“I want my mum to know that I am a good guy...”: A thematic analysis of the accounts of adolescents who exhibit Child-to-Parent Violence in the UK

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Abstract

This qualitative study explores child-to-parent violence (CPV) in the UK based on the accounts of adolescents who exhibit this type of family violence. The key areas of interest concern the familial relationships and contexts within which adolescents are embedded, and their perceptions about their emotional states and how these interplay with CPV. Eight participants were recruited in total from a community sample from two different intervention programmes aiming to tackle CPV in England. Methods included participant-observation, face-to-face interviews and hand-written interviews; all data were analysed thematically. Results suggest that CPV is linked with adverse childhood experiences (ACEs), unsatisfactory relationships with parents, perceived emotional rejection from parents, and emotional dysregulation in young people.In this study, violent behaviour was directed not only against mothers but in all cases against siblings and stepfathers.The findings address the complexity of the subject and the need for tailored, evidence-based interventions in the field of CPV.

Key words: children exposed to domestic violence; mental health and violence, attachment, violence exposure

Introduction

Child-to-parent violence (CPV) refers to violence directed towards parents or carers by children, and adolescents legally recognized as children; it includes physical, psychological, verbal and financial violence (e.g. Simmons, McEwan, Purcell, & Ogloff, 2018).The impact of CPV on parents is significant with; physical and mental health problems such as depression and anxiety, social isolation as well as workrelated and financial problems are commonly reported by parents (e.g., Clarke,Holt, Norris & Nel, 2017).

CPV has received limited attention until recently and it remains one of the most under-researched forms of family violence (Ibabe, 2019). Published research exploring the perspectives of adolescents who exhibit CPV is even more limited. The few studies that accounted for this perspective come from Spain (e.g. Calvete et al. 2014) and Canada (Cottrell & Monk, 2004). With few exceptions (e.g. Gabriel et al. 2018), the accounts of adolescents are missing from qualitative studies in the literature. The current study explores adolescents'own perspectives and agency as social actors, and situates them as key informants of their experience. Without an understanding of the context of this violence, it is not possible to develop appropriate theoretical explanations and effective, tailored interventions.

The family-based risk factors associated have been the main focus of the majority of the studies within this literature (Calvete, Orue, & Gamez-Guadix, 2013). A review of the literature indicates that CPV is associated with other types of familial violence such as intimate partner violence (IPV) and parent-to-child violence (Simmons, et al. 2018).Indeed, exposure to IPV is the most commonly reported adverse childhood

experience associated in this population and has been established as a risk factor of CPV by a number of studies within the field (e.g. Boxer, Gullan, & Mahoney, 2009; Gabriel et al. 2018; Kennedy, Edmonds, Dann, & Burnett, 2010). In addition to IPV, recent studies have demonstrated that parental-to-child violence constitutes an additional risk factor of CPV (Ibabe, 2019). For instance, in Germany, Beckmann, Bergmann, Fischer and Moble, (2017) recruited a large community sample (*N*=6444) of adolescents aged 13 to 19 years and found that parent-to-child violence (both physical and verbal) during childhood was the strongest predictor of CPV for both girls and boys. Similarly, a recent meta-analytic review of 19 primary studies found that the probability of developing child-to-parent violence for children victimized by parents increased 71% as compared to non-victimized children (Gallego, Novo, Fariña, & Arce, 2019)[1]. In the UK, Biehal (2012), showed that 32% of the 112 participants who exhibited CPV had experienced physical and sexual violence and neglect. In the same study, professionals reported that they were concerned that half of those with past experience of maltreatment might still be subject to emotional abuse, while 47% of those who had experienced maltreatment also had experiences of IPV, showing that they were embedded in wider contexts of violence. This finding is supported by evidence from the literature that demonstrates that in half of cases in which there is IPV in a family, there is also violence against children (Webster &Bond, 2002).

Whilst the relationships between IPV, CPV and parent-to-child are well established, theoretical explanations of these associations are limited (e.g. Simmons et al. 2018). A number of researchers (e.g. Cottrell & Monk, 2004), suggest that the link of IPV with CPV is patriarchal role modelling. This explanation, however, ignores the substantial

literature regarding the effects of childhood trauma and exposure to IPV; it tends to suggest male adolescents who exhibit CPV as "maladaptive men-in-the-making", in an oversimplified approach to both gender and its interconnections with societal patriarchy.

Alternative explanations for these findings are offered by the theory of intergenerational transmission of violence which is based on social learning (Bandura, 1973). Social learning theory can account for some aspects of the topic such as normalization of violent behavior as a means to resolve conflict (Calvete et al. 2014). However, in this study we argue that social learning theory alone cannot account for the complex or developmental trauma associated with exposure to such experiences and their impact on attachment. The impact of exposure to violence can be viewed within a traumatisation framework (Nowakowski-Sims & Rowe, 2017) in that, different types of adverse childhood experiences (ACEs) such as IPV or parent-to-child violence, can lead to disruptions in attachment. ACEs have been found to be the most important predictors of attachment styles (Waters, Merrick, Treboux, Crowell & Albersheim, 2000) and have a debilitating effect on children's development and mental health (McTavish, MacGregor, Wathen, & MacMillan, 2016). Additionally, chronic exposure to such stressful events during childhood results in disruptions in emotional processing: it can impede the ability to cope with negative emotions and it has been consistently linked with emotional dysregulation (e.g. McLaughlin & Hatzenbuehler, 2009).

We differentiate between normative parental socialization (Garcia, Serra, Garcia, Martinez, & Cruise, 2019), in which parents reinforce children's behavior, and dysfunctional parental socialization (e.g., physical or emotional violence), in which parental behavior constitutes abuse (Wong et al. 2019). Parenting socialisation theory

(Garcia, Lopez-Fernandez, & Serra, 2018) has demonstrated that authoritarian parenting styles (parents exercise high level of control over children, low warmth and make use of disciplinary acts such as corporal punishment; Contreras & Cano, 2014) and neglectful parenting styles (lack of supervision and affection; Suarez-Relinque, Arroyo, Leon-Moreno, & Jeronimo, 2019) are associated with CPV. Lack of bonding and parental warmth, perceived emotional rejection from parents and emotional deprivation seem to constitute core elements of CPV (e.g. Calvete et al. 2014). Cottrell and Monk (2004) in Canada, suggested that CPV was an attempt by adolescents to get attention, to express anger, and to create emotional connection. These needs indicate poor attachments, lack of emotional warmth and emotional neglect.

Besides family related risk factors, the literature has also demonstrated individual risk factors associated with CPV although those have been studied to a lesser extent. For example, there are few studies that have explored adolescent's mental health within the field of CPV, and those that have come primarily from Spain (e.g. Ibabe, Jauregizar & Bentler, 2013) or the USA (e.g. Kennedy et al. 2010). Attention-Deficit Hyperactivity Disorder (ADHD) appears to be the most common diagnosis among adolescents who exhibit CPV, followed by conduct disorder and oppositional defiant disorder; depression and anxiety are also prevalent (Simmons et al. 2018). It is important to note that the majority of the studies that accounted for the mental health of adolescents who exhibit CPV are cross sectional, therefore, the causality of the relationships found between mental health difficulties and CPV remain unknown. These diagnoses could be outcomes associated with their perpetration rather than simply antecedents. Ibabe, Arnoso and Elgorriaga (see 2014a, 2014b), explored whether young people (N=231) who have been charged for violence

against their parents show a different psychological profile to those who were charged with other offences, and those with no history of offending. Results showed that adolescents who were violent towards their parents had significantly more problems with interpersonal relationships, poorer psychosocial competence and maladjustment, social aggressiveness, impulse control problems, higher levels of hyperactivity, and higher levels of psychological stress. An additional study that recruited a community sample of adolescents (*N*=2,399) aged 12 to 18 years in Spain, found high levels of alexithymia, and difficulties in identifying, expressing and interpreting emotions (Martinez-Ferrer, Romero-Abrio, Moreno-Ruiz, & Musitu, 2018). Research shows adolescents with difficulties in identifying and expressing emotions tend to use violence as a means of conflict resolution (Aricak & Ozbay, 2016). Calvete'set al.'s (2014) qualitative study in Spain suggested that adolescents who exhibited CPV were subject to impulsivity, depressive symptomatology, problematic temperament and low frustration tolerance. Therefore, it seems that difficulties associated with lower inhibitions, hyperactivity impulse control and emotional regulation, all of which are associated outcomes of childhood complex trauma (see Dye, 2018, for a review), are important risk factors. Research shows that complex trauma associated with chronic exposure to ACEs impedes the ability to cope with negative emotions and has been linked with emotional dysregulation, hyperactivity and impulse control problems(McLaughlin & Lambert, 2017).

These findings originate from a limited number of studies; most of which are quantitative and conducted outside the U.K. Whilst they have contributed to our understanding of the issue of CPV, there is an absence of adolescents' experiences within this narrative. This current study, by focusing on the perspectives of the adolescent

perpetrtors of CPV in England, offers the possibility of enriching existing understanding and filing a gap in the literature about adolescent's perspectives.

Aims of the Study

The aim of the current study was to explore the experiences of adolescents through developing an understanding of their familial relationships and context, and their perceptions about their emotional states and how these interplay with their behavior. This study represents a new exploration into CPV by providing insights into, and an understanding of, the perspectives of adolescents who engage in CPV through data gathered from participant observation and interviews with them. It is hoped it will allow these voices to be heard in the research, and go some way to starting to have policy and the intervention programmes that are informed by evidence from young people themselves.

Method

Participants

Eight participants were recruited from two intervention programmes ("Intervention X" and "Intervention Y[2]") running in two cities in England, aiming to tackle CPV. All participants in the sample were engaged in CPV and this constituted the reason of participation to the intervention programmes. Adolescents were referred to these interventions by their social workers or parents; but their participation to these interventions was voluntary. The participants' ages ranged from 14 to 16 years old (M=14.5, SD=.75). Seven identified as male and one as female. None of the participants were coming from ethnic minority groups;

[2]To protect the anonymity of participants, the interventions is not named, and we are restricted in how much detail we can provide about both the program and its content.

all participants were white British. The number of parents' who were victims of CPV was: eight mothers (seven biological mothers and one adoptive mother), and six fathers (one biological, one adoptive father, and four stepfathers). Due to the vulnerability of the participants' group and the sensitivity of the topic studied, participants' details and accounts that would risk them being identifiable in published accounts of the research are removed and not included.

Materials and Procedure

Ethical consideration was sought and obtained from a University in the South of England[3]. In addition to adolescent's consent, parental consent was obtained since most participants were younger than 16 years. Adolescents and their parents were approached and informed about this study through the Interventions' youth workers (both verbally and written) after arrangements were agreed between the youth-workers and the first author. The parents of those adolescents who reported they are interested in taking part in the study, were informed about adolescents' interest in the study by the youth workers or the first author and they were provided with information about the study again (both verbally and written). The same process took place with adolescents; those who were interested in taking part, were given age appropriate information about the study. Parents and young people were given a week to decide whether to take part in the study or not. After gaining informed consent from parents, informed consent was sought from adolescents. It is important to

[3]The University is not named to protect participants from being identifiable.

note that for those adolescents who reported interest in taking part in this study, all parents gave their consent. All participants' names presented here are pseudonyms.

The methods employed in this study included participant-observation; face-to-face, individual semi-structured interviews with two adolescents and interviews completed in written form without face-to-face contact with four adolescents.The first author undertook all data collection. For participant observation, this study used unstructured, overt participant-observation during the "Intervention's X" sessions. Openly adopting the role of "researcher" legitimated the researcher's presence in the eyes of participants. Three out of the four adolescents involved in "Intervention X" agreed to participate in this stage. The duration of participant-observation was 22.5 hours in total for three participants. The focus was on what adolescents were saying especially regarding their familial relationships, emotional states and perceptions of themselves, on how they were interacting with practitioners and with each other, and the attitudes they displayed. Participant observation field notes were handwritten during participant observation; after each fieldwork session.

Interview schedules were pilot-tested with one clinician and two researchers to ensure comprehension and clarity. Interview questions were common for all participants (appendix 1). The final schedule was based on an initial "pilot" interview with an adolescent which is included in the final analysis. Two face-to-face semi- structured interviews in total were conducted with two adolescents; the face-to-face interviews lasted approximately 50 minutes. Although initially the aim was to conduct face-to-face interviews with all participants, practitioners from "Intervention Y" denied this access for the protection of adolescents. As a result, the only solution available was to provide the practitioner working with adolescents hard copies of the interview questions, requesting

them to handwrite their responses to each question. Although this method is not very common in qualitative studies, Braun and Clarke (2013) assert that it can generate excellent data and is well-suited for researching sensitive issues, as they give participants space to open up without the pressure to give an immediate answer which a face-to-face interview may generate. Furthermore, despite the limitations arising from the lack of interactive face-to-face communication, participants still provide their accounts in their own words which is important for qualitative research – and something neglected in this research area. All four young people from "Intervention Y" agreed to take part and handwrote their responses to interview questions. The data presented below do not identify which of the three method options (e.g. participant observation, face-to-face interviews, handwritten interviews) apply to each participant. The rationale behind not disclosing method exposure is to protect participants from being connected to a specific intervention and thus, posing a risk to participants to become potentially identifiable. It is important to note that all findings were obtained during the implementation of the intervention programmes except from the interview with "Jordan". Jordan was the only participant who has completed an intervention programme six months prior to the interview.

Data Analysis

The present study applied thematic analysis;the theme generation process was based on Braun and Clarke's (2006) guide of six explicit stages. During the coding process, the lead researcher decided on a semantic level, rather than a latent level approach (Braun & Clarke 2006). Given the pragmatic fact that some of participants' responses were mostly brief, perhaps due to the handwritten method, a semantic level seemed most appropriate to the study.It should be noted that the "themes" the first author identified as such were based

on the criterion of prevalence of participants commenting on a specific issue and of saliency, the degree to which the themes captured aspects of analytic importance regarding the research questions.

Results and Discussion

The thematic analysis identified three major themes as follows: 1) conflictual family dynamics, 2) unsatisfactory relationships with parents and, 3) a sense of being difficult to cope with.

Theme 1: Conflictual Family Dynamics

Subtheme: 1a: Exposure to family violence. Six out of eight adolescents reported that they have witnessed IPV within the family home. When asked about those experiences, participants reported that those events made them feel upset and scared; they reported that they wanted to stop the violence, and it seemed that participants adopted the role of "protector" of their mothers from an early age. Adolescents' accounts reflected helplessness and potential guilt for being unable to prevent the violence. When describing these incidents, they did not refer to other adults providing support and comfort, suggesting that they probably had to process and make sense of such emotions and conflicts on their own.

> Carl: The incidents with my real dad when I was two, they made me anxious. He was violent to my mum. Very upset, wanted to stop it.
>
> Andrew: He [dad] was an alcoholic and violent to mum. I had to take care of her cause he is a dick.

Exposure to IPV is a risk factor for a range of difficulties such as aggression, conduct disorder, violence and academic failure among others (McTavish et al.,2016). Familial dynamics such as distant relationships with parents or an adult *loco parentis* may leave adolescents particularly susceptible to the effects of IPV. In this study, six adolescents were violent against siblings, and those in co-habiting families (n=4 in the sample) were violent against their stepfathers. In contrast with previous studies (e.g. Calvete et al. 2014), participants in this study did not explain their violence towards their parents as a consequence of behavior learned through experiences of IPV. Rather they seemed to adopt the role of the "protector", feeling responsible to protect and care for their mothers. The protective motivation suggests a reversal of the usual parent-child relationship in which the adult is responsible for the protection of the young person (Golombok, 2002).

In addition to witnessing IPV, these adolescents were also victims of violence by other family members. For example, two participants were targets of violence by their older brothers; it is significant that one participant's brother had been removed from home because of his violent behaviour towards both their mother and the participant himself. Another participant reported that he was the target of physical violence from his uncle.

Three participants also referred to their parents' use of violent disciplinary methods against them. For example, Mary reported that her mother slaps her and locks her in her room for many hours. Similarly, Oliver, reported that "if I did that I would get slapped'' and reported that his mum threatens that she will put them into care. This finding demonstrates a continuum of violence and supports research studies that find bi-directionality of violence in CPV (e.g. Beckmann et al. 2017). Within this spectrum, the roles

of “victims” and “perpetrators” become interchangeable (Miles & Condry, 2015) and appear inadequate in accounting for the complexity of CPV.

Subtheme 1b: Adolescent’s violence towards siblings. Five adolescents contributed to this subtheme; they used strong words such as ‘hate’ to describe their feelings about their siblings and recurrently stated that they did not get along with them.

> Interviewer: To whom violence was directed?
>
> Andrew: Mum and my brother. He [my brother] is so annoying. I hate him. He is pathetic.
>
> Oliver: I lose temper with my sisters: once they made me so angry I made a hole in my bedroom door.

Finding adolescent’s violent behaviour towards siblings and persistent sibling rivalries in this sample reflects a high alert family context and is indicative of lack of boundaries within the home. It demonstrates the difficulties for adolescents in sustaining healthy interpersonal relationships and the lack of healthy interaction and safety within the family setting. It could also be indicative of parental emotional exhaustion and multi-stressed familial contexts (Golombok, 2002). Fights and violent behaviour between siblings are an additional source of stress which can emotionally drain both parents and adolescents, thus further undermining the quality of familial relationships.

Subtheme 1c: Persistent conflicts with parents. Five participants described getting into multiple arguments with their parents each day; these arguments took place even over minor issues (e.g. having a haircut) and turned into serious fights. Adolescents referred to arguments as something they did not like, and their accounts reflect these worries.

> Mary: I just want to be able to talk to them about normal daily stuff and not argue so much.
>
> Chester: We have arguments in the morning before I go to school, then in school I get into trouble, then I return back home and again we fight - sometimes for not important things. I don't like that.

Frequent arguments suggest lack of effective, meaningful communication for parents and adolescents, and a difficulty in overcoming these problems (Micucci, 1995). The frequency and persistence of conflicts reported by participants may also be indicative of feelings of rage held by adolescents towards their parents. Frequent arguments may also be linked to sibling-rivalries and to defiant and oppositional behaviour amongst adolescents, discussed further below.

Theme 2: Unsatisfactory Relationships with Parents

Subtheme 2a: Paternal physical absence. Six participants reported the physical absence of their biological fathers in their lives due to abandonment and divorce. Participants seemed to be affected negatively by the abandonment and lack of contact with their biological fathers which was marked by sadness and anger.

> Andrew: Dad leaving is worst. My world got destroyed. None are happy. The relationship between my parents is shit because my dad is an idiot. He is a dick. I hate him.

This finding accords with the accounts of mothers and professionals in Calvete et al.'s (2014) study. Lack of contact and relationship with birth-parents may be traumatic for young people, leaving a mark of abandonment and rejection. In the absence of a close relationship with another adult, the level of interdependence or overdependence on mothers

may be high (Golombok, 2002); emotions of overdependence may result in rage or a desire to control. Moreover, experiences of loss and feelings of sadness resulting from the physical absence of the father may be compounded by a perceived sense of rejection from the mother. (see subtheme 2b)

It is worthy to note that given that half of the participants came from co-habiting families, the relationship with stepfathers did not seem to compensate for the absence of birth father. Although there is no conclusive evidence, the absence of stepfathers in the accounts of adolescents from co-habiting families may reflect a failure to adapt to the transition from divorce to re-marriage.

Subtheme 2b: Perceived maternal rejection. Five adolescents reported perceived rejection from their mothers and rejection by mothers was arguably the most salient concern of participants.

> Oliver: I want my mum to know that I am a good guy, apart from the fights I am not bad and I want her to love me and I feel she doesn't so much. When I am not fighting, I am a nice person.

In two cases, the introduction of a different father figure seemed to have caused feelings of jealousy and anger, leaving participants feeling rejected and unloved by their mothers.

> John: Stepdad can be miserable and my mum takes his side. We don't do much together. I would like mum to be around more. They spend all their time looking after the baby. I think I annoy them.
>
> Chester: The last time I was close to my mum was seven years ago when my stepdad moved home. [...]. Chester says that he feels left over and he does not get attention from his mum. While saying these things, he got emotional and was trying to hide his tears.

Jordan, the only participant that came from an adoptive family, stressed during the interview that he was feeling rejected by his birth parents; he also identified this rejection as a contributing reason for his violent behaviour towards his adoptive parents. This finding is in line with the literature; perceived rejection from parents is a core characteristic of CPV (e.g. Contreras & Cano 2014; Calvete et al. 2014). It seems that perceived parental rejection is a key characteristic of the parent-child relationship in CPV. Adolescents' accounts of family relationships portrayed rejection, lack of warmth and emotional deprivation (Calvete et al. 2014; Suarez-Relinque et al. 2019). This perceived rejection implies that certain emotional needs are not met.

Participants also complained of unfairness because their mother preferred another of their siblings, and there was a tendency for participants to blame siblings for their ownpoor relationships with their mothers. These perceptions of unfairness may be connected to feelings of rejection, jealousy and inadequacy, but also with violent behaviour since lack of attention seems to be a trigger for this behaviour. Mothers might develop seem to develop preferences for a child that is not violent; nevertheless, the perception of favouritism seems to lead to a further deterioration in the quality of the relationship between participants and their mothers. A common tendency in families with adolescents with conduct difficulties is parental coalitions with better behaved children, leading the adolescent who exhibits violent behaviour to feel excluded and resentful (Caspi, 2012).

Given that adolescents are active agents in attachment formation, their violent behavior can reduce parental empathy and sensitivity to their needs (Loeber & Stouthamer-Loeber, 1986; Mercer, 2011). The interactional, reciprocal and bidirectional character of parent-child relationships means that adolescents' contribution to the relationship is of

equal importance to that of the parent (Mercer, 2011). The multi-stressed family-contexts described above, combined with participants' violent behaviour, responsibilities for work, household management and caring for other children can result in mothers feeling overwhelmed (Asen & Fonagy, 2017). Furthermore, half of participants come from families with more than one child. Parents with multiple children have increased responsibilities and may feel under more stress which could lead to a lack of quality time with the children (Kandel-Englander, 2007).

Subtheme 2c: Desires for close relationships. All participants reported that they want good relationships with their parents and families, and that they want to improve their relationships with family members. Improving relationships with their parents constituted the reason for some adolescents' engagement with interventions:.

> Oliver: When I say I hate you to my mum ... but when I say I hate you I don't mean it. I love her a lot.
>
> Chester: I just want to spend more time with my mum separately, the two of us, apart from the job and everyone else.
>
> Mary: I just want a relationship with them [parents], I love them.

It is interesting to note that there were contradictions between words, feelings and behaviour. When adolescents exhibit violent behaviours, the relationships they want to sustain, actually deteriorates. This contradiction reveals an emotionally-charged relationship which is common in cases of family violence (Asen & Fonagy, 2017), and is evidenced by participants stressing their desire for relationships with the parents to whom they are violent. These emotionally-charged relationships align with the key thread of 'intensity', which runs throughout participants' accounts.

Theme 3: A sense of being difficult to cope with

Subtheme 3a: Defiant and oppositional behaviour. Five participants contributed to this subtheme. A recurring statement by participants was that they do not like being told what to do. The participants identified this characteristic as a trigger for violent behaviour against parents and for fights with teachers in school.

> Jordan: I said, "I'm a bit of a twat", sorry for my language. You don't know twat? If I don't get my own way, I don't like it. Basically, I'd very much wanted to get my own way. If I didn't, it would turn very nasty. I'd like to be in control. I still do. I don't like being told what to do. I don't like the idea of anyone telling me what to do.

In addition, during participant-observation, participants frequently engaged in conflicts, exhibited hostile and defiant behaviour and were often antagonistic to the point of inhibiting the running of the programme and jeopardizing safety for everyone involved.

> Mary turns to Chester and she calls him dickhead, dildo and ugly. You are just ugly, fuck off.

Participants were frequently involved in disputes, name-calling and bullying during the programme. This finding is in line with literature suggesting adolescents who exhibit CPV seem to have poor psychosocial competence and maladjustment (Ibabe, et al. 2014a, 2014b). Participants' defiant and oppositional behaviour resulted in inability to run "Intervention X"; reinforcement of negative behaviours was apparent. Furthermore, Chester, who was less disruptive, was left out since those who were more disruptive received greatest attention.

Regarding sex-related differences, the findings of this study support previous studies that show similar levels of physical violence between females and males but higher scores of psychological violence among females (e.g. Calvete, Orue, & Gamez-Guadix, 2013)

although it should be noted that frequency of violence was not measured per se. Mary, was physically, financially and psychologically violent against parents alike all male participants except Oliver who exhibited psychological and financial violence against his mother but not physical violence. However, during the intervention, Mary exhibited greater frequency of psychological violence against male participants. Mary was the dominant person in the group and it seemed apparent that the male participants were afraid of her. In contrast with previous research that showed that adolescent females have better academic competence (Musitu-Ferrer, Esteban-Ibañez, Leon-Moreno, & Garcia, 2019) and greater empathy (Hoffman, 1977) than adolescent males, in this study Mary, identically with all male participants had low academic performance and faced serious conduct problems in school (e.g. exclusion).

Subtheme 3b: Difficulties with controlling emotions. Five participants identified their difficulties in controlling their emotions as one of the reasons for their violent behaviour. Participants reported feeling confused and afraid because they were unable to "control themselves". Their accounts also reflected a perceived lack of agency.

> Bob: Bit wonky sometimes. It's weird. I can't accept being hurt, don't like it, I go mad. I've scared myself. My emotional state is wonky.
>
> Jordan: When I'm getting angry, I don't notice when I get angry. It all happens fast and I don't remember when it finishes. Yeah, I was very much out of control. When I got angry and very quickly and very badly.

In line with the literature, six participants reported that they have been involved in Children and Adolescent Mental Health Services (CAMHS; Kennedy et al. 2010) while, four participants stated that they had ADHD (Ibabe et al. 2014a; 2014b).In addition, Oliver complained about having difficulties concentrating and focusing, and Jordan commented

on being hyperactive. Whether Oliver had been given a diagnosis of ADHD or whether this was just something suspected by his mother remained uncertain, nor did the professionals know. Three of the four participants in "Intervention Y" stated that talking to their practitioner when they were feeling angry and stressed helped them with emotional regulation. This interaction with a youth worker is in line with the definition of attachment as "the dyadic regulation of emotion" (Sroufe, 1996, p.172): the professional provided a safe haven to which these participants could turn. Moreover, for these participants, the youth worker was the only person to whom they turned when they were feeling stressed and sad.

In summary, the findings of this study underline that CPV is a multi-faceted and a complex systemic problem. Participants were found to have experienced adversities such asexposure to IPV, parent-to-child violence, emotional neglect, parental separation and divorce, loss and abandonment. The findings regarding the association of CPV with parent-to-child violence challenge the dichotomy of "victim/perpetrator" terminology used in CPV; such terminology oversimplifies the context where CPV occurs; it risks not accounting or assessing for bi-directional violence and risks pathologizing adolescents. Violent behaviour was found to be directed not only against mothers but in all cases against siblings (boys and girls) and stepfathers. Also, participants overtly expressed a desire for close relationships with parents and expressed a need for affection; relations appeared to be the most important concern for the participants. Adolescents' intensity of emotions and perceived parental rejection should also be underlined.

Limitations

Whilst this study represents an important contribution to the literature, the findings should be considered in light of the limitations imposed by the generalisability of results and the methodology. All participants were attending interventions aiming to target CPV and so our findings may have been different among those adolescents who were not engaged with this sort of support. Given the shame and stigma associated with family violence and the fact that parents do not seek for help unless violent behaviour becomes dangerous (Holt, 2013), it likely that the study's findings represent the extreme end of cases in the field studied. Additionally, regarding past family events, the influence of recall should be taken into consideration especially for those participants who were very young when those incidents occurred; it is impossible to know whether participants remembered those incidents or it was something they heard from other family members.

The recruitment of adolescents has been challenging. The study's sample size of eight participants in total is small. Access for face-to-face interviews with adolescents was in many cases denied by professionals; as a result, four participants hand wrote their responses. It is acknowledged that this is a major limitation of the study. The lack of face-to-face communication, the short, descriptive answers of participants and the inability to ask and draw further on specific issues raised by participants are also acknowledged. The data of this study were obtained from 22.5 hours of observations with three adolescents, two face-to-face interviews and four hand-written responses. However, participants provided their experiences and their accounts in their own words: this is important for the nature of qualitative research (Braun & Clarke, 2006), but also for ensuring adolescents have their voice heard within the CPV narrative. The insights of this study are valuable due

to the lack of qualitative studies conducted with adolescents who exhibit CPV in England. However, future research should include parents' narratives to enable a better understanding of CPV experiences within the family.

Additionally, the findings of this study are historically, culturally and geographically specific. For instance, the different impact of parental practices on child and adolescent development is usually identified as function of the cultural context in which parental socialization take place (Garcia, Serra, Garcia, Martinez, & Cruise, 2019). In this sense, the findings of this study about parenting factors (e.g. paternal physical absence, perceived maternal rejection) related to CPV in England may be of relevance to traditional, vertical individualist societies only (e.g. UK, USA). However, recent evidence indicates that the parenting factors associated with CPV in this study can be similar in other cultural contexts such as Southern European Countries (e.g. Spain) (Calvete et al. 2014).

Implications and future research

As the findings demonstrate, CPV constitutes a multi-faceted, systemic family issue caused and maintained by a complex set of interrelated factors. We reiterate that findings regarding attachment and trauma are only speculative; for example, attachment difficulties were not measured and assessed. This study, however, is an explorative one and as such its role is to illustrate areas that require further attention. With regards to interventions, the overall picture from adolescents' accounts, underline the importance of theories that relate to attachment, complex trauma, family-systems and parenting socialization. A combination of these theories is applicable to the problem under study and we view tailored, multimodal programmes as more likely to bring positive change (Asen & Fonagy, 2017).

An important finding of this study is the bi-directionality of violence between adolescents and their parents; participants were exposed to family violence during childhood while three participants experienced violent behavior from their parents during their participation in the intervention programme (e.g. Beckmann et al. 2017). This finding accords with the literature of other forms of interpersonal violence such as bullying (Nansel et al., 2001; Sterzing et al., 2020). A study conducted with child welfare–involved adolescent girls in the USA found that the majority were bully-victims while the severity of PTSD symptoms significantly increased the likelihood of a bully-victim and victim-only role (Sterzing et al., 2020). This finding has important implications for the CPV literature and intervention programmes; as noted elsewhere (Miles & Condry, 2015), the roles of of "victims" and "perpetrators" become interchangeable in CPV and appear inadequate in accounting for its complexity. The experiences of adolescents who exhibit CPV underline the need for access to evidence based, trauma interventions facilitating the development of social and emotional learning.

In this study, participants were violent against their siblings; this finding suggests that assessments should incorporate siblings as additional possible targets of violent behaviour. In line with the family-systemic perspective (Murray, 2006), dysfunctional communication patterns that lead to fights and violence escalation were noted. This finding underlines the need of building rapport between parents and adolescents. An interesting finding in this study is that while adolescents perceived their parents as distant, they expressed desires for close relationships with them. Previous research found that parental warmth and involvement and low levels of strictness and imposition are key for optimal socialization outcomes (Garcia, Serra, Zacares, & Garcia, 2018) and prevention from

alcohol abuse (Garcia, Serra, Zacares, Calafat, & Garcia, 2019). The importance of parental warmth and responsiveness for the adolescents in our study has implications for interventions in the field of CPV, highlighting the need for positive parenting practices. CPV interventions should be focused on fostering a warmth relationship between adolescents and their parents, based on affection, dialogue and rapport supporting adolescents to improve not only their perceptions about their families but also their own interpersonal skills and self-esteem.

Furthermore, the findings regarding adolescents' emotional states (e.g. a sense of being difficult to cope with) and the interplay with CPV, support previous evidence of CPV research (Ibabe et al., 2014a, 2014b; Martinez-Ferrer et al., 2018) as well as wider family research with both community samples (Perez-Gramaje, Garcia, Reyes, Serra, & Garcia, 2020; Garcia, Lopez-Fernandez, & Serra, 2018) and legal samples (Steinberg, Blatt-Eisengart & Cauffman, 2006). Poor psychosocial competence and maladjustment was found as well as hyperactivity, low impulse control and difficulties with interpersonal relationships.

Conclusion

Research interest in CPV has been growing in recent years (Ibabe, 2019). Yet, the voices of adolescents who exhibit CPV remain scarce in the literature. This study fills the gap in the literature resulting from the absence of first-hand accounts from adolescents who exhibit CPV in England. Exposure to ACEs such as IPV, parental separation and divorce, loss and abandonment and parent-to-child violence, were found. It is worthy to note that despite the evidence regarding the link between CPV and exposure to childhood

adversities, the interventions targeting CPV in England and Wales have not been evaluated with traumatized children (Selwyn & Meakings, 2016).

The relationships between parents and adolescents were to be found unsatisfactory due to perceived rejection and persistent conflicts. Those relational qualities indicate that participants were susceptible to the traumatic effects of childhood adversities: they also indicate disrupted attachments with parents. In addition, the continuum of co-occurring types of violence towards siblings is indicative of multi-stressed family-systems. Adolescent's perceptions about their emotional states were found to be characterised by poor psychosocial competence, maladjustment, emotional dysregulation; defiant, oppositional behaviours were also noted, illustrating difficulties in sustaining healthy relationships. These emotional and behavioural difficulties were linked to reported isolation and sadness and may also be connected to parental emotional drainage and withdrawal.

As previously discussed, the recruitment of adolescents into the study has been particularly challenging. However, this challenge has not been due to refusal of adolescents or their parents to engage in this study which, according to Treseder (1997), constitutes one of the most commonly held myths about including children and adolescents in research. An unexpected finding was the reluctance of specific interventions to allow permission to conduct interviews with adolescents. For example, practitioners from "Intervention Y", declined access to face-to-face interviews with and although "Intervention X" initially provided the first author with access to participant-observation, interviews with adolescents were inhibited in a number of ways including the cancellation of booked interviews, or multiple interruptions to the interview process. The interview with

Chester, for example, was interrupted by practitioners three times. Practitioners from an additional, CPV intervention in England, when asked to inform parents and adolescents about this study and enquire whether adolescents were willing to be involved in interviews declined. Two additional intervention programmes approached and informed about the research have not responded. The barriers to inclusion of adolescents were 1) suspicion by practitioners and 2) staff fear around adolescent's participation despite the provision of required documents regarding ethical considerations and protection from harm and the scrutiny of the ethical considerations of this study. Although protection of adolescents should undoubtedly be a priority, both barriers reflect lack of staff training and knowledge regarding engagement with research. Training of staff regarding facilitating adolescents' participation in research, ethical research and the benefits of research is therefore recommended along the lines of open, democratic social care systems and service user involvement in public, social care and mental-health services.

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Appendix 1- Interview schedule

A) <u>Demographics</u>

Age

Gender

With whom are you living? How many siblings?

B) Violent behaviour

To whom violence was directed? Types of violence? (e.g. physical, psychological, financial etc?)

Could you remember when your aggressive behaviour at home started?

What factors you believe contributed to your violent behaviour?

Whom do you think is responsible for your violent behaviour at home and why?

Why do you think you have been behaving violently?

C) Family context and relationships

Please describe your best and worst memory from your life

Please describe your parents' relationship with each other.

Please describe your parents' relationship with you.

What are you enjoying from your relationship with your parents?

What are you missing from your relationship with your parents?

How do you feel towards your parents?

Describe the major stressors (matters that made you and your family worried/stressed) your family experienced while you were growing up.

D) Psychological/emotional aspects

Have you ever attended counseling/ mental-health services? If so, for what reason? Since when?

How would you describe your mental and emotional state?

How would you describe your mental and emotional state during and after your violent behaviour?

How do you think that your emotional state impacts on your violent behaviour?

What factors are/ have contributing/ ed to your resiliency from violent behaviour?

When you are stressed or sad to whom you are turning to?

E) School experiences

How is your life at school?

Could you describe to me some incidents that had an impact on you from school? (both negative and positive)

F) Debrief (e.g.)

Is there anything else you would like to say or add?

Do you have any questions?