but [son's name] might leave, have to leave home, that I don't have to put up with him" (Carol, mother, England).*

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## Practical strategies to respond in non-violent ways are demonstrated, tried out and reflected upon. Participants leave the programme with strategies and new ways of working with each other to ensure a non-abusive and non-violent future

*"You know, and I thought in many ways that, you know, the information presented and the way that the course was done was very good and I would also say that, you know, the group that I was in, there were quite a lot of people like me who had very unhelpful partners in the background that they were... So you're not just, you're not battling, you're not battling the child, you know, well you are but you're actually battling someone else, you know, so it wasn't everybody but I would say probably sort of three quarters, you know, which makes it, you know, so... So whatever strategies and I still hold on to some of the strategies that were, you know, that were taught and actually just, you know, have tried to hold on to some things but I still think actually, you know, it's difficult, as I say, I'm four years on and there's still things that are difficult" (Elaine, mother, England).*

*"Oh I think there was just lots of really sensible, really sensible advice and things that would come to me while I was in a difficult situation of, you know, of not retaliating because I do that and... Not, you know, taking charge and not allowing it to escalate and walking away, it's not always so easy, but you know trying to....I'm not doing this now, you know, when you've calmed down we can talk. So there were sort of little things, little whispers that I'd sort of get of how, how to sort of manage better which I found really useful" (Beth, mother, England).*

Not all parents' children attended the programme: Amy and Beth both wanted their son and daughter to attend but neither agreed to do so. The father of Amy's son disagreed with the son attending the programme and his negativity seems to have affected the son who only attended the first session. In Beth's case her daughter refused despite being visited by one male facilitator and telephoned by a second female facilitator. "...yeah, she didn't want to come basically, nothing to do with her" (Beth, mother, England).

It encourages listening as well as better communication. Film is used to create a 'conversation' between the parent and the young person. They are both able to ask and answer questions from each other in a safe space.

The parents and young people are asked what they wanted to tell their mother/father worked extremely well for the majority of participants but there were a minority who found it difficult such as Carol below, however, the benefits at the end of the programme were clear.

*"One of the things that really worked for us was the Video Link. Parents were asked some questions and the answers were videoed and given to the kids to watch. Then the kids made a video to respond to their own parent. Being able to do this without being face to face, not being in the same room helped a lot. Also having the time and space in the session to watch the videos and replay it and really think about and talk about it. This uncovered hidden issues going on for the child" (Jane, mother, England).*

*"And also the DVD that they do is amazing because you get to during the course of the programme you watch, you watch and listen to what has been recorded of the young people, what the young people have said, and in turn with you they see a video of what you've said, and that was really insightful, not just with my own child...Yes, yes...but listening to what the other young people had said was amazingly insightful when you knew they must have their problems or else they wouldn't be on the programme in the first place, and it really forced the young people to look at their behaviour" (Deborah, foster mother, England).*

*"Yeah, and the other good thing about Break4Change was that they split you into parents and children and then they made these videos which was really clever. Oh yeah [laughs]. And so what they do is they get the parents individually to talk to the camera about their child and what they think about their child, what they think about their behaviour and, you know, it's heart-breaking, this woman would say, "I love my child, you know, but he does this that and the other," and then they'd have the kids saying, "God, I'm sick to death of my parents, they do this, they nag me to death, they do this that and the other but I love them really." And they go and do that and then they swap the videos around and the parents would be watching these kids saying, "God my parents nag me to bits and they do this and they do that and I hate them for this and I hate them, but I love them really," and then they get the parents, you know, and the kids will watch the parent videos doing the same thing. And it really helped understanding, yeah. And it really did help.*

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So you found that was a really important part of that? Yeah, yeah. Yeah, and I think it worked for the kids as well because... I think it did, they realised what they were doing, it's like holding a mirror up isn't it and it really helped them to understand. Yeah. And perhaps you would say things that maybe you wouldn't be able to say as easily face-to-face..." (Pat and Peter, adoptive parents, England).

### **Creative processes, such as graffiti, lyric writing, artwork and music editing, are used by the young people to explore the issues they are dealing with**

"When I first came here we all just kind of introduced ourselves, just saying who we were, what sort of background we came from ... this and that just trying to get to know each other and that was kind of the first I guess two weeks I guess because it was like every week we'd come here so it was like the first two weeks it was kind of getting to know each other and after that we started doing activities so I can't remember, one of the first activities we did was graffiti . So quite a few graffiti artists and the group I think who already did graffiti anyway and they'd get like people who were professional graffiti artists come down and do us you know do little workshops and stuff and that was yea that was pretty cool and that happened the first two months I guess was graffiti and after graffiti we went onto rapping and sort of like the whole music side of it. At first I wasn't really into rapping at all said I didn't really want to do this but I thought you know I'd give it a go and it was actually quite fun to make our own music and rap and do you know talk and stuff yea" (Jacob, young man, England).

"Well I personally I, I listen to music that like, like really loud music to help calm myself and that kind of helped and I found that the art thing they did was helpful as well for creativity and trying to put that into us ... as well. So what sort of things did you do? We did drawings and one time we had like this massive sheet across the floor and you just draw on it and I was like I found it quite helpful because I was still quite shy and I don't really talk to people like face to face that much" (Thomas, Young Man, England).

### **The parent/carer and young person take away lasting memories of their hard work together, including a DVD of the filming**

"No. Didn't enjoy the filming thing very much. Ah okay. Say a bit more about that then, what...? I just, with sort of, I did my, every time the camera was, you know, I just couldn't talk, I just closed up really and, but...Did you feel that was just a personal thing or...? Yeah. But to see, especially the other young people and the comments they made that was really powerful and to see the end, the message at the end, you know, it was [good] .." (Carol, mother, England)

### **Improvements to the programme**

"What was least helpful about the programme? There wasn't anything, everything was helpful, there wasn't anything that was least helpful. Nothing, there wasn't anything that wasn't helpful" (Deborah, foster mother, England).

"I do just remember thinking that it was... I mean, you know, I have to, again, I have to do quite a lot of training, presenting myself so I'm quite sort of... You know, I could... You're aware of it? Yeah, I could be aware enough to sort of think, hmm, actually I wouldn't have done it like that, I'd have done it like this, you know, but I don't actually remember thinking a lot of that, I think on the whole I thought it was pretty sound, there might have been the odd day, I'm just trying to think back, where you know, the two hours wasn't quite full or, you know, something like that but that happened..." (Elaine, mother, England)

"The programme was offered to the young boy and his parents but I think in the future it should be offered to foster carers and children in placement because it's equally as important for us to manage violent behaviour appropriately together, where you tend to find within the, within the fostering framework the work is always done separately, foster carers go off and they do all their training and then the child might attend CAMHS or something like that, there's very little offered together and this programme offered it together and I think that was invaluable, so I think in the future it would be fantastic if it could be offered to a wider spectrum of any parent, whether it be foster parent or birth parent, who are experiencing violent children" (Deborah, foster mother, England).

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*"Well one session, we had one session where um as I said we sometimes brought our chaos in and two of the young people left the session, er, before the rest of us got here so [facilitator] was supporting those parents and the rest of us came in and met with the other facilitators, and the young people had been found and brought back, and the parents whose young people had disappeared and come back were obviously feeling anxious and upset, so we then went off to film and I found that really difficult I was really concerned for those parents, and then we went in to be filmed and I was trying to think about this and they probably wanted time to settle because their emotions were high. And that session felt chaotic. And it wasn't until the next week that we found out what happened and that the young people were OK" (Carol, mother, England).*

## **Life after intervention**

***"How has life been since the programme ended? She goes to school and that is very good" (Maya, mother, Sweden).***

*"How has life been since the programme ended, have things been different? Yes, it has been much better. I have used the strategy to choose the war and think of a good relationship" (Lucas, father, Sweden).*

*"Very much better the programme really built my confidence. His schooling has not been easy but is sorted out now. He has just got his NVQ Level 1 Catering and has the chance to do GCSEs now. His father was not supporting him at all and is at arms' length because that was an issue. We moved house and have more space – we have our own rooms now the space was very cramped before. My confidence and self-esteem is massively increased. He still has a tantrum from time to time now but I use the things learned and can deal with it much better. We have got back to being cuddly again and I spend more time in boosting his ego and celebrate his achievements" (Jane, mother, England).*

*"We've not had the police round. We haven't, I think when we were still here we had a death threat towards [husband], that's all calmed down, there hasn't been, things have been a lot calmer ... So how do you see your future now? Is it different from...? Yeah, in that I won't put up, I won't, you know, I think [son] is not going to be leaving home any time soon if, unless there's any outbursts. And we, the dog has brought us all together as a family actually" (Carol, mother, England).*

*"How has life been since the programme ended, have things been different? The communication has been better. He put his laundry in the bathroom. It hasn't been any change with the computer. I must have much more support if I shall do that, for example turn it off. I don't know what can happen if I do that. Did you get support after the programme from the agency that referred you to B4C? Yes, but if I shall do bigger changes about the school and the computer I need more support. Someone must tell him that he must break his behaviour. How do you see your future? I think when he is 18-19 year, I think he will do what he want, to work with computers. I think he can do it, he is very good. I just hope that the years will go fast" (Elsa, adoptive mother, Sweden).*

## **What more is needed?**

*"A worker that could work with the family once a month that would be helpful – someone to follow up after the programme from time to time. Also more one to one sessions for the child afterwards would be very helpful too. A lot of these kids don't have a good male role model and they end up breaking the law – boys particularly get into this" (Jane, mother, England).*

*"The thing that I really feel incredibly disappointed about is that I wish, in terms of ongoing support, is that I've emailed school 3 times in the last to say I'm still experiencing difficulties at home and I'm still experiencing difficulties around school, so the flashpoints that we have are attending and homework so I would really like school to communicate with me. In fact they phoned me one morning Thursday last week because [son's name] had a detention, and I had phoned and left a message and said if that was about, [son] told me he had sworn at somebody and he was in trouble for swearing, and in fact he hadn't sworn at somebody he had posted a picture of a girl that he had taken that she had not given him permission to post and he had posted it. So we had a conversation about that so I was glad in a way that it wasn't language or aggression on the other hand I didn't like what it was. I really do appreciate that for his school it has really been very difficult because they have one parent with one set of parenting values and another with another, and they have been caught up in conflict about that, so I appreciate that. But at the same time they need to work with both of us to make sure [son] gets into school" (Amy, mother, England).*

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*"No, I think, I think Break4Change is an amazing project, I think the workers on it are the right people for the job because you can have a really good project and actually have the wrong people facilitating it, in my opinion the people that facilitate this both for the children, or young people, and for the parents are definitely the right people, I think there's a good balance, I think the whole video, I don't know who came up with the concept of all this but it just works, it's for us as parents to recognise how our behaviour impacts on our children, and for the children to realise how their behaviour impacts on their parents and siblings, it's just a really good idea and clearly works, but again I think as is everything, you need more because these children tend to be quite damaged, they're damaged, they're not, they don't easily trust people, and in those few short weeks they build up relationships here which I think can be really expanded on like we said before that, the workers going into school, perhaps instead of it being finished come back in three months, let's see where everyone is in three months, or six months, or twelve months, and actually look back and what did we learn and what did we actually keep to, did we go away and do any of this or not you know, because some people I'm sure walked away and never thought about it again, others would have implemented it on a daily you know, so I think to carry it on, to, because the behaviour just doesn't go away in the six, eight weeks of the course, so if you really want to impact on these children's behaviour then you've got to be in for the long haul really, and that's not cheap" (Deborah, foster mother, England).*

## 5.2 Gender and CPV

A key element of the RCPV approach was to highlight how this often hidden and stigmatised violence is experienced in families as well as to look at how CPV fits within the context of the Convention on preventing and combating violence against women and domestic violence (Istanbul Convention)

[http://www.coe.int/t/dghl/standardsetting/convention-violence/about\\_en.asp](http://www.coe.int/t/dghl/standardsetting/convention-violence/about_en.asp). It was deemed important to try to understand how gendered dynamics and power relations impact on the problem as well as whether and how these are responded to by practitioners. To what extent are current interventions taking account of gender and relating their work to the personal and contextual situations of each individual with different family structures.

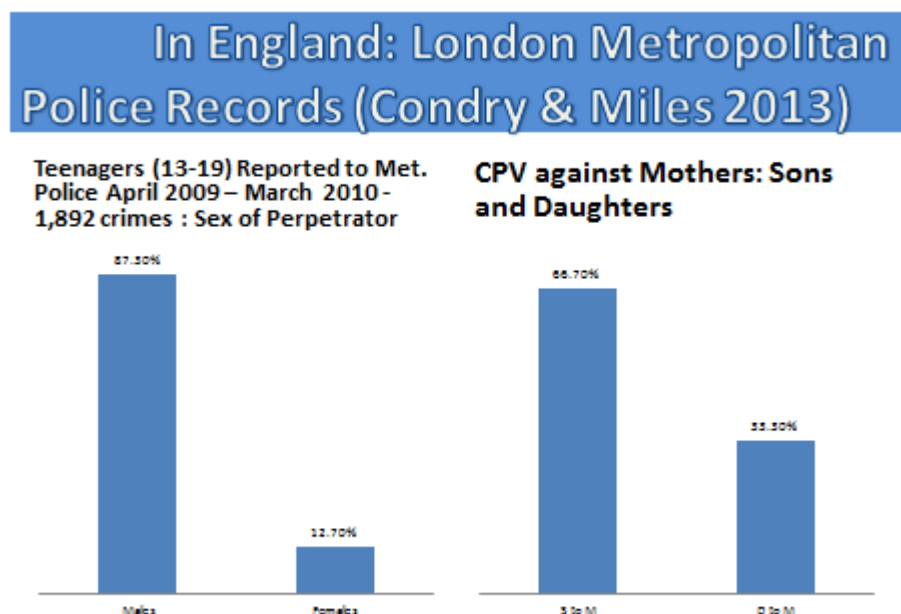
The United Nations defines violence against women as "any act of gender-based violence that is directed at a woman because she is a woman or acts of violence which are suffered disproportionately by women." This includes physical, sexual and psychological/emotional violence, economic abuse and sexual exploitation. VAWG can take place at home, work or in public places such as on the street or public transport (United Nations, 2006, Secretary General's Report on Violence against women, Para 28 and 104).

Increasingly research is beginning to offer a global overview of the extent of violence against women and most recently also against girls, often referred to in shorthand as VAWG. In all countries of the world women and girls are subjected to different forms of violence inside and outside the home. The EU Agency for Fundamental Rights survey (2013) found almost 1/3 of all women in the EU have experienced physical or sexual violence since 15 – and young women as a group are particularly vulnerable to victimisation. One in five women in the EU has suffered physical violence at least once in her life, and one in 10 has suffered sexual violence. An estimated 500,000 women and girls in the EU alone have suffered from female genital mutilation. Such an approach enables us to pull together the many different forms of violence perpetrated against women and girls and in so doing we see that there are different perpetrators of such violence – whilst IPV from male partners seems to be the most prevalent, violence is also perpetrated by parents, children and other family members. Some forms of violence are perpetrated by organised gangs on a global scale and some are perpetrated by states, whether directly or indirectly through failure to act in cases of VAWG. When we turn to examine child to parent violence (CPV), however, we need to ask ourselves to what extent is the VAWG approach a useful one.

Taking a VAWG approach can be useful as it enables us to address the root causes of gender based violence and also forms an important part of the context of CPV which needs addressing when considering how best to provide help and support. The weight of evidence from the statistical data on physical violence and property damage carried out by teenagers reveals that it is mainly mothers who experience CPV and mainly sons who use physical violence and property damage:

*"87% of parent victims in our study were mothers – so it is a hidden form of violence against women that people don't think about" (Condry and Miles 2013, 1)*

**Figure 7. Gender of Perpetrator and Victim of CPV (adapted from Condry and Miles 2013)**



Clearly CPV is gendered in terms of who instigates the violence and who is mainly victimised as revealed in the London Metropolitan police data represented above (Condry and Miles 2013) but this does not tell the full story since there may be lower levels of reporting of CPV against fathers and, as said earlier, daughters can also be violent to their mothers and fathers can also be victims of CPV from sons and daughters (although current findings show this as happening to a smaller degree). What is evident is the complex gendered power relations that frequently characterise CPV which are similar to those in IPV: for example, in their observations of restorative justice conferences, Daly and Nancarrow (2009) found that in many ways (e.g. tactics of control, its cyclical nature) son-to-mother abuse mirrors the dynamics involved in adult male-to-female domestic violence within the home. However, RCPV partners are clear on the importance of resisting the adoption of simplistic binary thinking around girls/women as victims and boys/men as perpetrators of violence and whilst there are commonalities of experience between IPV and CPV there are also important distinctions to be made.

Nevertheless, gender is an important sensitising concept because of the impact of gendered thinking and expectations on practitioners' responses to the disclosure of CPV. Gendered norms impact on at least four areas of CPV: firstly, economic and social inequalities between women and men; secondly, differing social expectations of girls, boys, women, men as well as transgender people; thirdly gendered power dynamics in the family and fourthly the ways in which the instigation and experience of violence and abuse are gendered. All of these aspects of gender in relation to CPV have not previously been studied and can impact on individuals' and organisations' responses to the disclosure of CPV. The RCPV partners developed workshops on gender and CPV to look at the stereotypes and gendered expectations practitioners hold to a greater or lesser degree when working with families. Two workshops were run in Brighton & Hove and one in Ireland as part of the RCPV First International Project Conference in Galway.

These three workshops looked at how the abuse and violence that is used by young boys and young girls against parents and carers may be gendered. This was done by exploring how gender is perceived in different societies and then how practitioners respond to the challenges raised by gender dynamics when working with CPV (see report of WS4 for detail of the findings from these workshops).

The findings of the qualitative interviews in England and Sweden and the gender workshops with practitioners in England and Ireland chime with the limited existing statistical data on physical violence and property damage found by Condry and Miles (2013) that it is mainly mothers who experience CPV and mainly sons who use physical violence. However, practitioners told us this does not reveal the full story of CPV, since daughters can also be violent to their mothers and fathers are also victimised by sons and daughters although to a lesser degree.

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The issue is further complicated by similarities between the gendered power relations that characterise intimate partner violence and CPV. However, whilst there are similarities there are also important distinctions to be made.

A range of issues around motherhood and mother blaming emerged as important. Some practitioners told us that services tend to govern families through motherhood rather than fatherhood. A mother is expected to know that her child 'has had measles' whereas workers do not expect fathers to know or understand such health issues. The interviews with parents in England and Sweden seem to indicate also that the impact of CPV may be greater on mothers but further research is needed to substantiate this:

"I am not afraid of him. I am still stronger than him and he cannot scare me. It has been worse for my wife. She has been on sick leave because of the stress she has felt. Of course it has distressed me, I have been and I am worried and it has isolated us. We cannot go away from home on a holiday for example." (Lucas, father, Sweden).

There is without doubt work to be done in educating professionals in terms of responding to CPV but also around gender dynamics in families since questions arise around these and practitioners may be unclear about how best to explore and address these concerns.

Previous experience of adult domestic violence emerged as one significant route into CPV for some young people and clearly since adult DV is mainly male to female this can have a gendered impact:

"There is a strong gendered element to CPV, so for boys in particular where there has been domestic violence ... You know a lot of the language is misogynistic and undermining of mothers you know. I am not saying that fathers are not targeted ... but I think on a broader level mothers are targeted by grotesque language you know, extremely hurtful and you know perhaps there's an issue around recognising the fact that that is very injurious" (Mark, Consultant Clinical Psychologist).

"I worry such a lot about his development and kind of identity and how he feels about girls and women, you know, some of his behaviour towards his peers and women and girls horrifies me to be honest, really horrifies me" (Amy, mother, England).

Women who had previously experienced domestic violence who then found their son or daughter being violent and abusive towards them this was incredibly difficult to deal with since abuse had been a normalised experience and it could take a long time for a woman to truly accept that abusing her was wrong:

*"I think the thing I've learned is that it is OK for me to be treated really badly. I, I, I have been told that I am not a person and I've, you know, my work self I wouldn't tolerate that kind of abuse in any way at all, I'd do something about it, but in my home life, I have until recently accepted that this is just what happens to me"* (Amy, mother, England).

RCPV has made a useful start in trying to unpick some of the gendered aspects of CPV however we are aware that further in-depth research is needed to take this aspect forward.

### 5.3 Defining and Talking About CPV

Parents and children have difficulty first of all acknowledging that CPV is happening in their family and second of all once they realise that help is needed they struggle to gain the support they need with CPV. RCPV found that the reasons for this are (i) there is no policy or co-ordination of this work, (ii) there is little training available for practitioners and (iii) specialised intervention programmes are scarce and not evaluated hence parents do not know where to go for support and if they approach mainstream services currently they are unlikely to receive the help they need.

The film project resource on 'what is CPV' in English illustrates in detail the difficulties in talking about and defining CPV. This film is available on You Tube by searching for The RCPV Project. This film demonstrates how different practitioners talk about CPV and the difficulties parents and children have in talking about this topic as Beth highlights below:

*"No, you couldn't possibly just drop that [CPV] into a normal conversation"* (Beth, mother, England)

It is important to recognise that when parents talk about CPV they very rarely if ever use the terms used by practitioners such as Child to Parent Violence, Adolescent to Parent Violence, Parent Abuse or similar, rather they would talk about 'having problems in the family' or 'not being able to control their child'. This is important as practitioners need to be aware that parent/s may not acknowledge it, may minimise or even deny that violence and abuse is being used by a child or children their family (see Routt and Anderson 2015, 27 and 58).

A useful general question to ask to assess the possibility of and the form of family violence being experienced could be something along the lines of the following: 'do you feel safe at home?'

#### 5.4 How much of a problem is CPV? Why does CPV matter?

As seen in Section 3.3 above research from elsewhere in the world indicates that the problem of CPV affects around 1 in 10 families. The large literature review in the USA carried out by Kennair and Mellor (2007) found it affected between 7 – 18% of families (Kennair and Mellor 2007). In Europe there is very limited data on CPV prevalence and only Spain has published records from their youth justice courts which have revealed that this problem is increasing rapidly. The number of complaints filed by parents against their children increased from 1,627 in 2006 to 5,377 in 2011, an increase of 230% (Ministerio de Justicia 2012 cited in Calvete et al 2013). CPV is a serious form of violence in the family with implications for the Violence against Women and Girls agenda.

If CPV continues to be hidden, the human and financial costs to society are high:

*"That's the other thing he still does now, so if he is upset he will barricade me into a room, he will physically stand between me and the exit and erm I haven't said this, I am a clinical psychologist, I work with people who are distressed, angry, upset and aggressive, I know what to do, I have got the theory I'm very good at the practice at work, I am less good at the practice at home! So when there is emotion involved, and when there is love and attachment, it is very, very, very difficult and very different [voice deepens over very very very]. And whereas I would do something completely safe, to keep both of us safe at work, I don't have the capacity to think in quite the same way when it is somebody that you love [breathes out heavily]" (Amy, mother, England).*

Children who learn to use violence as a strategy are more likely to use violence in future and hence the financial impact on the criminal justice sector, health services, domestic violence, housing and other services will be serious as evidenced for example in the links between CPV and other violence in the public sphere (Parentline Plus 2008, 2010).

#### Estimate of savings on four B4C programmes calculated over a 6 month period

### Financial Costs & Savings

#### Estimate of savings on four B4C programmes calculated over a 6 month period

	Euros
Savings to Criminal Justice System	79,305
Savings to Health Services	15,245
Savings to Children and Families Services Children in Care, Foster Care, Social Work, School	97,691
Savings to Housing and Homeless Services	3,121
Total Saving	195,362

Projected saving per programme      Euros 48,840  
Cost per family per programme      Euros 2,297

Source of exchange: [http://ec.europa.eu/budget/contracts\\_grants/info\\_contracts/infoeuro/infoeuro\\_en.cfm](http://ec.europa.eu/budget/contracts_grants/info_contracts/infoeuro/infoeuro_en.cfm) as at 17/1/2015

Source of exchange: [http://ec.europa.eu/budget/contracts\\_grants/info\\_contracts/infoeuro/infoeuro\\_en.cfm](http://ec.europa.eu/budget/contracts_grants/info_contracts/infoeuro/infoeuro_en.cfm) as at 17/1/2015

## 5.5 Current Obstacles to Tackling CPV

There are clearly a range of obstacles which make it difficult to tackle CPV effectively across Europe at the current time, some of these are:

- Lack of knowledge and understanding of CPV
- “I just think they wouldn't really understand or, you know, some people that did know, you know, I had lots of advice like “he needs a good hiding” and, you know, and it's just not my style of parenting” (Carol, mother, England).
- Lack of monitoring and data capture of CPV prevalence statistics
- Practitioners' variable skills base and lack of knowledge of CPV in mainstream services
- Precarious funding in a time of austerity and service cuts
- Lack of central direction (locally, regionally, nationally and EU wide)

Nevertheless the RCPV project has made a good start in raising awareness of CPV, in training practitioners and in working with other important organisations and stakeholders in each country to get the ball rolling to put CPV on the EU agenda as well as the agenda of partner countries.

## 6. Conclusions and Recommendations

The report of the *Responding to Child to Parent Violence (RCPV)* project is the product of two years' work by a committed and knowledgeable group of individuals drawn from academia, municipalities and NGOs. The task was not straightforward; the study was on violence by children towards their parents a challenging notion for most people, action research methodology raises its own challenges and the project was working in and across five diverse European countries: Spain, Bulgaria, England, Ireland and Sweden. However, it was possible to achieve huge things with commitment and willpower and as the project resources reveal RCPV has done this.

### 6.1 Main Findings from the RCPV Project

#### Models of Intervention

- General parenting programmes are viewed as inappropriate for addressing CPV in most cases and professionals told us that specialised CPV intervention programmes were essential in order to directly tackle the violence and abuse being instigated/experienced
- The complexity of Child to Parent Violence requires a holistic person-centred approach that assesses safety and risk alongside the key abusive behaviours in order to be proactive in ensuring safeguarding issues are addressed. Significant positive changes associated with the B4C intervention were found in items from all the following dimensions: parental role, family structure & dynamic, emotional link, violent behaviour frequency and psychological symptoms. All of these indicated a significant positive change associated with the intervention. This has provided an evidence based evaluation of the effectiveness of B4C and this evidence will be subsequently built on through the ongoing evaluation of the B4C programme by the University of Valencia.
- NVR had not been evaluated in any of the RCPV partner countries and so it was disappointing for the project team that in the event we were unable to achieve this using the RCPV evaluation framework. NVR has, however, been evaluated in studies elsewhere (see for example Weinblatt and Omer 2008, Ollefs and Schlippe 2006).
- The RCPV project team has worked with a range of specialised CPV interventions in the partner countries and we would recommend that in future work on CPV the EU and national and local researchers work with the following models which follow principles validated by this research team :
- In England and Wales: Break4Change and Non Violent Resistance, Furthermore our research highlighted that the Respect Young People's Programme (RYPP) currently being evaluated by the Social Research Unit follows similar principles as does YUVA (Domestic Violence Intervention Project).
- In Republic of Ireland: Non Violent Resistance and Power2Change.

- In Spain: Recurra GINSO, Amalgama7 and the Amigo Foundation.
- In Sweden: Break4Change Sweden Parents' Programme.

## Policy and Practice

- CPV involves teenage and younger girls and boys who use physical, psychological, emotional, financial and (in a small number of cases) sexual abuse over time to the extent that parents/carers live in fear of their child.
- Whilst both parents can be targets, this study shows that women are more likely to experience this form of violence and abuse. Similarly whilst girls and boys use CPV, boys are more likely to use physical violence. It is, therefore, important that practitioners address the differing impacts of gender on the use and experience of CPV
- CPV is a concept which needs to be better understood and more widely discussed across Europe in order to break the silence surrounding it.
- There is an absence of clear policy and guidance; the topic of CPV is either absent or acknowledged only to a limited degree in law, policies and action plans across Europe.
- Practitioners in mainstream services reveal varying levels of confidence and competence around CPV.
- Training for professionals on CPV is offered in some countries but usually offered on a one-off basis and it is not delivered in a systematic and rolling programme.
- The extent to which the role of gender is recognised in prevention and intervention programmes on CPV varies across the countries studied.
- Parents/carers and children currently have difficulty gaining the support they need with CPV as (i) there is no policy or co-ordination of this work, (ii) there is little training available for practitioners and (iii) reliable, research-informed methods of intervention are scarce.
- Violent and abusive behaviour by children towards parent/carers can be changed. Practitioners can equip children and parents/carers with strategies and skills to recognise when a situation is escalating and to reduce the potential risk of harm. Nevertheless, parents and children need time to work through complex issues and longer term support may be needed.
- This behaviour needs to be identified and named as CPV by practitioners, parents/carers and children alike. It needs to be discussed honestly and openly in a safe environment with joint aims of improving communication and re-building respectful relationships.
- More research and information on children's perspectives is called for since mental health services for children are under-resourced and the category of CPV is not targeted.

## Parents' Experiences

Being a victim of CPV was associated with:

- Being fearful of your child
- feeling abused and controlled by your child.
- feelings of shame and guilt at behaviour of child.
- feeling misunderstood by others.
- not knowing what to do or who to approach for help.
- severe impacts on parent/s mental and physical health and wellbeing.
- being unable to hold down paid work.
- having a restricted social life.
- becoming isolated over time.

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## Children's Experiences

Instigation of CPV was associated with:

- problems relating to previous experiences of domestic violence in the family and subsequent divorce and separation
- problems in communicating with parents and others and an attenuation of significant relationships resulting in isolation.
- **a range of school related problems: attendance difficulties, school refusal, bullying and being bullied, being placed on special programmes such as ACE, temporary and/or permanent exclusion.**
- In some cases a diagnosis of mental health problems was associated with the instigation of CPV.

### 6.2 What has been achieved by the RCPV project?

The RCPV project has achieved the following:

- **Mapped country contexts and provision for CVP and cross country analysis**
- **Increased awareness of the problems of CPV and of interventions to respond to CPV by hosting three international conferences and participating in regional and local seminars**
- **Evidence that the CPV evaluation framework worked assessing B4C as an effective intervention model**
- **Evidenced that the self-efficacy questionnaires developed during the project are a statistically reliable tool of measurement**
- **Evidenced the positive impact of training delivered by the project to 300+ professionals**
- **Developed new service provision in Åmål, Sweden and in Limerick and in Tuam, Republic of Ireland and the Parentline NVR telephone support service in the Republic of Ireland.**
- **Demonstrated that specialised CPV intervention is effective when key principles are in place**
- **Made an RCPV project film for policy makers and the general public**
- **Filmed training role plays illustrating how practitioners can work on CPV using B4C and NVR**
- **Toolkits and role play films for B4C and NVR in range of languages**

### 6.3 Results of the RCPV Project

RCPV has made an impact in starting to transform perceptions of CPV through developing and disseminating a project film for policy makers and the general public through the RCPV YouTube Channel. Dissemination of findings has also been made through the mass media of television, radio and newspapers as well as social media through the RCPV web site [www.rcpv.eu](http://www.rcpv.eu), RCPV twitter feed @rcpv and the development of a RCPV You Tube Channel which can be accessed via the website.

Dissemination of project findings has been achieved at European and national levels with MEPs and senior policy makers making them aware of the RCPV project findings as a result of which they are now enabled to act and consideration in current VAWG & Child Protection projects underway at the European Commission. This work has also enabled collaboration to facilitate data sharing with the Council of Europe/OIJJ and the European Council for Juvenile Justice, which aims to provide child-friendly justice.

RCPV has contributed to discussions on national responses to CPV as follows: (1) In Bulgaria 50 regional managers and practitioners discussed CPV and future national and local actions, (2) Tusla the Child and Family Agency for the Republic of Ireland has supported the project and is considering incorporating CPV into their policy on domestic violence; additionally, a range of practitioners and services in Ireland are forming practitioner support and training committees to support the development of interventions to respond to child to parent violence (3) In England the project has contributed to discussion of a national information leaflet on CPV which will be published by the Home Office and disseminated by government to fulfil the Violence Against Women and Girls policy in England and Wales, (4) In Sweden partners are in discussion with the National Board of Health and Welfare on CPV, (5) In Spain a new research association called SEVIFIP Sociedad Española para el Estudio de la Violencia Filio-Parental was established in 2014 and partners from Spain and England have contributed to their first national conference <http://www.sevifip.org/>.

The project has demonstrated the potential savings to the public purse of implementing specialised CPV interventions through carrying out a cost-benefit analysis of the Break4Change intervention model as compared with no intervention.

The project has improved knowledge and awareness on CPV in the following ways: (1) How it is currently being responded to by mapping individual country contexts, analysing these on a cross-country basis and identifying gaps in knowledge, legal and policy frameworks and service provision, (2) How CPV is experienced by parents and children and the stigma and shame which prevent families from seeking help and support, (3) How services are currently failing to respond effectively to parents and children due to a lack of awareness, policy and guidelines on CPV, (4) The links between bullying or being bullied at school and CPV in the home, (5) The links with previous experience of domestic violence, (6) Significantly improved the knowledge of CPV of over 300 frontline workers in key sectors – domestic violence, criminal justice, social work and health, (7) Significantly improved practitioner knowledge, skills and confidence in intervening with CPV through the providing training on two specialised models: Break4Change and Non Violent Resistance.

RCPV has provided specialised frameworks and tools for senior staff in addition to the knowledge base above in the following ways: (1) Developed and piloted the first evidence based evaluation framework and tools for CPV which will enable managers to evaluate their work on CPV, (2) Developed self-efficacy questionnaires to assess the knowledge and abilities of their staff on CPV.

RCPV has supported the development and implementation of new service delivery on CPV in Ireland with Non Violent Resistance (Parentline, Youth Drug & Alcohol Drug Misuse Programme, Power2Change - 9 young people [6 male, 3 female] and 9 parents [2 male, 7 female] and in Åmål, Sweden (Break4Change Sweden with Parents 6 parents [2 heterosexual couples, 2 female]). RCPV has implemented the Break4Change intervention model with 25 children and 42 parents representing a total of 31 families who have received specialised intervention work over the period of the RCPV project 2013 – 2015. These services alone have directly benefitted 57 parents and 34 young people.

The project facilitated the sharing of best practice and provided practical resources for practitioners in mainstream and specialised CPV services in the following ways: (1) Toolkits for Break4Change in Bulgarian, Spanish, Swedish and English, (2) Toolkits for Non Violent Resistance in Bulgarian, Spanish and English, (3) Training role play films have been produced and disseminated illustrating how practitioners can work on CPV using Break4Change and Non Violent Resistance which can be used in future training sessions on CPV.

Interviewing children and including them in the films has started to address the lack of attention to the voices of young people on the issue of CPV in the international and European literatures.

Developing and running gender workshops with professionals in Ireland and England alongside interviewing professionals the project started to explore the issues of gender dynamics where CPV is concerned.

## 6.4 Long Term Impact of the RCPV Project

In many countries tolerance of domestic violence has receded and this would be the long-term aim of RCPV also, to ensure that talking about CPV no longer a taboo subject through European/national investment in the training of professionals on CPV. If the European Commission acts to change policy on CPV in EC policy contexts then:

- All countries could be required to collect official national statistics to identify the prevalence of CPV

- Work with the Council of Europe on data sharing and dissemination of research results, information on services etc.
- Young people's perspectives will be researched and disseminated and more funding put into ensuring and enhancing child-friendly justice
- Levels of reporting of CPV will be enhanced as it becomes less of a taboo to talk about CPV.
- Multi-sectoral networks of joined-up CPV and mainstream services could be enabled in all European countries within the next 20 years; these should offer both parents and children varied forms of intervention, such as court-mandated enrolment, short solution-focused interventions, longer term support for parents and young people, groupwork, individual work and residential programmes for children. The emphasis of CPV work will be on early intervention and prevention with a focus shift away from criminalizing young people (except in most serious cases) but addressing the issue of CPV directly.
- The development of CPD training module/s on CPV across all relevant professions.
- In the more medium term CPV will be acknowledged and policy developed as part of the wider domestic violence/VAWG and/or youth justice policy fields. The rate of adoption and who will lead on this work, however, will vary across countries as this research revealed diverse levels of awareness of CPV and differences in which agency/ies were willing to tackle this issue. This process will be more difficult and protracted where patriarchal structures are stronger, depending on the degree to which the family is seen as private and where family problems should be tackled within the family rather than seeking support and help elsewhere.

The RCPV project has already made an impact in transforming perceptions of CPV and we would see a pan-European network of practitioners and researchers developing and taking this work forward in future. We are already linked with the Spanish national network called SEVIFIP and it will be possible to build on this development.

Issues to be addressed further in future research: gendered dynamics, CPV in looked after, fostered and adopted children, bullying at schools and links with CPV.

## 6.5 Sustainability of the Results

The European Commission is considering RCPV findings in connection with current child protection and violence against women projects.

In England RCPV has had input into the development of the 'Information Guide: Adolescent to Parent Violence and Abuse' which was launched by the Home Office in March 2015 and can be found at <https://www.gov.uk/domestic-violence-and-abuse>. As reported in 1.2 above considerable activity has been carried out as part of the project in preparation for mainstreaming work on CPV. It was for this reason that RCPV focused on raising awareness, building professional capacity and producing toolkits and resources which were aligned with existing processes.

The policy film, the filmed role plays and the training materials and toolkits will continue to be widely used with successive groups of parents and children to build healthy relationships and resilience. The tool-kits for front line staff will be accessible via the project web site [www.rcpv.eu](http://www.rcpv.eu) which has been funded for a further 10 years from 2014 – 2024. The web site will continue to be overseen and updated by a partnership between the University of Brighton and Brighton and Hove City Council.

Media interest in covering CPV increased in Britain, Ireland and Spain breaking down barriers to families seeking help and services being available. Having evidence based research and case studies will enable the media to portray CPV more sensitively and in the long term enable more effective approaches to tackling this phenomenon.

In Bulgaria participants in the policy round table in Sofia in October 2014 said they would carry forward this work on CPV in a whole range of ways. Five people have said they will carry out research concentrating on the causes of CPV and the profile of children who instigate CPV. Four people said they would carry this work forward in training by including it in lectures with students' third course on 'Social Pedagogy' and during the qualification of teachers.

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They will also consider conducting the training of specialists on the basis of the translated Manuals disseminated through the project. Fourteen people will take practical actions such as informing specialists they work with about this problem to expand the area of services; three people said they would implement working with groups of parents on CPV; meetings with parents and building up mutual actions; group and individual work with parents and children; using art therapy to help self-expression of children and parents and to include different specialists in this work.

RCPV work has fed into a national organisation in England called Respect which is looking at developing standards for CPV interventions and Respect will continue with this work which will complement the RCPV evaluation framework.

In Ireland Tusla the Child and Family Agency has endorsed the work of RCPV and the Chairperson spoke at the end of project conference to this effect and will be taking forward the work under the auspices of their domestic violence policy.

In Spain a number of programmes for CPV are looking to use the RCPV evaluation framework. The evaluation process will continue to be used by Break4Change and the partnership between BHCC and the University of Valencia will continue.

The College of Policing in England and the Police in Bulgaria are discussing how to embed the work done in the project within policing policy and collaboration between UK/Bulgaria could be extended to other countries in Europe.

A Housing Trust in England is taking forward the learning on CPV from the project to support tenants experiencing this form of domestic violence.

Mainstreaming of CPV services will be carried forward. In England reflecting the success of the Daphne funded project, Brighton & Hove City Council has mainstreamed a requirement to deliver interventions around Child to Parent Violence, through a direct investment and an in-kind commitment of staff resource, as part of its commissioning strategy for specialist domestic and sexual violence and abuse services from 2015-2018.

Presentations from the two RCPV conferences are available to download from the project web site and a range of academic papers will be presented at future conferences and will be published in academic and practice journals and books.

## 6.6 European Dimensions of the RCPV Project

The pan-European approach has been particularly helpful because CPV is a reality across Europe. This project work was fully collaborative between all partners and showed how the issue of CPV was being addressed in 5 different EU countries. It may have different cultural connotations and occur in different family forms but it is there, behind closed doors, in far too many homes and happening in families across Europe.

CPV is the most hidden, misunderstood and stigmatised form of family violence, so it is perhaps no surprise that there is a dearth of information available about its prevalence and impact. This innovative project has achieved much to start breaking down the myths around CPV and has focused on producing resources in a range of languages to enable them to be used in a wide a variety of European countries: Bulgarian, Spanish, Swedish and English. We are aware that other important languages are missing and we would be very happy if funding was made available to translate the policy and role play films and the Break4Change and Non Violent Resistance toolkits into these languages.

One of the deliverables was the development of a standard European Evaluation Framework and practitioners' self-efficacy questionnaire for CPV interventions which can be used by any country in Europe, with the aim of building a European knowledge base of which interventions and training are effective in responding to CPV.

## 6.7 Dissemination

The dissemination plan needed to convey progress to practitioners, funders, politicians, researchers and the general public and has sought to do this through the three strands of its dissemination plan:

1. Using national and international networks to raise awareness and influence policy development to help combat CPV
  2. Demonstrating sustainable good practice activities that can be mainstreamed to combat CPV
  3. Making the products from our workstreams widely available to practitioners and funders.
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## Dissemination Plan

Our dissemination activities respond to each of these strands as shown in the table below:

<b>Raising Awareness &amp; Influencing Policy</b>	<ul style="list-style-type: none"><li>• Round table meetings</li><li>• Meetings with European networks</li><li>• Delivering awareness training</li><li>• RCPV project website</li><li>• Newsletters to stakeholders</li><li>• Social media accounts</li><li>• Distinctive project logo and EU Daphne III logo</li><li>• Local and national media coverage</li><li>• Local and national press coverage</li><li>• Publishing articles on CPV</li></ul>	<b>Demonstrating Sustainable Good Practice</b>	<ul style="list-style-type: none"><li>• Delivering practitioner training in CPV interventions</li><li>• Holding regional seminars for professionals</li><li>• Presenting at national and international conferences</li><li>• Organising national and international conferences</li><li>• Attending conferences, networking and distributing project literature</li><li>• Conducting professional visits to discuss CPV interventions.</li></ul>	<b>Making our Project Products Widely Available</b>	<ul style="list-style-type: none"><li>• Project posters</li><li>• Project achievement leaflets and translated versions</li><li>• Providing research information and guidance on information sources to interested parties</li><li>• Publication of intervention handbooks</li><li>• Production of final project toolkit to be made available on our project website</li><li>• Final project evaluation report to be made available on our project website</li><li>• Possible RCPV feature by BBC2</li></ul>
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## 6.8 Recommendations: What more needs to be done?

It is evident from this report that much more needs to be done!

At national levels:

- There is a need to change understandings and attitudes towards CPV
- A need to raise awareness about CPV and develop more and better understanding of the complex historical family dynamics underlying CPV
- Current services are struggling to meet parents and/or young people's needs and so services need to review and revise how they are currently responding drawing on research e.g. in England Local Authorities should draw on the findings of Condry and Miles (2013) and ensure that monitoring of CPV is put in place to collect base data
- More research is needed especially to elucidate children's perspectives more fully, to research younger children's experiences and perspectives and to support earlier intervention

At E.U. level

- A strong steer on policy development to tackle CPV is called for to ensure CPV is included in child protection, education, domestic violence and child maltreatment prevention policy and action plans.
- Services and organisations need to start collecting and using data on CPV in order to better estimate the prevalence of this serious issue.
- Practitioners have an urgent need for training on CPV across a range of organisations: social care/work, health, education and domestic violence.
- Building on existing multi-sectoral models, a countrywide network of specialised CPV interventions is needed in every European country to enable parents and young people to gain the support they need.

# APPENDICES

## APPENDIX A. Country Reports

### A1 Spain

Compiled by Maite Ferrando - covering time period 1st February 2013 to 12th January 2015.

#### Introduction

Unlike other European countries Spain has a record of working on child to parent violence (CPV) since 1990s. The awareness and/or attention to this specific form of violence were initially led by relevant experts on the youth justice scene. As an example, one of the key professionals on this matter, Javier Urrea (see for instance 1995, 2006), published books and media releases about an increasing phenomenon reported in the Court system, where young boys and girls were being prosecuted because of the damage caused to their parents. Along the same lines, several other authors have disseminated the topic in Spain in the last decades with significant expert and research-led publications on child to parent violence, to the extent that it has become quite an open topic in social and media debates. As a result, there has also been a specific TV show (Hermano Mayor) directly addressing child to parent violence (this is a prime-time reality show ongoing since 2009, with more than 2,000,000 viewers). However, in spite of the awareness and openness over this problem, families and society as a whole are still struggling with the difficulties found in coping with this complex and multi-faceted situation.

There are several definitions of CPV used in the Spanish research and professional context. Among them, the most frequently (and recently) referred are those proposed by Aroca (2010, p.136) "The child-parent violence is where the son/daughter acts intentionally and consciously with the desire to cause harm, injury and/or suffering to their parents, repeatedly over time, and with the immediate aim of gaining power, control and dominance over their victims to get what you want, through the psychological, economic and/or physical" and Perez and Pereira (2006, p.9): "Repeated behaviours of physical violence (assault, hitting, shoving, throwing objects), verbal (repeated insults, threats) or nonverbal (gestures threatening, breaking objects dear) aimed at parents or adults who take care of them", respectively. However, the already mentioned definition proposed by Cottrell (2001), lately reviewed by Cottrell and Monk (2004): "Set of verbal violence, emotional and / or physical children of repeatedly committed against one or against the two parents" are also of common use in the Spain research and practice context.

#### Political, Social and Cultural Contexts

Spain has a population close to 47 million, which is mainly represented by Spaniards (close to 90%). There are minority groups including a number of descendants of populations from former colonies, especially Latin America and North Africa, smaller numbers of immigrants from several Sub-Saharan countries have recently been settling in Spain, few Asian immigrants, most of whom are of Middle Eastern, South Asian and Chinese origin. The single largest group of immigrants are European; represented by large numbers of British, German, French and others. In addition, estimation of gitanos (Roma) population fluctuate around 700,000.

Concerning the religious context, Roman Catholicism has long been the main religion of Spain, and although it no longer has official status by law, it has a relevant influence in education settings. Culturally, Spain is a Western country, with many Mediterranean and Latin influences on many aspects of life, from art and architecture to cuisine and music.

Spain's capitalist mixed economy is the 14th largest worldwide and the 5th largest in the European Union, as well as the Eurozone's 4th largest. However, the crisis suffered in the last 5 years has had an enormously negative impact on employment, economic and education opportunities and social coverage, with direct consequences in the family environment.

Finally, the Spanish Constitution of 1978, in its second article, recognises historic entities and regions (Basques, Catalans, Galicians, Cantabrians, Castilians, Andalusians, etc.), which implies distinct regional Administrations in charge of the provision of welfare resources and services, such as the Health or the Social systems. This also has an impact on the different approaches taken by regions when coping with CPV.

## Statistics on Family Violence

According to the National Institute of Statistics, in 2013, the number of victims of gender violence with protection measures reported was 27,122, which is 6.9% less than in 2012; this figure represents 132, 6 per 100.000 women. Analysing the age, almost half of the victims (49.9%) were between 25 and 39 years old, with an average of age of 36.2. Attending to the perpetrator of such violence, 27,017 men were prosecuted in 2013, 7.0% less than in the previous year. From them, 50.1% were between 30 and 44 years old, with an average age of 39.2.

When referring to domestic violence (excepting gender violence), 7,060 victims with legal protection measures taken were reported in 2013, 3.3% less than in 2012. From them, 62.7% were women and 37.3% men. A total of 194 were reported to be both victims and perpetrator at the same time.

Domestic violence was represented equally in all the ages, with a slightly larger incidence in the youngest group (under 18 years old). The average age of the victims was 43.4 years old.

## Statistics on Child to Parent Violence

According to the INE 2012 (National Statistics on legal/justice matters) a total of 3,003 parents were victims of violence (court report only) caused by their daughter/son (903 men and 2,100 women). Communities with higher percentages are Andalusia (740 cases), Valencia Region (745) and Cataluña (742).

Recent data from the Fiscalía General del Estado, registered 4,659 cases concerning prosecuted adolescents because of violent behaviour against their parents in 2013

([https://www.fiscal.es/fiscal/PA\\_WebApp\\_SGNTJ\\_NFIS/descarga/MEMFIS14.pdf?idFile=dd3ff8fc-d0c5-472e-84d2-231be24bc4b2](https://www.fiscal.es/fiscal/PA_WebApp_SGNTJ_NFIS/descarga/MEMFIS14.pdf?idFile=dd3ff8fc-d0c5-472e-84d2-231be24bc4b2)), which means 16% of those court procedures involved those under 18 years old.

Unfortunately, although some prevalence studies have tried to provide CPV data in the general population, there is no consensus on the Spanish prevalence of this phenomenon. The different criteria and/or definitions used to consider the existence of CPV is a key element to provide more accurate data on the dimension of CPV.

## Legislation and Policies

The Organic Law 5/2000 of January 12 (LORPM), is the regulating criminal law about the responsibility of children who are between the ages 14 and 18, which include different in two age groups, from 14 to 16 correspond the first one, and 17-18 years, respectively, the latter having an aggravating factor in violent crime specific, intimidation or serious danger to others.

The Organic Law 8/2006 (LORPM) substantially modifies the previously cited, and specifically includes violence-related measures that, up to date did not exist.

Among the measures to be taken as part of the legal process:

- **Precautionary/protection measures:** The risk of attacks and violence increase as a result of the legal complaint of the parents is very high, so the initial protective measures are essential. At this concern, these measures will be selected to respond to the needs of protection of victims and pursuing the interests of the child (probation, withdrawal, interim placement or living with family or educational group).
- **Restorative Justice:** In mild forms of abuse and non-physical violence, and when a controlled and calm environment is possible, an alternative measure could be taken. This option requires the child accepts his/her commitments and the termination of violence or intimidation behaviour.
- **Taxable Measures:** the basis of the measures that are applied to children who have committed crimes of child-parent violence, is educational, in terms of learning the respect for the legal rights of their relatives/parents and the total elimination of violence and intimidation as a way to resolve conflicts.
- **The measures imposed are personalized** in all cases through an individualized program, taking into account personal circumstances and family variables. In most cases, children accused of violent behaviour towards their parents had no other criminal cases outside the family, so it is recommendable to avoid custodial measures, providing them with their freedom but with a complementary intervention aimed at restoration of the normal family relationships.

- Execution of the measures: The process must be inherently dynamic, always bearing in mind the evolution of the child during the execution of the measure, based on the principle of flexibility, in order to modify, shorten or cancel. The answer should be from the court system must be focused on instructional leadership, allowing the restoration of family unity and avoiding the purely punitive.

## New procedures

Because of the relevance of child to parent violence cases, the State Chief prosecutor and the Regional Chief Prosecutors sent a specific document in 2010 (Circular 1/2010), which established the following requirements in order to effectively address the problems arising from crimes committed by children having violent behaviour towards their relatives:

- Differentiation of assumptions: to distinguish those cases in which the child engages in criminal behaviour from those that, although including behavioural problems at risk, are not susceptible to criminalization.
- Principle of speed: taking into account the characteristics of the recipients, the process should be quick and brief. Links between the crime/criminal behaviour and the legal consequence should be reinforced, following the learning/education principle; otherwise the legal punishment could lead to useless or even counterproductive interventions. It is important to keep in mind that usually the legal complaint is preceded by a long process of family suffering and needs an immediate response.

If the complaint, for example, is a serious matter the Juvenile court can immediately order the child's arrest, with the consequent protective-precautionary measure. From this moment, as soon as the technical team writes the report about the child's situation the trial will take place, all this within one month and half (T. Gisbert, personal interview, April 24, 2013)

## Referral pathways when CPV is reported

In most cases the procedure starts with the complaint, usually by parents, before the State Lawyer acts (judicial/legal pathway); other representative cases start with police interventions, neighbours who hear screaming, hitting, slamming, or the family calling the police when the child is out of control, breaking windows and doors, hitting, kicks, etc, then it is the police who send an official report to the State Lawyer. Very few cases start with injuries reported by a doctor or nurse, because when a person has a wound that has been inflicted by another, then it is required to make a legal report, and because of that report, if the individual responsible for the wound is a child, she/he can be prosecuted (T. Gisbert, personal interview, April 24, 2013).

In addition to the regulation, there is a non-legal agency, established by the above mentioned law called the technical team consisting of psychologists and social workers, depending on the Children Public Prosecutor's Office, in charge of providing expert advice to their own office and the Juvenile/Children's Court. Its functions are defined in Article 27 of the LORPM, consisting mainly in writing a report on the child's psychosocial situation and different options they consider appropriate for the intervention, based on each individual case, analysing not only the child but also the family, environment, etc. The Law also gives them the possibility of blocking the court procedure, through the intervention of the technical team by proposing a repair activity or conciliation and mediating between the child and the victim or injured; mediation is understood as "a form of intervention within a conflict, with a method which is basically to facilitate communication between the parties involved allowing for the adoption of an agreement between them" (Ruiz and Navarro, 2004, p. 635).

To carry out these measures, Article 19 of the LORPM establishes two requirements for the prosecutor to authorize the mediation:

- That the fact/behaviour made by the child is not considered a serious crime that involves violence or intimidation.
- That the child recognizes the damage caused, apologize to the victim and he/she accepts such apologies, assuming also the commitment to repair the damage caused to the victim or to meet specific educational/interventional activity by the technical team's report.

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When there is reasonable suspicion of the existence of violence (before legal procedures are taken), the Public/State prosecutor can ask the technical team for a report on the benefits of adopting a precautionary measure, as shown in the cases provided in Article 28, paragraph 1 of LORPM. "The Public/state prosecutor, when there are reasonable grounds for the commission of a crime or the risk of escape or obstruction of the course of justice by the child, may ask the juvenile/child court, at any time, for precautionary measures for the defence and custody of the child. These measures may include placement in a specialized centre (in the appropriate regime), on probation or in cohabitation with another person, family or educational group. The judge must issue the resolution on the proposal of precautionary measures with special consideration to the child's interest, but having analysed the case the child's lawyer, as well as the technical team and the representation of the public entity responsible for the protection of the child, must report especially on the existing options for the precautionary measures".

## **Participation in previous Daphne Projects**

In Spain, Child to Parent Violence has been already part of a Daphne project (REF006-1/264/WY Family violence – Minors who assault their parents) coordinated by ALTEA (Spain) and with several Eu partners: PARITÄTISCHES BILDUNGSWERK (Germany); ASSOCIATION EMAUS (Spain) ; ASSOCIATION LOS ARCOS DE ALTEA (Spain) ; UNIVERSITY OF ALICANTE (Spain); BIENESTAR SOCIAL. Generalitat Valenciana (Spain) ; ASSOCIATION DE LA SAUVEGARDE DE LA CORREZE - ASEAC (France) ; SOCIETÀ COOPERATIVA CESRE (Italy); LA CREMERIA (Italy); KAFOS (Poland); QUESTAO DE EQUILIBRIO (Portugal); CANTERBURY CHRIST CHURCH UNIVERSITY COLLEGE (UK).

A Conference was organised to promote awareness on the topic in Spain ([http://www.altea-europa.org/documentos/jornadasdaphneenero\\_2010.pdf](http://www.altea-europa.org/documentos/jornadasdaphneenero_2010.pdf)), and some publications on the topic were promoted, oriented to provide a better understanding of the factors behind the increasing progression of this violence. Some guidelines for the prevention and intervention were also provided ([http://www.emausong.es/documentos/Publicacion\\_Daphne\\_Violencia\\_Intrafamiliar\\_%20Menores\\_que\\_%20agreden\\_a\\_sus\\_%20padres\\_II.pdf](http://www.emausong.es/documentos/Publicacion_Daphne_Violencia_Intrafamiliar_%20Menores_que_%20agreden_a_sus_%20padres_II.pdf) ).

## **Institutions concerned with CPV and family violence**

Apart from the court (or preventive mediation measures), several institutions are concerned with CPV, including:

### **A. Referral by Social Services (child protection/family protection)**

Some interventional processes are initiated by Local or Municipal services that identify the problem and referral the families to the existing resources (see B, C and referral pathway)

### **B. Private sector resources**

The recURRA program (<http://www.recurra.com>) is a pioneering initiative in Spain specialised in Children to Parent violence, providing residential therapeutic intervention mainly by voluntary internment of the children. This is a private initiative with the collaboration of the Association for Social Integration Management (GINSO) and the Urria Infancia S.L (private company) in response to the deficiency that exists in the Spanish healthcare setting in "the treatment and support for youth in conflict within the home tyrannize parents, brothers / sisters or other family members". They provide a comprehensive network of therapeutic specialised resources, including the residential therapeutic resource Campus States, where children live while the violent behaviour is still there, to receive intervention and education programme.

Amalgama-7 (<http://amalgama7.com>) is a private institution specializing in preventive work, educational and therapy with adolescents and youth and their families, with specialised programme in CPV.

### **C. Religious facilities or s– some have a long history – focus on children who misbehave-tends to emerge in context of other work. Some examples below:**

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Amigo Foundation (<http://www.fundacionamigo.org>) is a private non-profit organisation that works in the socio-educational intervention for children and young people and their families, in a situation of lack of adaptation and/or social exclusion, especially with behavioural problems, promoting their social reintegration and progressive freedom within a comprehensive development as individuals.

The Social Response XXI Century Foundation (<http://www.respuestasocial.org>) conducts social integration initiatives in collaboration with public administrations and third sector, develops programs and conducts research in the field of prevention and care of children, including a wide range of educational resources. Among them, the PIMFA program is aimed at children and youth involved in incidents of disruption in the family, usually aggressive or threatening behaviour toward the parent (or to those with this role).

Afasc (<http://afasc.org>) was born from a group of parents concerned about a common problem, teenagers and children who do not accept rules inside or out, with the motivation to share experiences seeking help and solutions to improve relationships with their children.

Adi Egon Bilbao (<http://www.adiegon.es>) is a non-profit association formed by professionals from the social and health field promoting psychosocial wellbeing. They have a program called Nerabe-ekin, for the prevention of domestic violence of adolescents toward their parents. Its main goal is to avoid the use of the court system against their children and the last consequences of the child is separated from their family.

## A2. England

Compiled by Paula Wilcox and Alexandra Papamichail, covering the time period 1st Feb 2013 to 12th January 2015.

### Introduction

In England, like most European countries, people have only recently started to publicly recognise and talk about child to parent violence (CPV) although there have been other earlier attempts to raise this issue.

There is no official policy relating to CPV specifically or legal definition of CPV however there are new developments on this front (see Legislation and Policies below). The definition most used to describe child to parent violence in England is the one introduced by the Canadian researcher Barbara Cottrell according to which child to parent violence is

“...any harmful act by a child intended to gain power and control over a parent. The abuse can be physical, psychological, or financial” (Cottrell 2001, 3)

An additional definition used is Paterson et al., (2002, 90), which states that “behaviour (is) considered to be violent if others in the family feel threatened, intimidated or controlled by it and if they believe that they must adjust their own behaviour to accommodate threats or anticipation of violence”. In spite of a consensus among English researchers and academics in the definition of child to parent violence there is disagreement on the terminology used to describe CPV (Wilcox, 2012) and the terms child to parent violence, parent abuse and adolescent to parent violence are often used interchangeably.

In relation to academic research and knowledge there is a developing literature on CPV in England since Hunter and Nixon and Parr’s (2010) seminal article ‘Mother Abuse: A Matter of Youth Justice, Child Welfare or Domestic Violence?’ published in the *Journal of Law and Society*. Their analysis of the policy and practice gap was particularly interesting and this was the first European publication to highlight gendered issues embedded within CPV. Following this Holt’s book *Adolescent to parent abuse: Current understandings in research, policy and practice* which reviewed the international literature on CPV was published in 2012. A special issue of the academic journal *Social Policy and Society* on parent abuse was another significant milestone in 2012. Condry and Miles picked up the research baton and published the first paper on CPV based on empirical research in 2013. Their latest work in 2014 looks at police responses to parents reporting adolescent to parent violence and suggests a way forward that offers support and restorative action for families. Wilcox and Pooley have written a chapter: ‘Children who are violent to their parents need protection too’ which will be published in Nicky Stanley and Cathy Humphreys forthcoming book entitled, *Domestic Violence and Protecting Children: New Thinking and Approaches*. This takes a further analysis within a European context that highlights European models of interventions as well as highlighting the role of practitioners and policy makers within work of Child to Parent Violence,

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The 'Holes in the Wall' blog set up by Helen Bonnick in 2011 <http://holesinthewall.co.uk/> has been important in raising public and professional awareness of this issue. Indeed there has been huge media interest over the last eighteen months on this topic. The RCPV project has been instrumental in promoting media activity through its launch, the RCPV logo, twitter account @rcpv and associated partners twitter accounts and website [www.rcpv.eu](http://www.rcpv.eu). CPV has featured in news print, radio documentaries and phone-ins, magazine spreads, television programmes and social media many of these due to the work of the RCPV project. This coverage has brought the issue to the public attention, with a predictable range of responses on the Internet, some less than positive. As Helen Bonnick says "perhaps the main outcome has been that it now feels safer to acknowledge living in fear of your child – an important step on the road to seeking help" (Bonnick 2014).

It should also be noted that professional awareness has grown due to the training provided during the RCPV project over the last two years on the intervention models Break4Change and Non Violent Resistance.

## Political, Social and Cultural Contexts

With over 53 million inhabitants, England is the most populous country of the United Kingdom, accounting for 84% of the combined total and the fourth largest population in the EU. The breakdown for Black and minority ethnic groups in England is 85.4% white, 7.8 % Asian, 3.5% Black, 2.3% mixed, 0.4% Arab, 0.6% other. According to the 2011 census, 59.4% of the population is Christian, 24.7% non-religious, 5% is Muslim while 3.7% of the population belongs to other religions and 7.2 did not give an answer.

England is a wealthy capitalist country with some remaining aspects of the welfare state established after WWII. The thrust of policy since 2010 has been to move towards the privatisation of public sector services. As a result of this policy, state welfare provision has been undermined and there have been cuts in funding for many services, perhaps especially relevant to CPV are cuts in children's, youth, criminal justice and domestic violence services. In a society where young people tend to be seen as consumers and/or as a danger, cuts to central services like these are extremely worrying for work on responding to CPV as this is never going to be a profit making business.

"As councils face a fourth consecutive year of cuts to central government funding and rising demand for care, our analysis of 2014-15 budgets from 55 of 152 local authorities in England found that spending on children's services dropped by an average of 2% (or 4% in real terms once inflation is factored in)." (McNicol 2014).

"Over 1.2m women are estimated to have experienced domestic violence last year and two women a week are killed by perpetrators, according to the national domestic violence charity. But that death toll is likely to rise as a result of specialist domestic violence services in the UK reaching a "breaking point", with funding cuts threatening the entire network of providers in England, according to Polly Neate, chief executive of Women's Aid" (Peacock 2014).

"The amount of money spent on services for teenagers in England has fallen by 36% in the past two years, according to figures released to the BBC. Former children's minister, Tory MP Tim Loughton, said the £438m reduction in spending was "disproportionate". Youth workers warned that the long-term cost of the cuts would be "enormous" (Barton and Edgington 2014).

According to census data the typical family in England remains a nuclear family with heterosexual father and mother although there are now far more diverse forms of families including lesbian, gay and bisexual families, extended families and foster/carer families and it is important to bear this in mind when working on CPV. The recognition of trans\* parents and children is also important within this area of social policy. More women are working than ever before and gender inequalities are shifting but there remain serious issues to be tackled such as gender pay imbalance and low representation of women in decision making bodies (e.g. only 20% of MPs are women). The more powerful male role in the nuclear family tends to be hidden and is not discussed in the wider public sphere. Child poverty remains relatively high in England. There are 3.5 million children living in poverty in the UK today. That is 27 per cent of children, or more than one in four (DWP 2013) and work does not provide a guaranteed route out of poverty in the UK. Two-thirds (66 per cent) of children growing up in poverty live in a family where at least one member works (DWP 2013). Poverty increases levels of stress in families and may contribute towards CPV although research is not conclusive on this point. Many families and individuals raising children in England today are therefore quite isolated and the African notion that 'it takes a village to raise a child' highlights one reason why families face difficulties in child rearing.

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When we turn to look at teenagers in England, there is a large group of over one million teenagers with little or no stake in society as they are Not in Employment Education or Training NEETs (Burns 2012). Culturally there is a prevalence of violent PC games and films aimed in the main but not exclusively at boys and whilst there is no direct correlation between viewing and playing of such games they underpin the relative approval for certain forms of violence.

There is a notion among a number of researchers that child to parent violence is related to the culture of materialism and capitalism in the sense that young people are using a range of means (including violence) to acquire material goods. In addition the individualistic culture of westernised societies may also act as negative contributor. The lack of gender equality education and lack of clarity on gender identity and the blaming of mothers are also identified as negative cultural and social factors.

## Statistics on Child to Parent Violence

On 23 January 2014 the BBC reported that teenagers' abusing their parents is a 'serious and often hidden issue'. Within this press coverage the NGO Family Lives (formerly Parentline Plus) says that over a two year period, 31% of over 85,000 calls to its helpline 'concerned physical aggression' by children. In May 2014 television Channel 5 ran a programme about CPV focusing on the experiences of three families in England who face this problem.

In England research on patients reporting domestic violence in an emergency department at a local hospital reported that 6% of the cases were cases of young people's violence against their parents (Smith et al., 1992). Parentline Plus reported that they receive approximately 95 calls per month from parents worried about the aggressive behaviour of their child towards them (Parentline Plus, 2009).

A report by Hunter et al., (2010) in family intervention projects found that 11% of 256 families experience this phenomenon. Condry and Miles (2013, 7), found that of all cases reported to Metropolitan Police over one year (April 2009 – March 2010) 1,892 were cases of violence from adolescents (aged 13 – 19 years) to a parent - most involved violence against the person or criminal damage in the home.

## Legislation and Policies

As with domestic violence there is a general move in England towards legislating on violence; e.g. gun crime, stalking, rather than looking at alternative options. Legislation can of course be helpful and is necessary in some cases but there is often a dislocation between legislation and what happens in real life; for example the DV legislation assumes adults acting rather than children. This may increase the tendency to respond to CPV using the CJS which may only be appropriate in some cases

The legal system in England and Wales is a common law one. In England, there is no official and specific legislation or legal definition regarding CPV. The domestic violence legislation framework is the closest framework to CPV in the absence of specific CPV legislation. It is important to note that on March 2013 the legal definition of domestic violence was altered to include 16 and 17 years old people. This change to the Domestic Violence Crime and Victims Act 2004 also includes controlling and coercive behaviour. The new definition states:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but it is limited to the following types of abuse: psychological, physical, sexual, financial, emotional (Home Office, 2012).

As far as policies are concerned, in England CPV is mainly held by the Youth Justice Board and the local Youth Offending Services although the Home Office has picked this up in an action point in the VAWG Action Plan (see Home Office below).

## Referral pathways when CPV is reported

When CPV cases are reported (which is rare) they are reported to the police. If the young person is above 16 years old they will be held responsible for a criminal offence under the recently introduced domestic violence definition. If the young person is under 16 years old the police make a referral to the local youth offending teams. According to the research, police very often advise parents to contact social services and family support (Nixon and Hunter, 2012).

## Participation in previous Daphne Projects

Canterbury Christchurch University College in England was involved in a previous Daphne II project on CPV. Partly as a response to this participation, an academic research network called the Parent Abuse Research Network (PARN) was set up by Nixon and Hunter after a seminar that took place in March 2009 at Sheffield Hallam University. Much subsequent research activity in England has developed as a result of this innovative event (see e.g. Condry and Miles 2013, Holt 2012, 2013, Nixon and Hunter 2012, Wilcox 2012).

## Institutional Stakeholders

**The Home Office:** With the inclusion of policy on CPV at government level identified, intense campaigning brought about important developments such as the inclusion by the Home Office of an action point on adolescent to parent violence in the 2014 A call to end violence against women and girls: Action plan, Action Point 63: 'Develop and disseminate information for practitioners working with children and families on how to identify and address the risks posed by adolescent to parent violence'. <http://socialwelfare.bl.uk/subject-areas/services-client-groups/families/homeoffice/145320vawg-action-plan-2013.pdf>

**Youth Justice:** The Youth Justice Board has been leading development on CPV in England ensuring that professionals are aware of models of intervention which show promise in their Effective Practice Library <https://www.justice.gov.uk/youth-justice/effective-practice-library>. This includes the Break4Change model focused on in the RCPV project.

**Health:** The Department of Health is the state agency that is required to ensure the provision of services to adults and children needing health and social care through the National Health Service. The specialist NHS service for mental health services for children is CAMHS (Child and Adolescent Mental Health Services). There do not seem to be any health policies or strategies on how to refer and/or intervene in relation to CPV cases.

**Municipality:** Across the country, and in the face of financial constraints, some municipalities have sought to build an approach to CPV into already overstretched budgets, with many administrations now owning, at the very least, a commitment to the cause. Examples include Brighton and Hove City Council who acknowledged CPV within their Intelligent Commissioning Domestic Violence Pilot project 2010/11 and highlights the Break4Change programme as part of the Domestic violence needs assessment. <http://www.bhconnected.org.uk/sites/bhconnected/files/Brighton%20%20Hove%20Domestic%20Violence%20Needs%20Assessment%20070411%20%282%29.pdf>. Kent County Council in 2014 has started to develop a strategic approach to CPV.

Reflecting the success of the Daphne funded project, Brighton & Hove City Council has mainstreamed a requirement to deliver interventions around Child to Parent Violence, through a direct investment and an in-kind commitment of staff resource, as part of its commissioning strategy for specialist domestic and sexual violence & abuse services from 2015-2018.

**The Police:** There is no policy or legislation for CPV within the police service. Under criminal law, a child/young person who is 16 or 17 years old is dealt with under an amendment to the Domestic Violence Crime and Victims Act of 2004. Victims of domestic violence and abuse aged 16 and 17 will be recognised under a new cross-government definition. <https://www.gov.uk/government/news/new-definition-of-domestic-violence-and-abuse-to-include-16-and-17-year-olds--2>

**Youth Offending Services:** Again in the face of huge financial constraints the Youth Offending Service in Brighton and Hove have been partners in the multi-agency CPV intervention model Break4Change.

**NGOs:** In general relevant NGOs do not have policies or strategies on CPV. However, there are a relatively small number of specialised services providing intervention for CPV, for example:

Break4Change, which has integrated two NGOs Rise and AudioActive into the multi-agency approach in Brighton and Hove and also for example:

Non Violent Resistance, Oxleas NHS Foundation Trust, London

YUVA, Domestic Violence Intervention Project, London

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PAARS, Enfield

Respect Young People's Programme RYPP

Step Up, Hull

Who's In Charge Programme, South Suffolk

Education: There were no specific policies found in the education services and schools.

Social Services: The Local Safeguarding Children Boards direct and guide the responses of health, social services and education practitioners when they recognise troubled and anti-social behaviour by young people. In general, Local Children's Safeguarding Board recognises that young people can be violent towards other young people, parents, siblings or other adults (London CSB, 2009; London CSB, 2010).

### **A3. Republic of Ireland**

Compiled by Eileen Lauster and Declan Coogan, covering the time period 1st February 2013 to 12th January 2015.

#### **Introduction**

There are no official policies or legal definitions of Child to Parent Violence (CPV) in Ireland. The definition that we use is child to parent violence is a harmful act carried out by a child with the intention to cause physical, psychological, or financial pain or to exert power and control over a parent (Cottrell 2001; Calvete et al 2013). The RCPV Project activities in Ireland have increased public awareness about the problem of child to parent violence through articles in national newspapers (Holland, 2013 and Wayman, 2013). For practitioners, awareness raising and new skills in responding to CPV were addressed in research publications (Coogan & Lauster 2014a and Lauster et al. 2014), the NVR Handbook for Practitioners (Coogan & Lauster 2014b) released in June 2014 and training and seminars delivered throughout the project's duration.

#### **Political, Social and Cultural Context**

The social context in Ireland has changed since the establishment of the state in 1922. In the past public policy focused exclusively on supporting traditional two parent families. A significant step in the public provision of health and social care and intervention by the state in private family life was taken by the 1970 Health Act which created regional health boards. These evolved into the Health Service Executive (HSE) in 2005 with responsibility for the provision of publicly funded health and social care services for everyone living in Ireland. Tusla, the national Child and Family Agency, was established in 2014 with a remit to provide for the protection and welfare needs of children and families. Today there is little social acceptance of domestic violence and COSC, a statutory national agency, has been tasked with developing and revising a national strategy on domestic, sexual and gender based violence. Inspection and regulatory regimes for institutional care settings have also been established over the last decade.

Economically Ireland, until the latter decades of the twentieth century had been a mostly rural society with an open market economic system. The country experienced an economic boom from the mid-1990s to 2007 and may be in the initial stages of recovering from the global recession. The global recession led to an increase in poverty throughout the EU and more than 8% of people who are in employment are at risk of falling into poverty – the so-called 'working poor' (European Commission 2012). The economic downturn resulted in increased rates of unemployment, increased social inequalities and accelerating processes of social exclusion (Strier 2013). In Ireland, the government adopted austerity policies with sweeping cuts in public and social service spending. This resulted in reduced staff training and reduced health and social service delivery for the public. Decreased social welfare and health supports have also had significant impacts on family coping abilities and may be a factor in violence within the family. The cumulative impact of cutbacks in an age of austerity also undermines possibilities for effective social work and social care practice, especially the building of strong partnerships with families (Featherstone et al 2012). Although it may seem that the Irish population has quietly accepted the cutbacks that accompanied policies of austerity, pockets of protest and resistance have emerged throughout the country; such protests have been related to the threats of closure of local public hospitals, cuts to home care and community services and plans to end universal access to public health care for people aged over 70 years of age, suggesting that people can be highly mobilised around issues relating to health and well-being (Ellis & O'Donnell 2013).

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Politically Ireland became independent from the UK in 1922 and began to develop an indigenous model of economic and social development, significantly influenced by the Catholic Church. The War of Independence (1919-21), the Civil War (1921-23) and the Northern Ireland Troubles (late 1960s-1998) had a significant impact on social and economic development, with the Catholic Church regarded as a positive and supportive agent within the state. Until relatively recently, there was a largely uncritical acceptance of Catholic conservative social teaching. Political and social changes gathered pace in the 1960s and 70s with determined social movement efforts to change attitudes and legislation in relation to women and children's issues, greater access to education and economic development. Important landmarks included the emerging women's rights movement, joining the EU in 1973, the legalising of divorce in 1995, the Domestic Violence Act 1996, the decriminalisation of homosexuality in 1993 and the establishment of the Office of the Ombudsman for Children in 2002. Today there is an increasing recognition in Irish public discourse and policy of diversity in family life and structure with, for example, changes in taxation and in family support payment regimes. The population is diversifying on ethnic background and religions. The most recent census in 2011 indicated that the twenty years between 1991 and 2011 marked significant rises in the non-Catholic population in Ireland as a result of not only increasing numbers of those with no religion but also with rising numbers in those professing the religious beliefs of immigrants from Eastern Europe, Africa and Asia (CSO 2012).

## Statistics

CPV is not measured explicitly by any agency in Ireland, however there are statistics recorded in relation to intimate partner violence/ domestic violence. The Central Statistics Office (CSO) records data gathered by An Garda Síochána, the national police service, in relation to Domestic Violence Orders, which can only be issued to adults (aged 18+) and not children. In 2012 there were 13,275 applications of Domestic violence Orders. In the same year there were 1,317 breaches of these orders (protection, safety and barring).

The remit of the activities and strategy of the National Office for the Prevention of Domestic Violence/An Oifig Náisiúnta um Fhoréigean Baile, Gnéasach agus Inscnebhunaithe a Chosc (COSC) encompasses domestic, sexual and gender-based violence where both perpetrator and victims are adults; they have no explicit role in relation to develop policy research or interventions in relation to CPV. The Research Unit of the Department of Children and Youth Affairs have not to date funded or undertaken any research in the area of CPV.

The Women's Aid Annual Report has statistics only for adult abusers of women. Of adult family members other than partners who abused women, 7% were men and 4% were women. The remaining 89% were made up of mostly male intimate partners (82%), other male (4%), female intimate partner (1%) and other female (2%). It is unknown how many of these were adult children of the women (Women's Aid, 2012).

## Legislation and Policies

There is no legislation specific to CPV. The Child Care Act 1991 covers the reporting of child abuse by adults but does not address CPV. The COSC Strategy Statement 2010-2014 states the national policy for adult perpetrated domestic violence which does not include CPV. Tusla, the Child and Family Agency, has the statutory responsibility for investigating and responding to child abuse cases and supporting families but it has no policy on CPV. There is no legal offence of CPV in Ireland.

The Domestic Violence Act 1996 revised January 2014 states a parent can apply for a protection, safety or barring order if the child is over the age of 18 years and is not in relation to the parent, a dependent person.

## Referral pathways when CPV is reported

There is no one provider of services for CPV so no pathway has been formed. CPV has come to the attention of Child and Adolescent Mental Health Services (CAMHS) in practice (Coogan, 2012; 2014). COPE Galway, a women's refuge and domestic violence centre service provider who were Associate Partners in the RCPV project, have reported it as emerging in their work with survivors and they refer to Family Support Services. Those that have asked for training report they are seeing it in Child Protection, Social Welfare Services, Social Workers in Child Protection Teams and Family Support Services and in other parts of the country (Coogan and Lauster 2014b).

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## Institutional Stakeholders

Domestic violence interventions are the responsibility of Tusla, the National Child and Family Agency, where children are exposed to domestic violence either as direct or indirect victims. Tusla has published a domestic violence strategy and guidelines for practitioners who encounter domestic violence.

**Health:** The Health Service Executive (HSE) is the state agency that is required to provide services to adults and children needing health and social care, specifically, the Social Welfare, Family Support Services, Medical Care and CAMHS. Medical Social Workers do not seem to be collecting data specific to CPV in hospitals. There does not seem to be any HSE Child Protection and Family Welfare policies on how to refer and/ or intervene in relation to CPV cases. While it seems that there has been an increase in CPV coming to the attention of social workers in Tusla Child Protection and Welfare teams, there are no mechanisms for the recording of CPV data (O'Rourke, 2013).

**The Police:** There is no policy or legislation for CPV and the police service. Under criminal law, a person under 18 is dealt with under the Children's Act of 2001.

**NGOs:** The National Youth Council of Ireland does not include the issue of Child to Parent Violence in their strategic plan and therefore the issue has not featured in their research and policy work to date (McAleer, 2013). The National Centre for Youth Mental Health, also known as Headstrong, published a report, the 'My World Survey' which does not refer to CPV (Dooley & Fitzgerald, 2012). The Family Support Agency, now part of Tusla, assists 107 Family Resource Centres to provide counselling services for those experiencing marriage/relationship difficulties or bereavement and for children experiencing bereavement or parental separation. None of the research listed on their website addressed CPV.

**Specialist service:** Parentline Ireland has provided a specialist service since staff and volunteers were trained through the RCPV NVR training in December 2013. They work with parents through a confidential and anonymous telephone helpline available nationally.

**Education:** There were no specific policies found in the education/school areas.

## Participation in previous Daphne Projects

Declan Coogan participated in a Daphne project in 2003. It was a project involving the Northside Inter-Agency Project (led in Ireland by Joan Cherry, Director of NIAP – Children's University Hospital) in Dublin, the Juvenile Sex Offenders Service in Birmingham, England and led by the local police service in Antwerp, Belgium regarding adolescents that sexually offend. It was entitled Young Sexual Delinquents – Reduce the Chance of Recidivism (Project Ref: 2003-007-YC).

## A4. Bulgaria

Compiled by Anna Assenova - covering time period 1st February 2013 to 12th January 2015.

### Introduction

There are no official policies or legal definitions of Child to Parent Violence (CPV) in Bulgaria. The definition that we use is child to parent violence is a harmful act carried out by a child with the intention to cause physical, psychological, or financial pain or to exert power and control over a parent (Cottrell 2001; Calvete et al 2013). The family is seen as private in Bulgaria and as dealing with its own problems hence at the outset of RCPV there was little public or professional awareness of CPV.

### Political, Social and Cultural Context

Bulgaria, located in the Eastern Balkans, has changed in many ways due to its economic transition from a communist country to a market economy in the 1990's and it became a member of the European Union in January 2007. Today according to the World Bank it is an upper middle-income economy of 7.3 million people although there are sharp divisions in social classes. Due to the level of poverty that exists people often have to leave Bulgaria to find employment leaving villages consisting largely of grandparents and children which could contribute to levels of CPV. In terms of national and regional policy, family issues tend to remain on the edge of the policy agenda rather than central to it.

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Culturally Bulgaria has strong patriarchal structures although there are a range of organisation which are working on issues of gender equality and women's rights such as the Bulgarian Gender Research Foundation and Stop Violence Against Women <http://www..stopvaw.org.bulgaria2>. Ethnically Bulgaria is a society where the major ethnic group is Bulgarian (84.8%), Turkish (8.8%) and Roma (4.9%).

## **Statistics on CPV**

CPV is a hidden issue in Bulgaria and not measured explicitly by any agency. Currently the Child Pedagogic Rooms and the Agency for Child Protection do not have any statistics both at regional and national level. However, statistics are being collected on domestic violence.

## **Legislation and Policies**

The legislation that is available in Bulgaria relates to child protection and domestic violence: Law on Child Protection, Law on Protection against Domestic Violence 2005, Law on Combating Trafficking in Human Beings, Law on combating anti-social acts of minors, Law for Youth, Family Code, Penal Code, Criminal Procedure Code, Civil Procedure Code Ordinance on the special protection of children at public places, Ordinance on the conditions and procedures for providing police protection to children.

## **Referral pathways when CPV is reported**

When it comes to children or young people - victims or perpetrators of crime, the case is referred to Local Police Department - Child Pedagogic Room, Municipal Service For Social Support - Department For Protection Of The Child and to Local Commission Against Anti-Social Acts of Minors and Underage Persons. If there is a crime committed by or against a child the case is referred also to Regional Prosecutor's Office. These institutions work together on the case and take appropriate measures regarding the child.

## **Institutional Stakeholders**

Municipality

Local Commission Against Anti-Social Acts of Minors and Underage Persons,

Municipal Service For Social Support

The Public Council for Social Assistance

Police

Child Pedagogic Room

Local Police Department

Social Services

Department For Child Protection

Regional Prosecutor's Office

Regional Inspectorate of the Ministry of Education

NGOs

There is a national Women's helpline in Bulgaria that is free of charge but it does not operate 24 hours a day. In the period June 2012 to June 2013 it received 469 calls.

Women shelters – 7 – in the same period they accommodated 110 women and 112 children; currently 93% of recommended women's shelter places are missing in Bulgaria and the country does not yet meet the Council of Europe Taskforce Recommendations for their provision.

Women's Centres – 12 – but no specialized centres for women survivors of sexual violence.

Participation in previous Daphne Projects

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Project HERA (2011-2012) was a project led by the Local Police of Valencia that has been approved by the European Commission under the framework of the Daphne III programme whose goal is to fight violence against women, youth and children.

## A5. Sweden

Compiled by Ulla Mortensen - covering time period 1st February 2013 to 12th January 2015.

### Introduction

There are about 9.7 million people living in Sweden, of whom about 2 million are under the age of 18. Eighty five per cents of the population live in cities. About one in five children has a family with roots in another country. According to the European Platform for Investing in Children ([http://europa.eu/epic/countries/sweden/index\\_en.htm](http://europa.eu/epic/countries/sweden/index_en.htm)) "Swedish parents are among the EU's most successful in balancing work and family responsibilities. Female and maternal employment rates are among the highest in the EU, and child poverty is the lowest. The country's family policy is aimed at supporting the dual-earner family model and ensuring the same rights and obligations regarding family and work for both women and men".

When it comes to young people and domestic violence there are no specific policies in Sweden. We often see children as victims of domestic violence and it is quite recently that we have started talking about young people as potential instigators. Perhaps for these reasons it came as a surprise that the issue of child to parent violence was found to exist in Sweden although it is a hidden and largely unacknowledged issue. As a result there are no official policies or legal definitions of Child to Parent Violence (CPV) in Sweden. The definition that we use is child to parent violence is a harmful act carried out by a child with the intention to cause physical, psychological, or financial pain or to exert power and control over a parent (Cottrell 2001; Calvete et al 2013).

### Political, Social and Cultural Context

Sweden has a wealthy and largely middle class population with a traditionally excellent welfare state. State welfare provision has been undermined by neo-liberal policies and cuts in funding for services. As a result of these policies the gap between rich and poor in Sweden has increased. Young people in particular have high levels of unemployment and poverty and many cannot see a future in the country and so leave to work elsewhere.

In Sweden it is mostly the case that both parents are working but there is relatively generous parental leave as compared with other European countries. In relation to family policy, family centres were established in the 1970s. "The first model, the Gothenburg Model, presupposed universality and the objective was to reach all parents. During the course of the years, the model has been modified in different ways" (Kouvonen 2012, 8). All. All parents are invited to positive parental programmes during pregnancy and most parents attend, both mothers and fathers. During pregnancy and during the child's first 6 months there is a screening test for parents with questions about drug use and domestic violence. Parents who are believed to be at risk are offered special support. When the children grow older there are many opportunities for parents to attend other training, for example how to understand and deal with teenagers. Many parents take the opportunity to attend. However, from anecdotal evidence parent/s tend to focus on making things easier for children, 'curling parents', they do everything for them and children as a result often do not take responsibility at home. Children can become very dependent and demanding of parents for material goods but also for services. It is a paradox that whilst children are more independent and entitled they are yet in some ways more dependent

### Statistics on CPV

CPV is a hidden issue in Sweden and not measured explicitly by any agency hence we have had to look at violence in the family and society more generally.

The Brå survey in the form of telephone interviews was conducted within the framework of the Swedish Crime Survey (STU), an annual survey concerning people's safety and victimization. The levels of victimization noted among people appearing in this survey should be considered as minimum levels, as there is no doubt a large portion of cases that go unreported. The two main questions posed by the survey are:

- What proportion of the population (16 - 79 years old) has been subjected to offences in a close relationship during the past year (2012) or at some other point in life?
- To what extent have these victimizations been reoccurring?

In total, 6.8 per cent of the population stated that they were victimized in close relationship in 2012. The share of women victimized in close relationships was almost equal to the share of men victimized (7.0 per cent among women and 6.7 per cent among men). The numbers remain similar after separating psychological and physical violence – 6,8 per cent of women and 6,2 per cent of men were subjected to psychological violence, while 2.2 per cent of woman and 2.0 per cent of men were subjected to physical violence. The two most common forms of offences are systematic violations and attempts to limit a person's freedom. It is more common for women to be subjected to more serious violence and to have a greater need of help and aid, primarily in the form of medical care. Among the persons subjected to aggravated assault, around 29 per cent of the women and 2.4 per cent of the men stated that they had sought or had needed to seek a doctor, nurse or dentist.

Repeated victimization is more common among women. Women state to a greater extent that they have been subjected to recurring offences (56 per cent of the victimized women compared to 40 per cent of the victimized men). Out of the whole population, 3.8 per cent of women and 2.5 per cent of men are estimated to have been subjected to recurring psychological violence in 2012.

At least 150,000 children live in households where violence occurs. About one third of the victimized women and one quarter of the victimized men in the survey state that they have children living in their household. When applied to the population, this corresponds to almost 83.000 women and 67.000 men. If there is a child living in each of these person's households this means that an equal number of children live in households where violence has occurred in 2012.

## Legislation and Policies

Sweden has for many years law, legislations and plans which regulate how to act when children are violated or abused. The oldest regulations have been used for about 30 years, some have been changed over the years and many new have been added. Many different campaigns and training courses have been held over the years and these documents are now well known to both professionals and general public.

You can find law in for example the Penalty Code, Parental Code, Social Services Act. The message in all these regulations is that it is absolutely forbidden to use violence or abuse against children. Parents, teachers, other professionals or caretakers who are violent or abusive to children may be sentenced to jail. Teachers, for example, can be fired and children may be taken away from their parents and placed in foster care.

There are also authorities that work for children's rights, eg the Children's ombudsman, the Public Health Agency, BRIS(Children's Rights in Society), Red Cross and a lot of NGO's

There are helplines that both children and parents can call for advice and support and for some years now also many forums for discussion are available on the internet.

All programmes and good practice are gathered by the Public Health Agency of Sweden. They make scientific studies on programmes and can give advice.

There is also a lot of practical work being done concerning Domestic Violence. Collaborative groups between social services and police and sometimes prosecutors meet on regular basis to discuss the best ways to prevent domestic violence and also what to do when it occurs.

When we started this project – Responding to Child to Parent Violence, we did not know what kind of rules and regulations and programmes are available for violence against parents. We felt that this kind of problem should be included in domestic violence as the victims, parents and siblings are part of the family. We found that there is no research in this field and there are no specialised programmes that can be of help for parents and teenagers who find themselves in such a situation.

At the age of 15, young people can be sentenced to different kind of punishment according to law. But there are a lot of feelings of shame and blame that makes it hard for parents to report their own children. Very few parents want to send their children to prison.

Parents are ashamed of not being able to handle the situation with their teenager and they often blame themselves for not being good enough parents.

## Legislation

The most important laws in Sweden concerning domestic violence are

- Discrimination Act
- Children and Parents Act
- Swedish penal Code

There is also the Children's Ombudsman who represents the rights and interests of children and young people based on the UN Convention on the Rights of the Child.

And the Equality Ombudsman who ensures compliance with the Discrimination Act.

The National Council for Crime prevention (BRÅ) has published a policy "How to prevent domestic violence". For our project the last part of the policy is the most interesting. It talks about how to work preventative with young people and domestic violence.

BRÅ means that it is important for young people with early interventions where you can talk about attitudes and values regarding gender and violence. BRÅ has published several teaching manuals about preventative work. There is also a National Coordinator on Domestic Violence, Carin Götblad, who is former National Chief of Police.

## Institutional Stakeholders

**Social Services:** The Social Services are ultimately responsible for providing support and help to the children, women and men who live with domestic violence and reside in their municipality. Every municipality in Sweden has a Social Services Department. The Social Emergency Service is responsible for taking measures in acute social situations that arise outside office hours.

On July 1st 2007, legislation concerning the responsibility of the Social Services with respect to women and children subjected to violence or who had witnessed violence was strengthened. A result of this is that Social Services shall now provide support and help as required to women and children who are subjected to violence or who have witnessed violence.

**Health:** Persons subjected to violence can be in need of different kinds of medical care.

- Medical care if you have received physical injuries
- Support and Crisis counselling
- Guidance and reference to other help organizations.
- Documentations of injuries.

**Police:** The police shall, among other things, monitor general order and security, carry out detective work and crime investigation. The Police have to intervene if they gain knowledge of an act of violence. Domestic violence falls within the category of general prosecution, which means that the Police do not need to wait for the victim to report the offence before they start investigating.

**NGOs:** There are helplines for women, men and children where you can talk to someone anonymously and parent lines, where you can get support and advice as a parent. Save the Children and BRIS (Children's rights in Society) are two organizations that actively are working with family relations. There are also shelters and safe houses for both women and children where they can stay for a shorter or longer period. Support for Crime victims (Brottsofferjouren).

Participation in other Daphne projects

Ulla Mortensen has participated in a previous Daphne project called "Be Supportive, Not Violent. Positive Parenting for Happy children". The project developed a new model of parenting education that promotes positive and non-violent parenting. You can read more about the project on the homepage Be Supportive Not Violent.  
<http://www.centrsdardedze.lv/en/home-page>.

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## APPENDIX B Research Strategy and Research Instruments

### B1. Research Strategy



**With financial support from the DAPHNE programme of the European Union**

### **‘Responding to Child to Parent Violence’ Daphne JUST/2011-2012/DAP/AG Research Action Plan**

#### **Introduction**

‘Responding to Child to Parent Violence’ (RCPV) is an EU funded project under the Daphne III Programme. The project aims to raise awareness of the emerging social problem of child to parent violence and abuse and how it can be tackled. Partner organisations are located in Bulgaria, England, Ireland, Spain and Sweden. The Principal Investigator of RCPV is Dr. Paula Wilcox of the School of Applied Social Science, University of Brighton (UoB), England. The project research team comprises: Alexandra Papamichail (England UoB), Michelle Pooley (England BHCC), Bulgaria: Dobrina Tabakova Ireland: Eileen Lauster & Declan Coogan, Spain: Maite Ferrando, Sweden: Ulla Mortensen and Inger Christoffersen.

#### **Research Agenda**

The focus of activities will be to strengthen knowledge and understandings of child to parent violence and abuse linked in with increasing the ability and skills of practitioners who are currently responding to CPV. The following actions are proposed for these purposes:

- Researching understandings, the extent of the problem and how it is currently handled in order to identify gaps and opportunities for new and/or improved interventions;
- Sharing experiences and capacity building for future intervention across partner countries
- Capturing the voices of parents and young people who have completed an intervention programme to inform future work
- Capturing the voices of professionals working with parents/ carers experiencing CPV through provision and evaluation of training to inform future work
- Publication and dissemination of research findings at national and European levels

#### **Phase 1 Secondary Data Collection**

##### **What Does Research Tell Us? Conduct desk based research**

Review of the CPV literature written by each partner country Feb 2013 – Dec 2013

Interim synthesis report to be written by end January 2014

Ongoing review of the CPV literature from Dec 2013 – July 2014

Send e-copy of literature reviewed for RCPV web site – ongoing – Feb 2013 – Jan 2015

Write final report drawing on all country reports from Sept 2014 - Dec 2014

Initial Study Visits to Partner Countries

Study visit to Amal, Sweden 10 – 12 April 2013 and meetings with practitioners and artists.

Study visit to Galway, Ireland, 26 - 28 June 2013 and interviews with practitioners.

Study visit to Smolyan, Bulgaria 25 – 27 September 2013 and meetings with practitioners.

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Study visits from Valencia around Spain April 2014 and meetings with practitioners/interviews?

**What is currently being done in response to CPV in partner countries?**

Desk based research in each country and cross country comparisons Feb 2013– Dec 2013

Inform and feed into interim Daphne report due end January 2014

**Phase 2 Primary Data Collection [and more secondary data]**

Capturing the voices of practitioners

Self-efficacy questionnaire data (WS3) with 25+ practitioners May 2013 – Aug 2014

Follow up questionnaire on whether and how learning from training courses on B4C and/or NVR has been implemented – what were the opportunities for applying learning to practice and what were the barriers. November 2013

Qualitative interviews with 25+ practitioners to examine the experiences of working with parents and young people on CPV. Dec 2013 – Aug 2014

Capturing the voices of parents

Semi-structured interviews with 25+ parents who have completed a B4C or NVR programme Dec 2013 – Aug 2014

Capturing the voices of young people

Semi-structured interviews or focus groups with 25+ young people who have completed a B4C or NVR programme Dec 2013 – Aug 2014

**Phase 3 Data Collation and Analysis**

Analysis of B&H self-efficacy questionnaires 1 and 2 by AP, PW and MP by Dec 2013

Analysis of Amal study visit by PW and MP by Dec 2013

Analysis of Galway self-efficacy questionnaires 1 and 2 by RA and DC by Dec 2013

Analysis of Galway study visit by PW and MP by Dec 2013

Analysis of B&H self-efficacy follow up questionnaire 3 by PW and MP by Aug 2014

Analysis of Galway self-efficacy questionnaire 3 by EL and DC by Aug 2014

Analysis of Parent interviews by Aug 2014

Analysis of Young People interviews/focus groups by Aug 2014

Analysis of Practitioner interviews by Aug 2014

**Phase 4 Communication and Dissemination of Research Findings**

Regional seminar in Amal 12 April 2013

Regional seminar in Galway 27 June 2013

Regional seminar in Smolyan 26/7 September 2013

Mid project internal audit and progress report due end of Jan 2014

RCPV Project Conference: Child to Parent Violence – 12- 13 June 2014, NUI Galway.

RCPV End of Project Conference: Child to Parent Violence – European Perspectives, 28-29 January 2015

Final project Evaluation Report due end April 2015

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## B2. Professionals' Information, Interview Guide and Informed Consent Form



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School of Applied Social Science

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### Responding to Child to Parent Violence

#### Information Sheet for Practitioner Participants

We are two researchers at the University of Brighton conducting a Europe wide study on how to respond to Child to Parent Violence (CPV). As part of this study we would like practitioners to reflect on training they received as part of this action research project – this may be in the Break4Change model and/or the Non Violent Resistance model.

##### **What is the purpose of the study?**

Our aim is to assess the way social care, health and other agencies understand and work with Child to Parent Violence (CPV) currently. We would also like to understand better how CPV is experienced by families.

##### **Why are we researching this?**

There is very little known about children's violence towards parents in the UK as hardly any research has been carried out and as a result there is very little information about how families experiencing this problem might best be supported. The voices of practitioners are rarely if ever heard on this issue which is why it is so important for us to include practitioners as part of this study. We hope that our findings will result in improved information for practitioners as well as improvements in services for families experiencing CPV.

##### **Why have I been chosen?**

You have been chosen to take part in this study because you are taking part in training on the Break4Change and/or Non Violent Resistance programme to address CPV.

##### **Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. However, you can change your mind and withdraw from the study at any time without giving a reason. This will not affect your participation in the CPV programme. Any data collected before you withdraw will not be used.

##### **What will happen if I take part?**

You will be asked to record your critical reflections on the training you have received onto an evaluation sheet. This will include reflections in relation to possible gendered aspects of CPV as well as on cultural issues that may arise in trying to implement such training in your own country.

At a later date you may be asked if you are willing to work on implement a Break4Change or NVR programme in your own country which will also be researched in the same way.

##### **What happens after the training sessions?**

Your reflections will be anonymised and analysed and will contribute towards the evaluation of both Break4Change and NVR programmes.

Eventually we will write up the research and publish it and will also present our findings at meetings. You or your organisation will not be identified in anything we write or any of the talks we give unless you express a wish for this to happen.

### What if something goes wrong?

If you feel that something is wrong or you want to complain about something, you can contact either of the researchers. The Project Director is Dr Paula Wilcox. You may also contact the Head of the School of Applied Social Science, Professor Philip Haynes (contact details as above).

### Who has reviewed the study?

The research proposal has been approved by The Faculty of Health and Social Science Research Ethics and Governance Committee at the University of Brighton.

How can I get in touch with the researchers to discuss this further?

Please tell the person who gave or sent you this sheet whether the researchers can contact you and how you would like to be contacted (by telephone, letter or email). Alternatively you can contact us:

[Insert names of both researchers and contact details]

Thank you for taking the time to read this and considering participating in our study



With financial support from the DAPHNE programme of the European Union

## Responding to Child Parent Violence 2013-2015

### Interview Guide

Professionals who completed an RCPV training course

Introduction

Thank you for agreeing to be interviewed

Explanation of study

Informed consent and forms

Anonymity and confidentiality

Recording of interview

1. Can you tell me/us about working as a \_\_\_\_\_ and what it involves? A typical day? What are the range of cases that you deal with?
2. What might a typical session with a young person/parent consist of? Does this approach work in cases of Child to Parent Violence?
3. Do you usually assess for violence in the family? Is this a routine question that you always ask?
4. Can you estimate the percentage of your cases that involve domestic violence? Estimated percentage of caseload? Estimated percentage of domestic/family violence cases?
5. As you know this study is about child to parent violence. Have you worked with cases where this is an issue? How regularly/often do you deal with child to parent violence cases? Estimated percentage of CPV cases Who usually reports CPV? Mother? Father? Violence towards mother, father or both?

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6. What prompts you to ask about experiences of child to parent violence? What kinds of things do you look out for? How do you assess the nature and extent of CPV?

7. Do these cases differ from other forms of family violence? How? In their characteristics – type of violence, what you find when you arrive/meet the parents/family?

When the offender is a young person rather than an adult? How would you respond?

Gendered characteristics?

8. Why do you think some parents report violence to your organisation? What motivates parents to report? What do they want you to do?

9. Is there a higher rate of attrition/drop out in child to parent violence cases? Do parents change their mind about prosecuting/reporting their child afterwards?

Can you continue with cases without the parent's support?

10. Do you ever refer cases of child to parent violence to other agencies? Police? Youth justice? Social services? CAMHS? Voluntary organisation? Domestic violence organisations? Refuges/Shelters? Housing?

11. Can you describe a case of child to parent violence that you have dealt with in the past? [without using names] Family composition?

What had happened?

Why do you think it was happening?

How did your organisation respond to the report?

How did the case progress? What was the outcome?

(Prompt for further cases – most recent – first - worst)

12. Are there any guidelines in your organisation for responding to child to parent violence cases? Would guidelines be useful?

13. Based on your experience do you think child to parent violence happens in particular kinds of families or families that have particular characteristics? What might they be? Previous experience of domestic violence? Single parents? Parenting style? Mental health problems? Other?

14. Is there anything else we haven't talked about which you think is important for me to know or understand about child to parent violence in your experience? And what is the role of your organisation\_\_\_\_\_ in these cases?

Close Interview

Thank you very much for your time

Reminder about anonymity

Details of support organisations in area

Reminder of contact details for researchers for any future questions or clarifications.

## Responding to Child to Parent Violence - Participant Consent Form (Practitioner)

- I agree to take part in this research which aims to better understand Child to Parent Violence and to improve service responses.
- The researcher, Paula Wilcox, has explained to my satisfaction the purpose of the research and the possible risks involved.
- I have had the principles of the research and the research procedure explained to me and I have read also the information sheet. I understand it, and the principles and procedures fully.
- I am aware that I will be required to answer questions and that the interviews will be recorded.
- I understand that any confidential information will be seen only by the researchers and will not be revealed to anyone else. However, if I was to reveal plans to harm myself or others, I understand that the researcher would need to break confidentiality. I understand that if I reveal that I have been involved in any illegal activity, confidentiality may also be broken.
- I understand that I am free to withdraw from the research at any time, without giving any reasons.

Name (please print) .....

Signed.....Date.....

With financial support from the DAPHNE programme of the European Commission

## B.3 Parent interview guide, information, informed consent and debriefing



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### Responding to Child to Parent Violence

#### Information Sheet for Parent Participants in Interview

We are two researchers at the University of Brighton conducting a Europe wide study on how to respond to Child to Parent Violence (CPV). As part of this study we would like to carry out interviews with 25 parents or carers who have experienced violence from an adolescent child.

We would like to invite you to be interviewed as part of this study and this invitation has been sent to you by the youth justice service. At this stage the researchers do not know any details about you or your family – your contact details will only be passed to the researchers if you give permission for us to contact you. One of us will then get in touch to discuss the project further. When you have all the information you need and have had an opportunity to ask us questions we will ask you to decide whether or not you would be willing to be interviewed.

#### **What is the purpose of the study?**

Our aim is to assess the way social care, health and other agencies understand and work with Child to Parent Violence. We would also like to understand better how it is experienced by families.

#### **Why are we researching this?**

There is very little known about children's violence towards parents in the UK as hardly any research has been carried out and as a result there is very little information about how families experiencing this problem might best be supported. The voices of parents are rarely heard which is why it is so important for us to interview parents as part of this study. We hope that our findings will result in improvements in services for families experiencing CPV.

#### **Why have I been chosen?**

You have been chosen to take part in this study because you have recently completed the Break4Change or NVR programme to address CPV.

#### **Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. However, you can change your mind and withdraw from the study at any time without giving a reason. Any data collected before you withdraw will not be used.

#### **What will happen if I take part?**

If you agree to take part we will arrange a time to interview you at the youth justice service office. One of the researchers will ask you a series of questions about your experience of the programme and your experience of child to parent violence. The interview will take about an hour. You can choose not to answer any of the questions or to end the interview at any time. After the interview we will ask you if you might be interested in participating in filming for a training DVD on the programme you have experienced.

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### **Will the interview be confidential?**

Your personal details will be confidential and stored securely by the researchers. What we talk about in the interview will be typed up into a transcript. Identifying details such as names and places will be changed so that you and your family cannot be recognized.

What you tell us will therefore be kept confidential. The only time we will not be able to keep something that you tell us confidential is if we are worried about the safety of you or someone else, for example if you tell us that you or another person are at risk of serious harm. We would need to pass this information on to the youth justice service or to another service that could help to keep you or another person safe.

### **What happens after the interview?**

After the interview you may feel upset if it has been difficult to talk about your experiences. A parenting worker will be available after the interview if you would like further support. We will give you our contact details so you can get in touch if you have any questions about the study. We will also give you details of organizations that can offer further support, such as Parentline/Family Lives, Victim Support, the Samaritans or RISE.

Eventually we will write up the research and publish it and will also present our findings at meetings. You and your family will not be identified in anything we write or any of the talks we give.

### **What if something goes wrong?**

If you feel that something is wrong or you want to complain about something, you can contact either of the researchers. The Project Director is Dr Paula Wilcox. You may also contact the Head of the School of Applied Social Science, Professor Philip Haynes (contact details as above).

### **Who has reviewed the study?**

The research proposal has been approved by The Faculty of Health and Social Science Research Ethics and Governance Committee at the University of Brighton.

### **How can I get in touch with the researchers to discuss this further?**

Please tell the person who gave or sent you this sheet whether the researchers can contact you and how you would like to be contacted (by telephone, letter or email). Alternatively you can contact us:

Dr Paula Wilcox, P.S.Wilcox@brighton.ac.uk Tel: 01273 643487

Alexandra Papamichail, A.Papamichail@brighton.ac.uk

Thank you for taking the time to read this and considering participating in our study



With financial support from the DAPHNE programme of the European Union

## Responding to Child Parent Violence 2013-2015 - Interview Questions for Parents who Completed a Break4Change Programme

### Introduction

Thank you for agreeing to be interviewed. Explanation of study. Informed consent and forms. Anonymity and confidentiality. Recording of interview. Reminder the interview can be stopped at any time or we can take a break if you need one.

### Parent's family and support network

Probe here to get as complete a picture as possible of who is around for this person – Children and ages? Resident partner? Other relatives? Friends? Neighbours?

Q. Thank you so much again for agreeing to be interviewed, I have gone through the information sheet and the consent form and so on with you. Can you just tell me first who is in your family, who is in your household?

Q. Any other relatives or friends who are around?

### Referral to the B4C programme

Probe here for details of the last incident or incidents which triggered the parent to contact your service and/or another service for help. How did this person reach the B4C programme.

Q. We have been put in touch with you by [name] so could you tell me about how they came to be working with you and your family?

Probe here to find out exactly what the context and historical background to the problem was e.g. were there other problems in the family, eg domestic violence, divorce etc.

Q. So how did you hear about B4C?

Q. Were you referred to the programme and if so how did this happen?

### Abuse/violence from child

Probe in this section for as much detail as you can about the child, about incidents of abuse/violence that took place, what triggered them, what emotions were expressed, what words were used, what actions took place, what did the parent do, what impact did they have on the parent?

Q. So can you tell me a little bit about your [son/daughter] who has been violent. What are they like? Do they go to school or work? What is a typical day like for him or her?

Q. What was he or she like as a younger child? [Has there been a history of behavioural problems? Have you tried to get help before? What was their childhood like? (history of violence in the home?)]

Q. What are the kinds of things that have happened in terms of his/her behaviour and violence?

Q. Can you remember the first time your son/daughter was abusive to you? Was he or she aggressive and if so when did it start and how? [What did you do? What happened? When did it happen again? What form/s did the violence take? How long did the violence/abuse last?]

Q. What kinds of things are likely to trigger violent incidents? [What causes arguments? How do they tip over into aggression?]

Q. What age did this start and was it related to what was happening in the family (or with you) at the time?

Q. Did he/she have any problems at school before? or with friends?

Q. Did he/she have any problems outside the home for example with the police?

Q. (if other children in family) Have any of your other children ever been in trouble? [At school? With the police? Have they ever been violent?]

Q. Have you ever reported your child to the police? [What led to your decision to report? How was the case processed? Is there anything that would have encouraged you to report your child or made it easier for you to do so?]

### Other Forms of Support

Q. Have you had support from the youth offending team or elsewhere? What has this consisted of? Has it helped? [Contact from a youth offending worker? Parenting support? Other?]

Q. Have you sought help from anywhere else? Friends? Family? (how did they react when you told them?) Other organisations – domestic violence? Parenting groups/ Other support groups? (what has been their reaction?)

Q. Do you know anyone else that has experienced similar problems?

### The impact on you

Q. What have been the effects of your son or daughter's behaviour on you? [Medical attention sought? Mental health problems? Other difficulties?]

Q. How do you manage living with your child when you know she or he can be aggressive? [ Do you curtail your own behaviour in any way? Avoidance, or trying to diffuse? Does it cause anxiety? How often do you feel like that?]

### The B4C Programme

Probe here for description of how the child got on with the B4C programme if she or he participated.

Q. Did your child attend the children's programme? If so how did they get on?

Probe here for as much description as possible of how the parent or parents got on with the B4C programme and how did the learning on the programme relate to their child's behaviour

Q. So did you and your husband/partner come on the B4C programme or just you?

Q. Did this work? How was your relationship with your husband/partner during the programme in relation to your child?

Q. So thinking about the B4C programme then, what were your expectations of it?

Q. How did it work out when you went along – did it meet your expectations and if so how?

Q. How did you feel about being in the group?

Q. What was least helpful about the programme?

Q. What strategies have you been able to use since?

Q. Was there anything you think could be improved?

Q. So, was there anything else about B4C that you found particularly useful?

Q. Did the programme help to build your confidence & self-esteem?

Q. Did it help with your child's attendance at school?

### After the Programme ended

Probe here for description of how the parent or parents got on with their child after the B4C programme.

Q. How has life been since the programme ended, have things been different?

Q. Did you get support after the programme from the agency that referred you to B4C.

Q. How do you see your future?

Q. As we've discussed, this study is about child to parent violence. I'm trying to understand what it might be like to live with a child who is or has been aggressive or violent. Is there anything else we haven't talked about that you think is important for me to know?

Close Interview . Thank you very much for your time

That sounds fantastic and a very good point to draw this interview to a close, thank you so much again it has been brilliant talking with you and to hear about the progress both of you have been making.

Reminder about anonymity. Details of support organisations in area. Reminder of contact details for researchers for any future questions or clarifications.



## Responding to Child to Parent Violence - Participant Consent Form (P/I)

- I agree to take part in this research which aims to better understand Child to Parent Violence and to improve service responses.
- The researcher, Paula Wilcox or Alexia Papamichail, has explained to my satisfaction the purpose of the research and the possible risks involved.
- I have had the principles of the research and the research procedure explained to me and I have read also the information sheet. I understand it, and the principles and procedures fully.
- I am aware that I will be required to answer questions and that the interviews will be recorded.
- I understand that any confidential information will be seen only by the researchers and will not be revealed to anyone else. However, if I was to reveal plans to harm myself or others, I understand that the researcher would need to break confidentiality. I understand that if I reveal that I have been involved in any illegal activity, confidentiality may also be broken.
- I understand that I am free to withdraw from the research at any time, without giving any reasons.

Name (please print) .....

Signed.....

Date .....



With financial support from the DAPHNE programme of the European Union



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## Responding to Child to Parent Violence - Debrief Sheet – Parent

Thank you very much for taking the time to talk to me about your experiences today. By talking to me you have helped me to understand more about child to parent violence and what it is like from a parent's point of view. You have also helped me to understand your experiences of the Break4Change/NVR programme, what worked for you in making changes and what was not so successful.

If you feel upset after talking to me today or would like support your parenting worker (or a worker from the parenting team at the youth justice service if you do not have a parenting worker) will be available after the interview. You can also call me or email me if you have any questions about today or would like to ask me anything about the research project. My details are below. You may also like to contact one of the following organisations for support:

Family Lives 0808 800 2222 [www.familylives.org.uk](http://www.familylives.org.uk)

Victim Support 0845 30 30 900 [www.victimsupport.org.uk](http://www.victimsupport.org.uk)

Samaritans 08457 90 90 90 [www.samaritans.org](http://www.samaritans.org)

Thank you again for talking to me.

Paula Wilcox

Responding to Child to Parent Violence action research project

School of Applied Social Science

University of Brighton

Tel: 01237 643487

[p.s.wilcox@brighton.ac.uk](mailto:p.s.wilcox@brighton.ac.uk)



With financial support from the DAPHNE programme of the European Union

## B.4 Child interview guide, information, informed consent and debriefing



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### Responding to Child to Parent Violence 2013-2015 - Information Sheet for Young People Participants in Interview

We are two researchers at the University of Brighton conducting a Europe wide study on how to respond to Child to Parent Violence (CPV). As part of this study we would like to carry out interviews with 25 young people who have been aggressive or violent to their parent or carer.

We would like to invite you to be interviewed as part of this study and this invitation has been sent to you by the youth justice service. At this stage the researchers do not know any details about you or your family – your contact details will only be passed to the researchers if you give permission for us to contact you. One of us will then get in touch to discuss the project further. When you have all the information you need and have had an opportunity to ask us questions we will ask you to decide whether or not you would be willing to be interviewed.

#### What is the purpose of the study?

Our aim is to assess the way social care, health and other agencies understand and work with Child to Parent Violence. We would also like to understand better how it is experienced by families.

#### Why are we researching this?

There is very little known about children's violence towards parents in the UK as hardly any research has been carried out and as a result there is very little information about how families experiencing this problem might best be supported. The voices of young people are rarely heard which is why it is so important for us to interview young people as part of this study. We hope that our findings will result in improvements in services for families experiencing CPV.

#### Why have I been chosen?

You have been chosen to take part in this study because you have recently completed the Break4Change or NVR programme to address CPV.

#### Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. However, you can change your mind and withdraw from the study at any time without giving a reason. Any data collected before you withdraw will not be used.

#### What will happen if I take part?

If you agree to take part we will arrange a time to interview you at the youth justice service office. One of the researchers will ask you a series of questions about your experience of the programme and your experience of child to parent violence. The interview will take about an hour. You can choose not to answer any of the questions or to end the interview at any time.

#### Will the interview be confidential?

Your personal details will be confidential and stored securely by the researchers. What we talk about in the interview will be typed up into a transcript. Identifying details such as names and places will be changed so that you and your family cannot be recognized.

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What you tell us will therefore be kept confidential. The only time we will not be able to keep something that you tell us confidential is if we are worried about the safety of you or someone else, for example if you tell us that you or another person are at risk of serious harm. We would need to pass this information on to the youth justice service or to another service that could help to keep you or another person safe.

#### **What happens after the interview?**

After the interview you may feel upset if it has been difficult to talk about your experiences. A parenting worker will be available after the interview if you would like further support. We will give you our contact details so you can get in touch if you have any questions about the study. We will also give you details of organizations that can offer further support, such as Parentline/Family Lives, Victim Support, the Samaritans or RISE.

Eventually we will write up the research and publish it and will also present our findings at meetings. You and your family will not be identified in anything we write or any of the talks we give.

#### **What if something goes wrong?**

If you feel that something is wrong or you want to complain about something, you can contact either of the researchers. The Project Director is Dr Paula Wilcox. You may also contact the Head of the School of Applied Social Science, Professor Philip Haynes (contact details as above).

#### **Who has reviewed the study?**

The research proposal has been approved by The Faculty of Health and Social Science Research Ethics and Governance Committee at the University of Brighton.

#### **How can I get in touch with the researchers to discuss this further?**

Please tell the person who gave or sent you this sheet whether the researchers can contact you and how you would like to be contacted (by telephone, letter or email). Alternatively you can contact us:

Dr Paula Wilcox, P.S.Wilcox@brighton.ac.uk Tel: 01273 643487

Thank you for taking the time to read this and considering participating in our study



With financial support from the DAPHNE programme of the European Union

## **Responding to Child Parent Violence 2013-2015 - Interview Questions for Children who Completed a Break4Change Programme**

### **Introduction**

This starts with the process of giving information and obtaining written consent. This will include enabling the interviewee to ask any questions of clarification about the research.

What we want to do in this interview is to explore your experience of being on the Break4Change programme and your experiences of child to parent violence. We are interested in things like:

What you understand about child to parent violence and your past relationship with your parent/s or carer/s

How much discussion there was with you about the Break4Change programme beforehand

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What support you received whilst you were on the programme

What effects it has had on you?

### **Opening Question**

We have been put in touch with you by the Break4Change programme and what I'd like to ask you to do first of all is to describe, in your own words, how you came to be on this programme, and then what your experience of this was. I'll follow up with some questions about your experience.

If you want to take a break at any point do say.

So: can you start with how you came to be on the Break4Change programme – how were things in your family at the time - and what you thought the programme would involve when it started.

Prompts

Follow up with prompts as necessary to obtain the whole story. For example -

'What happened next?'

'Can I be sure I've got this right.....'

Then summarise the story so far to prompt clarification and filling in any gaps. 'So where are things at now?'

Follow up questions

Thank you for telling me about what happened. Now I'd like to follow up to explore a bit more about your experience.

Follow up questions need to be introduced by referring back to things that people have said when they gave their account.

For example: 'You said that.....can you tell me more about that?'

Depending on what people have said, it may be necessary to use more specific questions to ensure that all the topics we want to explore are covered.

### **More specific questions, linked to key research issues**

Suggested questions are listed under thematic headings on the next pages. Words that are highlighted can help as reminders of the key issues we want to explore.

Introduction to the Break4Change Programme, practitioner involvement

Thinking about the time when the idea of this programme was introduced to you...

Who introduced the Break4Change programme to you?

How did they explain it?

Did you feel you understood what it was about?

Did you feel you had any choice about participating on it?

Did you make any objections? (If so, how were these responded to e.g. conditions adapted?)

What support was offered to you at this time?

How would you describe your relationship with the practitioner who spoke with you at the time?

Whilst you were on the Break4Change Programme:


How did it feel being on the B4C programme?

What other support or help if any was offered to you whilst you were on the programme? (e.g. GP. other relative, practical support etc.)

Did you have any say in what help you got during this time?

Tell me what you can remember about what you did on the programme?

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What was most helpful about the programme?

What was least helpful about the programme?

What did you think about the creative work such as painting, rapping, music?

What did you think about the filming part?

How would you describe your relationship with the professionals (facilitators Ben, Charlotte etc) and service providers you were involved with whilst you were on your order?

How helpful were they?

Did the relationship change from before/ after the time on the Programme?

What effect has the Break4Change programme had?

Did/ do you feel the programme helped or hindered you to feel better?

How do you think it has affected your relationships with people who are important to you and especially your parent/s or carer/s?

Has it affected the way you feel about yourself?

So, summing up:

What, if anything has been good or helpful about the experience of a CTO and what, if anything, has been bad or unhelpful?

If you were to suggest a way in which the use of this programme might be improved, what would it be?

Is there anything else that you want to say?

Close with thanks for their time; give information/debriefing sheet as necessary.

## Responding to Child to Parent Violence 2013-2015

### Participant Consent Form (YP/I)

- I agree to take part in this research which aims to better understand Child to Parent Violence and to improve service responses.
- The researcher [Name] has explained to my satisfaction the purpose of the research and the possible risks involved.
- I have had the principles of the research and the research procedure explained to me and I have read also the information sheet. I understand it, and the principles and procedures fully.
- I am aware that I will be required to answer questions and that the interviews will be recorded.
- I understand that any confidential information will be seen only by the researchers and will not be revealed to anyone else. However, if I was to reveal plans to harm myself or others, I understand that the researcher would need to break confidentiality. I understand that if I reveal that I have been involved in any illegal activity, confidentiality may also be broken.

Name (please print) .....

Signed.....

Date .....



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## Responding to Child to Parent Violence 2013-2015 - Debrief Sheet – Young Person

Thank you very much for taking the time to talk to me about your experiences today. By talking to me you have helped me to understand more about families where aggression from a young person has been an issue and what it is like from a young person's point of view. You have also helped me to understand your experiences of the Break4Change programme, what worked for you in making changes and what was not so successful.

It may have upset you talking to me today. It is important that you tell someone if you feel upset so they can help you – someone in your family, your youth justice worker, or another adult that you trust. Your youth justice worker will be available after the interview if you would like to talk.

You may also like to ring Childline by phoning free on 0800 1111 or visit their website [www.childline.org.uk](http://www.childline.org.uk) to talk about anything on our mind.

If you have any questions about today or would like to ask me anything about the research project you can telephone or email me. My details are below.

Thank you again for talking to me.

Paula Wilcox

Responding to Child to Parent Violence action research project

School of Applied Social Science

University of Brighton

Tel: 01237 643487

[p.s.wilcox@brighton.ac.uk](mailto:p.s.wilcox@brighton.ac.uk)



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