

**MERSEYSIDE VIOLENCE  
REDUCTION  
PARTNERSHIP -  
CHILD/ADOLESCENT TO  
PARENT/CAREGIVER  
VIOLENCE AND ABUSE  
(CAPVA) - A LITERATURE  
REVIEW**

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**MERSEYSIDE  
Violence  
Reduction  
Partnership**



**C A P V A**  
CHILD ADOLESCENT TO PARENT/  
CAREGIVER VIOLENCE AND ABUSE

# Merseyside Violence Reduction Partnership - Child/Adolescent to Parent/Caregiver Violence and Abuse (CAPVA) comprehensive literature review

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## About this literature review

Merseyside is one of several areas allocated funding since 2019 by the UK government to establish a Violence Reduction Unit (The Merseyside Violence Reduction Partnership [MVRP]). Since 2022/23, Liverpool John Moores University (LJMU; Quigg) have been commissioned by the MVRP to implement violence prevention evaluation and research to fill gaps in local and (inter)national knowledge. In 2022/23, the MVRP identified a need to enhance understanding of child/adolescent to parent/caregiver violence and abuse (CAPVA), and subsequently implemented a multi-agency event to examine CAPVA across Merseyside. This event highlighted the need for local research on CAPVA, and the MVRP commissioned LJMU to implement a research study bringing together what is currently known about CAPVA, and a PhD work programme to examine what an effective model of preventing and responding to CAPVA would look like for Merseyside. This literature review forms part of the PhD work programme and specifically explores what is known about child/adolescent to parent/caregiver violence and abuse globally in terms of nature and extent, impacts, risk factors, theories and explanations, and policy and practice. The contents of this review would provide useful information for practitioners working with families who are experiencing CAPVA, service providers for those experiencing CAPVA and anybody wanting to expand their knowledge and understanding of CAPVA.

## The PhD Project

CAPVA is highly stigmatised, and therefore mostly hidden, meaning that very little is known about the issue (Baker, 2021). Until recently, CAPVA was not considered a social problem, meaning there are very few CAPVA specific services available (Thorley et al, 2020). The main data sources currently used to explore CAPVA are often focused on looking at incidents already reported, rather than observing the issue in its entirety. By exploring the nature and extent of CAPVA across Merseyside, this PhD will provide a more in depth understanding of how prevalent and severe the problem is and uncover the often hidden elements of the issue that may not present in individual case reports. Identifying the risk factors of CAPVA will recognise who is most vulnerable to become a perpetrator or victim of CAPVA and therefore what populations prevention strategies should be targeted towards. Prevention of CAPVA is lacking, with support often being reserved for the most severe cases (Clough, 2018). Variation in the definitions mean there is no consistent approach to CAPVA across services. This PhD aims to change this by exploring the evidence on CAPVA and identifying what an effective model for preventing and responding to CAPVA looks like. This will be used to devise a model of best practice for CAPVA prevention and response across Merseyside that can be implemented throughout services supporting CAPVA. This model of preventing and responding to CAPVA could also prove useful for implementation beyond Merseyside, due to the limited evidence base worldwide. There is currently a lack of academic evidence on effective strategies and/or programmes and subsequently intervention

activity varies greatly across services and settings. Furthermore, information on the groups most affected or the specific associated risk factors are not well understood, hampering efforts to design and target effective interventions at the most vulnerable groups. Throughout Merseyside there lacks a combined approach to addressing CAPVA across services, and no CAPVA specific services, which restricts those with lived experience of CAPVA from accessing and receiving support. Thus, what is absent is a cohesive model of CAPVA prevention and response which considers the nature and extent of CAPVA across Merseyside, associated risk factors, and available evidence on effective intervention strategies. Therefore, the main PhD research question is:

What does an effective model of preventing and responding to CAPVA look like?

To answer this, a number of research objectives have been developed:

- 1: What is the nature and extent of CAPVA across Merseyside?
- 2: What are the risk factors for CAPVA?
- 3: What is the evidence for preventing and responding to CAPVA?

The PhD project will be carried out through four studies:

#### **Study 1: Quantitative Analysis of Statutory Service Data**

Access to statutory service data will be requested from the five local authorities (e.g., youth justice service data; police recorded crime data). Any relevant CAPVA data will be extracted and explored through quantitative analysis to identify the nature and extent of CAPVA across Merseyside and associated risk factors and/or vulnerable groups.

#### **Study 2: Qualitative Semi-Structured Interviews - Practitioners**

A series of semi-structured interviews will be carried out with practitioners who are involved in the care and support of individuals with lived experience of CAPVA. These interview questions will cover all research objectives. Recruitment for these interviews will take place by reaching out to services offering support related to CAPVA across Merseyside). The interviews will take place in person or online and will be recorded. They will then be transcribed, and a thematic analysis will be carried out to identify any recurring themes.

#### **Study 3: Qualitative Semi-Structured Interviews - Families affected by CAPVA**

A series of semi-structured interviews will be carried out with families with current or past lived experience of, or exposure to, CAPVA. This will include parents/carers, young people who have been violent, siblings of these young people, anybody else in the family who may have been affected and the interview questions will cover all research objectives. Recruitment for these interviews will utilise practitioners as gatekeepers (who will provide safeguarding support), as well as through online support groups and forums for those who may not be engaged with services and/or would rather remain anonymous. The interviews will take place in person or online and will be recorded. They will then be transcribed, and a thematic analysis will be carried out to identify any recurring themes.

#### **Study 4: Delphi Study to advise model of best practice for addressing CAPVA in Merseyside**

Based on the findings, the final study will involve proposing a model of best practice for preventing and responding to CAPVA to key stakeholders across Merseyside. This will follow the Delphi study

process and utilise the findings from the two three studies in order to liaise with stakeholders to develop and refine a model of best practice for good service delivery of CAPVA support that aims to fill the global evidence gap of preventing and responding to CAPVA.

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# 1. Introduction

## 1.1 Background

Over the last several years, understanding CAPVA has increasingly become a public health focus amongst policy makers, practitioners, and the extended community (Miles and Condry, 2015; Brennan et al, 2022; McManus et al, 2017). The Merseyside Violence Reduction Partnership (MVRP) aims to support the use of a public health approach to prevention and response towards violence across Merseyside. An essential component of this approach is to enhance understanding of violence, and to facilitate multi-agency and place-based approaches to addressing key issues affecting the local community. In response to increasing recognition and local partner concerns regarding CAPVA, in 2022 the MVRP hosted a multi-agency stakeholder event on the topic. The event aimed to raise awareness of CAPVA, share examples of prevention and response approaches, and to facilitate discussions about whether or not further work is needed to ensure local and regional responses to CAPVA meet the needs of children and adolescents and their parents/carers, and the practitioners and multi-agency teams supporting them. As a result of this event, it became apparent that there is a clear need to improve understanding of the nature, extent, and impact of CAPVA across Merseyside; current service provision and interventions; and areas for development across the whole system. Therefore, the MVRP commissioned the Public Health Institute (PHI), Liverpool John Moores University (LJMU) to undertake a PhD project to enhance understanding of CAPVA across Merseyside, and prevention and response approaches.

CAPVA can be identified as any form of violence abuse, coercion, or criminal damage within the home or family environment, by a child/adolescent towards a parent/carer and usually follows a continuing pattern of multiple behaviours (Miles and Condry, 2015; Brennan et al, 2022). Although the majority of CAPVA research has taken place over the last decade, there remains a global lack of evidence on the nature, extent, impacts of, and interventions, for CAPVA (Bonnick, 2023). Evidence has emerged in recent years which indicates that CAPVA is a significant social and public health issue, with huge impacts on those who have experienced it (Miles and Condry, 2015; Brennan et al, 2022; McManus et al, 2017). Notably, the evidence that we do have suggests that a multitude of risk factors increase the likelihood of becoming both a victim and a perpetrator of CAPVA, making the best approach a multi-agency response for the entire family unit across the whole life course (Brennan et al, 2022). However, the lack of a legal definition in the UK, combined with the low levels of local and national data, makes understanding and responding to CAPVA complex (Miles and Condry, 2015). The intricate nature of CAPVA, including the relationship challenges a parent/carer may face with their child, the stigma resulting in unwillingness to disclose their victimisation to services, and the likelihood of extended safeguarding issues within the family, allows CAPVA to stay a hidden issue (McManus et al, 2017). Even following disclosure, the support required is rarely readily available, with no one service being responsible for supporting families experiencing CAPVA. However, a multi-agency response is recommended as the complexity of CAPVA requires a people-centred response that is accommodating to the needs of the entire family unit (Brennan et al, 2022). Critically, several recent reviews highlight the inconsistency in responses and service provision for CAPVA throughout the UK and emphasise the complexities of supporting those with lived experience of CAPVA across a multitude of services with differences in aims and impacts (Brennan et al, 2022; Baker and Bonnick, 2021; Thorley and Coates, 2020). This review will take a deep dive into CAPVA to explore nature and extent, impacts, risk factors, theories and explanations, and policy and practice in order to summarise what is known, as well as what is lacking, and provide several recommendations for the field.

## 2. Understanding CAPVA

CAPVA was first described back in 1979 by Harbin and Madden who initially referred to the phenomenon as 'battered parents syndrome' (Harbin and Madden, 1979). This term was previously used as the earliest accounts of CAPVA focused on cases of physical violence reported through surveys. Barbara Cottrell started to develop multidimensional definitions around 2001 to include common domestic abuse characteristics such as power and emotional control (Cottrell, 2001). Since then, many more terms have been coined to describe the act of abuse perpetrated by children/adolescents towards their parents and carers. Table 1 outlines the terms used for CAPVA across different countries.

**Table 1:** CAPVA terms by country (Adapted from Baker and Bonnick, 2021)

Term	Country
Adolescents' aggression towards parents	USA
Adolescent family violence (AFV)	Australia
Adolescent-initiated parent abuse	USA
Adolescent-to-parent abuse (APA)	UK, Canada, USA
Adolescent-to-parent violence (APV)	UK
Adolescent-to-parent violence and abuse (APVA)	UK
Adolescent violence and abuse towards parents	UK
Adolescent violence in the home (AVITH)	Australia
Battered parents syndrome	USA
Child and adolescent to parent violence and abuse (CAPVA)	UK
Childhood challenging, violent or aggressive behaviour (CCVAB)	UK
Child-to-mother violence (CMV)	Australia
Child-to-parent abuse (CPA)	Australia
Child-to-parent aggression (CPA)	Spain
Child-to-parent maltreatment	China
Child-to-parent violence	UK, USA, Spain, Ireland, Canada, Australia
Filio-parental violence	Spain
Filial violence	Australia, UK
Mother abuse	UK, Australia
Parent abuse	UK, Canada, Australia, New Zealand, Egypt
Parent maltreatment	China
Violent and challenging behaviour (VCB)	UK

Defining CAPVA is difficult, as the understanding of what constitutes abuse differs between regions, and the lines between abuse and typical adolescent behaviour are blurred (Gallagher, 2008; Stewart et al, 2006). As such, there are many definitions and acronyms for CAPVA, however the general

understanding is that CAPVA is any violent act, form of abuse, coercion, or type of criminal damage in the home done by a child/adolescent towards a parent/carer, typically ensuing a repetitive pattern of many behaviours (Condry and Miles, 2015). Several definitions also explicitly include financial control or economic violence in their depiction of CAPVA (Periera et al, 2017; Baker and Bonnick, 2021; Howard and Rottem, 2008). Furthermore, some definitions include siblings and carers under the description of the victim (Baker and Bonnick, 2021). There is currently no legal definition for CAPVA in the UK, as well as no official way of recording incidence across services, making collation of data and cross study comparison challenging (McManus, 2021).

The data sources most commonly used to explore CAPVA are focused on looking at findings already reported, rather than looking at the issue in its entirety (Holt, 2012). This can result in misleading data, for example reported cases from criminal justice services are biased towards son-to-mother abuse and usually represent the more severe cases of violence perpetrated by adolescent boys already involved in the criminal justice system, whose families do not have the resources required to address the issue outside of legal means (Holt, 2012). This further highlights the hidden nature of CAPVA as many of the studies available draw upon these resources for data and are only exploring the cases in which families have reached out for help or that legal services are involved. Furthermore, most CAPVA studies focus on the nature and extent of the abuse taking place, as opposed to the risk factors that explain why it arises in the first place (Holt, 2012).

## 3. Nature and Extent

Even when an explanation of what is considered CAPVA is provided, there is no agreement in how to determine or measure it, making it difficult to actually identify and causing measurements of CAPVA to be largely inconsistent (Baker and Bonnick, 2021). One example is how some studies (Peak et al, 1985; Browne and Hamilton, 1998) group single incidences of violence towards parents/carers and repeated offences together as CAPVA, whereas others (Laurent and Derry, 1999; Perera, 2006) only consider ongoing abuse as CAPVA, resulting in both over and underestimation of the extent of the issue.

Evidence on the prevalence and incidence of CAPVA is seriously lacking, which can be attributed to how it is perceived and operationalised, from the way the abuse is measured to the severity and frequency of the behaviours reported (Baker, 2021). There are two main sources of data to evaluate the incidence and prevalence of CAPVA: data from statutory services, such as the criminal justice system and services, and data from community and population surveys.

### 3.1. Crime and Service Data

Police data is a fairly limited measure of CAPVA, and due to the stigma surrounding CAPVA, the majority of cases go unreported, meaning it is difficult to accurately measure the incidence (McManus, 2021). It is thought that the actual scale of CAPVA is much larger than baseline recorded figures, with most parents/carers only contacting the police when the abuse they were receiving had reached a severe physical level (Baker and Bonnick, 2021). Analysis of the Crime Survey for England and Wales (CSEW) found that around 40% of parents/carers affected by CAPVA do not report the offenses to the police (McManus, 2021). By collating the nine data sets between 2011/12 and 2019/20, the CSEW analysed a sample of 322,990 respondents, which found that 5,246 reported a violent victimisation. Of these, 133 reported cases of CAPVA across 102 respondents, meaning around 1.2% of all violence reported was a CAPVA report (Brennan et al, 2022).

Practitioner and parent interviews suggest that CAPVA is most likely to be reported to the police if it involved physical injuries that were consistent with grievous or actual bodily harm (Baker and Bonnick, 2021). Between 2009/2010, the Metropolitan Police Service had 1,892 cases of 13-19 year olds being violent towards their parents/carers (reported by parents/carers themselves). The violence included physical violence, threats of violence, sexual assault, robbery, and damage to the home, with 30.4% resulting in some form of injury to the parent/carer (Condry and Miles, 2015). Notably, Police have identified an increase in homicide cases where an older child has killed a parent/carer over the age of 16, where it is suggested to be a result of mental health issues brought on by the pandemic, as well as individuals who are more prone to violence becoming volatile during lockdown due to spatial confinement (London Violence Reduction Unit, 2020).

In 2005, the Offending, Crime and Justice Survey asked 4,980 young people aged 10-25 living in England and Wales to report on their own behaviour in the past year and revealed just 18 out of the 4,980 surveyed had assaulted parents/carers (Wilson et al, 2006). Between 2007 and 2008, calls made to Parentline (run by Family Lives) regarding CAPVA were just over 2,000, which increased to 7,000 over the two years following, as well as 22,537 calls regarding non-physical aggression from children towards parents/carers (Parentline Plus, 2010). The Guardian newspaper, through a freedom of information request, discovered that between 2015-2016, 10,051 cases of CAPVA were investigated by 35 of the 43 police forces in England and Wales (Abdul, 2022). With the legal definition of domestic abuse in the UK excluding young people under 16, and parents/carers likely to only contact the police if the violence is physical or severe, these numbers are likely to only represent a percentage of the actual cases arising to the police (Clough, 2018).

This is not exclusive to the UK:

- General State Public Prosecutor's Office in Spain saw a 230% increase in reported CAPVA cases over 5 years (Calvete et al, 2013a).
- CAPVA has also been seen in North America, with a survey of 1,960 households with at least one child aged 11-18 showing that 5% of children/adolescents had physically abused their parents/carers in the last 12 months (Agnew and Huguley, 1989).
- Paulson et al (1990) interviewed 445 children/adolescents aged 9-17 living in California and identified 16% had been abusive towards their parents/carers.
- Of 4,057 under 18 patients at a psychiatric facility in Japan, around 4% had been physically violent towards their parents (Honjo, 1988).
- In France, 3.4% of a sample (n=645) of children/adolescents admitted to a psychiatric hospital had shown physical abuse towards their parents/carers, at an average age of 14 (Laurent and Derry, 1999).

## 3.2. Community and Population Survey Data

It is thought that surveys can be more useful when trying to measure the extent of CAPVA, as the majority of cases go unreported to services. There are a handful of studies which utilise surveys within the UK (Baker, 2021; Browne and Hamilton, 1998; McCloud, 2017) and Spain (Calvete et al, 2013a; Calvete et al, 2013b) that focus on serious and/or patterned aggression by adolescents towards their parents/carers which identify rates of between 0.1-3.8% for frequent, serious physical violence, 0.4-10.4% for frequent verbal violence, and 14.2% for frequent psychological violence. A study of 221 14-18 year olds from a sixth form college in south-east England (210) and a youth offending service (YOS) in north-west England (11) also investigated the use of parent abuse thresholds through a self-report survey which revealed that 10% of students between 16-18 years reported a pattern of physical and/or psychological violent abuse towards their parents/carers over

a 12-month period (although it needs to be noted that this study used non-randomised sampling) (Baker, 2021). A study looking at data from a Australian National Drug Law Enforcement Research Fund project, named the ADIVA, which collated police data from every state and territory in Australia between 2009-2013 reported increases in violence towards parents in three states in Australia (42% increase in New South Wales, a 53.8% increase in Queensland and a 71.17% increase in Victoria) (Moulds et al, 2019). The majority of evidence on population prevalence originates from North America, and community incidence evidence from Basque (Spain). Coupled with the fact that there is no national representative survey in the UK to capture data on CAPVA, this leaves little understanding of the extent of CAPVA in the UK (Baker and Bonnick, 2021).

### 3.3. Gender

CAPVA is a highly gendered issue, with findings from population, community, criminal justice, and clinical studies indicating that it is most commonly mothers victimised by their sons (Agnew and Huguley, 1989; Cornell and Gelles, 1982; Cottrell and Monk, 2004; Evans and Warren-Sohlberg, 1988; Ibabe and Jaureguizar, 2010). Mothers are more likely to be on the receiving end of physical violence, with Ulman and Strauss (2003) identifying mothers as having a 42% higher rate of physical abuse from their children than fathers, as well as Agnew and Huguley (1989) showing mothers as twice as likely to be hit by their children. Criminal justice and clinical samples show a much higher proportion of sons abusing mothers than any other victim and perpetrator combination (Holt, 2012; Condry and Miles, 2014; Gallagher, 2008; Walsh and Krienert, 2007; Moulds et al, 2019). As daughters are more likely to utilise verbal and emotional abuse than physical aggression (Evans and Warren-Sohlberg, 1988; Nock and Kazdin, 2002), it is more likely that physical abuse is reported, which could provide an explanation as to why sons are more likely to be represented in statistics (Ibabe et al, 2013).

Findings on the gender of the child/adolescent are varied depending on where the data is collected from, and the type of abuse being perpetrated, with a number of studies even finding no link between child/adolescent gender and rates of abuse towards parents/carers (Pagani et al, 2004; Calvete et al, 2015a; Pagani et al, 2009; Paulson et al, 1990). Reports from parents identify a pattern of self-awareness in the children/adolescents, in which daughters often over-report and sons under-report their abusive behaviour, meaning daughters may be more aware of the impacts of their behaviours and sons less so (Calvete et al, 2015b; Pagani et al, 2003; Boxer et al, 2009).

Studies by Charles (1986) and Pagani et al (2003) suggest that the gendered bias of parent/carer and child/adolescent reports may be down to sons' aggressive behaviour being much more easily recognisable and the aggressive behaviour of daughters being minimised. It is possible that the existence of this genderisation arises as a result of factors such as the point in the criminal justice system where the data is collected, the person reporting the incident, and the service itself where the incident is reported to (Armstrong et al, 2018). Although mothers appear to be more frequently targeted than fathers, this could be due to mothers being the primary help-seeking parent in these cases or the fact that CAPVA is more likely to occur in single mother households, where the father is absent, and mother is the only parent present as an outlet for the abuse (Fawzi et al, 2013). Research that looks at the prevalence of CAPVA throughout families not involved in the criminal justice system finds sons and daughters to be equally as likely to perpetrate violence toward their parents (Agnew and Huguley, 1989; Beckmann et al, 2021; Cornell and Gelles, 1982; Pagani et al, 2004 and 2009, Ulman and Straus, 2003).

### 3.4. Age

Although incidents of CAPVA have been reported from ages as early as five (Cottrell, 2001), it is most commonly reported as beginning in early to mid-adolescence, peaking between 14-16 and slowing down at around aged 18 (Holt, 2013; Calvete et al, 2019). This has been argued by a number of authors who suggest that these age profiles actually reflect the age structures of the services and research samples drawn upon (Holt and Lewis, 2021; Holt and Shon, 2016). For daughters, the violence towards parents usually starts around aged 11 and plateaus around aged 15, compared to sons where the violence begins around aged 10 and steadily increases throughout adolescence (Charles, 1986; Cornell et al 1982; Moulds et al, 2019). In the case of physical violence, this is seen to decrease over time where daughters are the perpetrators but gets worse with age for sons who are violent (Charles, 1986).

### 3.5. Ethnicity, Socioeconomic Status and Family

The ethnic profile of those involved in CAPVA is mostly unknown, and extremely varied depending on where the data is collected, however a review by Simmons et al, (2018) suggests that white and northern European families are more likely to be both perpetrators and victims of CAPVA than any other ethnicity. Over representation of Black and Afro-Caribbean perpetrators have been seen in both US and UK criminal justice study samples, relative to actual population demographics (Routt et al, 2011; Evans and Warren-Sohlberg, 1988; Condry and Miles, 2014). It has been suggested by Condry and Miles (2014) that this is due to over-representation of this ethnicity within criminal justice systems in general.

With respect to socioeconomic status, the variations in the definition make any evidence of this weak and inconclusive (Simmons et al, 2018), making it difficult to identify its individual contribution to the CAPVA dynamic. Several studies found no relationship between family structure and physical violence towards parents/carers (Agnew and Huguley, 1989; Peek et al, 1985), however some young offender and clinical studies found that children/adolescents being violent towards their parents/carers were more likely to have come from a home environment where parents had separated or mothers were parenting alone (Routt et al, 2011; Pagani et al, 2003; Gebo, 2007; Kennedy et al, 2010).

## 3.6. Types of Abuse

**Table 2:** Typical behaviours of different forms of abuse (Adapted from Baker, 2021)

Type of Abuse	Characterising Behaviours
Physical	Punching, kicking, hair pulling, biting, throwing or pinning, hitting with objects, throwing objects towards, physically trapping  Could also go to the extent of strangling or using weapons in extreme cases
Verbal	Shouting, swearing at, challenging, arguing, intimidating, name calling, degrading, sarcastic and critical language, humiliating, undermining sense of self
Sexual	Sexually demeaning comments, sexual harassment, unwanted touching, non-consensual sexual activity  It should be noted that this form of abuse is rarely seen in CAPVA
Emotional/Psychological	Derogatory names, withholding affection, manipulation, gaslighting, threats, blackmail, coercion to gain control, psychological games such as silent treatment or hiding belongings like keys
Financial/Material	Destroying property, demanding or theft of money and goods, unknowingly selling property, endangering employment, incurring fines, endangering tenancies

CAPVA can take on a number of forms, demonstrated in Table 2, however it is usually characterised by the *repeated* use of either one, several or all types of abuse, towards one or both parents/carers, with some definitions also extending CAPVA to wider family members, such as grandparents, aunts/uncles, and siblings (Holt, 2013). The evidence base for the nature of CAPVA is taken from a combination of service, clinical, and criminal data, as well as qualitative surveys, interviews and focus groups with both children/adolescents, parents/carers and practitioners (Agnew and Huguley, 1989; Biehal, 2012; Cottrell, 2001; Howard and Rottem, 2008; Selwyn et al, 2016; Condry and Miles, 2014). The severity of CAPVA is often represented by the source from which the data is collected, with criminal data showing more severe forms of CAPVA, as the most severe cases are often the ones reported to police (Baker, 2021).

## 3.7. Coercion

Although there is no one definition for CAPVA, it is clear that the difference between ‘typical’ childhood boundary testing and CAPVA is the abuse of power as the child/adolescent attempts to coerce and control parents/carers (Lauster et al, 2014; Coogan and Lauster, 2014; Holt, 2013; Coogan, 2012; Tew and Nixon, 2010). Coercion can be defined as any action of persuading someone to do something by using force or threats. If a parent/carer is coerced into adapting their behaviours or lifestyle as a result of threats or use of violence by a child/adolescent, then this can be considered CAPVA (Wilcox, 2012). Ulman and Straus (2003) suggest that reciprocal-coercion is highly likely to contribute to the development of the pathways leading to CAPVA, as many children/adolescents are victims of coercive violence from their parents/carers in the form of corporal punishment. Using the same data set, they followed up this study with an investigation into parents/carers and corporal punishment, which states mothers are more likely to use corporal violence and suggests this is why they are more likely to be victims of CAPVA.

Patterson’s coercion theory (1982) underpins a process of reinforcement from both child and caregiver, whereby the parent/carer unintentionally reinforces the challenging behaviour of the child, which consequently evokes parent/carer negativity, and creates a cycle until either the child/adolescent or parent/carer obtains power and control. Pagini et al (2004) also draws upon the social learning theory to describe aggressive language from parents/carers as a possible foundation for child/adolescent behaviour in the future, which teaches young people that aggressive communication within the home is necessary and acceptable. This traps parents/carers and children/adolescents into a coercive cycle of relational aggression. These cycles likely originate when a child/adolescent reacts to a parent/carer’s request with aggression or resistance, causing the parent/carer to become hostile or angry towards the child/adolescent, and thus exacerbating the coercive cycle (Snyder et al, 1993). The theory of coercion is common in literature, however, Eckstein (2004) suggests that this lacks any empirical evidence, and has a direct impact on how CAPVA is presented and investigated. The suggestion that parent/carer victims have ‘probably’ been violent to their child at some point contributes to victim blaming and is suggested as most likely reflecting the attitudes of the researchers when approaching this theory (Gallagher, 2008).

## 4. Impacts

CAPVA impacts a whole range of individuals, including the child/adolescent and parent/carer directly involved, but also any siblings, grandparents, extended family, and the wider community (Baker and Bonnick, 2021).

### 4.1. Impacts on Parents/Caregivers

Impacts can present as physical, emotional, psychological, relational, legal, marital, and financial (Baker and Bonnick, 2021). Studies exploring the personal accounts of mothers (Haw, 2010; Cottrell and Monk, 2004; Holt, 2011), clinical and service assessments and case files (Charles, 1986; Beihal, 2012; Nock and Kazdin, 2009) and police reports (Evans and Warren-Sohlberg, 1988; Condry and Miles, 2014; Walsh and Krienert 2007) all highlight the physical injuries arising as a result of CAPVA, from minor cuts and bruises to broken bones and wounds inflicted using household weapons. These physical injuries do often correspond with damaging emotional impact, which can be considered more detrimental and long lasting than the short term injury itself (Agnew and Huguley, 1989; Holt, 2011). Interview data and online accounts from Australia, Canada, USA and UK (Edenborough et al, 2008; Parentline Plus, 2010; Holt, 2009; Paterson et al, 2002; Haw, 2010; Cottrell and Monk, 2004; Eckstein, 2004; Holt, 2011; Jackson, 2003) show the severe emotional impacts CAPVA has on parents/carers

who are victims, in particular mothers. This includes, but is not limited to, stress, anxiety, depression (Edenborough et al, 2008; Parentline Plus, 2010; Cottrell, 2001; Paterson et al, 2002) and in some cases, suicidal thoughts, especially when the abuse has been going on for a long time (Holt, 2011; Holt, 2009; Haw, 2010). These emotional impacts have also been seen to continue long after the abuse has ceased (Cottrell, 2001; Paterson, 2002; Biehal, 2012).

The impacts of CAPVA on fathers is largely underresearched, however mothers have been seen to report feelings of guilt and parental failure, particularly in cases where the child/adolescent has to be removed from the family home for safety (Cottrell, 2001; Selwyn, 2016; Holt, 2011; Williams et al, 2017). Mothers have also reported a fear of physical violence towards themselves and any younger children involved, which can negatively impact their ability to establish and maintain boundaries. This becomes increasingly difficult as the child/adolescent involved gets older and physically larger/stronger (Edenborough et al, 2008; Holt, 2009; Paterson, 2002; Haw, 2010; Holt, 2011; Jackson, 2003). Some mothers have reported avoiding public outings for fear of embarrassment or judgement, which has subsequently impacted their social life (Williams et al, 2017), whilst others state their child physically stopped them from leaving the house to socialise (Haw, 2010; Williams et al, 2017; Stewart et al, 2007).

Accounts from parents/carers have highlighted theft or damage to their home and/or belongings, such as stealing money, punching holes in walls, kicking through doors, destroying personal items or theft of clothes (Edenborough et al, 2008; Holt, 2009; Paterson, 2002; Cottrell and Monk, 2004; Biehal, 2012; Eckstein, 2016; Jackson, 2003; Stewart et al, 2007). In some cases this has led to rental home evictions (Hunter et al, 2010). Mothers report their ability to hold down work is affected by CAPVA in some instances (Cottrell, 2001). Several mothers reported trouble with the police and/or social care due to false accusations of child abuse made by their children (Eckstein, 2004) or in situations where they refuse their child entry to the home as a result of fear of violence (Holt and Retford, 2013).

## 4.2. Impact on Young People

Evidence from cross-sectional data highlights the difficulty in establishing whether other issues such as peer violence, educational challenges, mental health and substance misuse problems are negative impacts of CAPVA on a young person, or are in fact risk factors of CAPVA (Evans and Warren-Sohlberg, 1988; Charles, 1986; Haw, 2010; Cottrell and Monk, 2004; Biehal, 2012; Jackson, 2003). Physical injuries to the child/adolescent displaying violent behaviours are often a result of hitting a parent/carer or objects in the house (Baker, 2021; Edenborough et al, 2008; Holt and Retford, 2013; Condry and Miles, 2012; Micucci, 1995), inflicted by a parent/carer (either in retaliation, self-defence, punishment, or restraint) (Baker, 2021; Eckstein, 2004; Calvete et al, 2014a; Holt, 2011; Micucci, 1995) or self-harming behaviours (Baker, 2021; Haw, 2010; Calvete et al, 2014a).

Although no causal relationship has been drawn on the child's mental health and CAPVA, there is indication that mental health issues are co-occurring in the lives of children/adolescents involved in CAPVA (Condry and Miles, 2012; Parentline Plus, 2010; Charles, 1986; Biehal, 2012). Children/adolescents abusing their parents/carers are more likely to have poor educational attainment (Paulson et al, 1990), although there is no evidence to suggest whether this is an outcome or risk factor of CAPVA. Children/adolescents displaying abusive behaviour have also reported being arrested or having ongoing involvement with youth offending services (Parentline Plus, 2010; Evans and Warren-Sohlberg, 1998; Haw, 2010; Holt and Retford, 2013; Holt, 2011). Data from parents/carers posting in online message boards suggests that police involvement is usually a tactic to scare the young person into compliance or to remove them from the home (Holt, 2011). Police involvement can lead

to criminalisation which can impact their life chances through unemployment or homelessness, for example (Hoskins, 2018; McAra and McVie, 2010).

### 4.3. Impacts on Siblings

There are currently no studies with the main focus of exploring the impact of CAPVA on siblings, however, focus groups, interviews with parents/carers, case files and accounts from practitioners all highlight the damaging effect CAPVA has on siblings. Some siblings become victims themselves, whilst others can get hurt in attempts to protect their parents/carers, and some younger children even mirror the abuse they see (Laurent and Derry, 1999; Haw, 2010; Biehal, 2012; Holt, 2011; Coogan, 2013; Cottrell, 2001; Calvete et al, 2014a).

### 4.4. Impacts on Relationships

Integral family relationships suffer greatly as a result of CAPVA, with many studies suggesting that CAPVA is a hidden factor in family breakdown (Haw, 2010; Cottrell, 2004; Sheehan, 1997). This damage to family relationships can be both long and short term (Cottrell, 2004). Mothers in particular report struggling with the loss of the parent to child bond, mainly in the cases where the child/adolescent is taken into care (Haw, 2010; Stewart et al, 2007).

Parents/carers, mainly fathers, can begin to avoid the abusive child, resulting in emotional distancing (Micucci, 1995). Relationships with other children in those households can become neglected as the CAPVA dynamic becomes the centre of attention (Cottrell, 2001; Micucci, 1995). Parental relationships are put under pressure, particularly when only one parent/carer is affected (Charles, 1986) or when one avoids the home (Micucci, 1995). Parents/carers often disagree on how to manage the situation, sometimes resulting in divorce (Cottrell, 2001; Haw, 2010; Stewart et al, 2007; Micucci, 1995). Mothers have been seen to defend the behaviour of the child/adolescent, especially when mental health issues are involved (Stewart et al, 2007).

CAPVA is a known precursor to isolation throughout adolescence from friends and family and presents significant risk to developing healthy romantic relationships (Charles, 1986), as well as being linked to intimate partner violence later in life (Hastie, 1998; Laporte et al, 2011). Hastie (1998) also suggests CAPVA could be one part in a continuous cycle of violence in a young person's life. This is further supported by McManus et al (2017), who through the use of the Domestic Abuse Stalking Harassment (DASH) tool, found that 35.4% parents who had experienced abuse from their child knew of their child being physically violent towards another person.

## 5. Risk Factors

There are a number of risk factors associated with becoming both a victim and perpetrator of CAPVA.

### 5.1. Mental Health and Emotional Dysregulation

Poor mental health for perpetrators can contribute to the development of CAPVA. Young people suffering from mental health issues are believed to be an at-risk population for becoming perpetrators of CAPVA, with rates of 3.4% for repeating physical assault towards parents identified in 645 psychiatric in-patient records in France (Laurent and Derry, 1999), 12.2% for physical violence towards

parents in a US sample of 602 2-14 year old outpatients undergoing therapy for child conduct issues (Nock and Kazdin, 2002), and 17% for physical abuse in a US study of 200 young inpatients and 100 adult outpatients (Charles, 1986). The severity of abuse towards parents/carers may be increased if the child/adolescent suffers from mental health issues, with Nock and Kazdin (2002) finding moderately severe physical abuse (classified as an extended episode of violence that resulted in pain leaving a visible mark or minor injury like a bruise) towards parents/carers occurred 5-6 times per year.

A review on CAPVA (Simmons et al, 2018) reported that young people perpetrating violence towards their parents/carers were more likely to have mental health issues than those who did not, such as bipolar disorder, depression (Routt and Anderson, 2011; Ibabe et al, 2014a; Calvete et al, 2013b), suicide attempts and self-harm (Biehal, 2012; Kennedy et al, 2010; Sheehan, 1997), as well a higher rates of psychiatric treatment. Some studies focusing on the accounts of mothers and practitioners describe many violent children/adolescents as carrying out self-harm (Edenborough et al, 2008; Haw, 2010; Beihal, 2012) and using violence in the lead up to a mental breakdown, possibly as a cry for help (Calvete et al, 2014). McManus et al (2017) found that 41.5% parents/carers suffering abuse from their child/adolescent reported that the child had experienced mental health problems in the past year, and 44% reported their child had threatened or attempted suicide at some point. Reports from young people themselves have also stated they used violence towards their parents/carers as a cry for help throughout unsupported mental health difficulties, sometimes resulting from their own experiences of being the victim of abuse (Baker, 2021). Neurodivergent conditions such as attention-deficit/hyperactivity disorder (ADHD), conduct disorder, oppositional defiance disorder (ODD) and autism spectrum conditions (ASCs) are frequently seen in young people perpetrating CAPVA (Simmons et al, 2018). Within clinical samples, ADHD has been identified as the most common diagnosis amongst young people perpetrating abuse onto their parents/carers, however it is important to note that this should not be viewed as an excuse for violence, and violence towards parents/carers should also not be used as a justification for an ADHD diagnosis (Simmons et al, 2018). Studies into ADHD highlight emotion dysregulation and alack of control when faced with overwhelming emotions as core components of the disorder (Shaw et al, 2014; Ringer, 2019), which can provide an explanation into the higher likelihood of violent abuse. However, these theories can cause parents/carers of those with ADHD to be more likely to tolerate violence from their children and less likely to act against them (Gallagher, 2008; Haw, 2010). It is important to note that not all neurodivergent children/adolescents grow up to perpetrate violence and abuse towards parents/carers, so further research is needed into the factors that may cause CAPVA to develop in these cases.

## 5.2. Adoptive Families

Adoptive families can be at greater risk of experiencing CAPVA. For example, in a study of 390 adoptive parents surveyed in England and Wales, 16% reported being a victim of violence by their children (Selwyn et al, 2016). Selwyn et al (2016) found that 75 of 90 adoptive parents described their adopted children's physical aggression as very challenging for family life, and 62 of these adoptive parents stated how there was a continuous pattern of these CAPVA behaviours. In the UK, children/adolescents on the verge of ending up in the care system are at high-risk of CAPVA, with 54% of assessments carried out by social workers in self-referred family support interventions finding a significant level of violence toward parents (Biehal, 2012). In the case of adopted children, aggressive behaviours appear to begin young. For example, in a survey completed by 390 parents in England and Wales looking after 689 adopted children, 80% explained how aggression and controlling behaviours started whilst the child was primary education age (Selwyn et al, 2016).

### 5.3. Adverse Childhood Experiences

Increasing research on Adverse Childhood Experiences (ACEs), has underpinned the detrimental effects of childhood abuse, neglect, and familial dysfunction on the subsequent behaviour of youth later in the life course (Felitti et al, 1998). ACEs are extremely stressful or traumatic experiences that occur during childhood/adolescence and can either be a single event, or continued breaches of the young person's safety, security and/or trust (Ports et al, 2020). There are 10 widely recognised ACEs, that are divided into three categories:

- Abuse
  - Physical
  - Verbal
  - Sexual
- Neglect
  - Emotional
  - Physical
- Household Dysfunction (living with...)
  - Adults with substance use issues
  - Adults with mental health problems
  - Domestic violence in the home
  - Adults who have been incarcerated
  - Parents are separated

The ACEs framework proves particularly helpful in regard to CAPVA, as it indicates that the frequency, severity and range of ACEs a child is exposed to will affect their maladaptive behaviour as they age (Baglivio et al, 2015; Dong et al, 2004; Felitti et al, 1998). Most notably, many studies found that an exposure to different types of family violence, such as witnessing domestic abuse between parents or being abused themselves as a child, is a predictor for adolescent to parent/carer violence (Beckmann et al, 2021; Contreras and Cano, 2016; Cornell and Gelles, 1982; Gámez-Guadix and Calvete, 2012; Ibabe et al, 2013; Kennedy et al, 2010; Lyons et al, 2015).

A study looking at risk factors of CAPVA found that both physical and verbal violence by female and male adolescents to their parents, were significantly associated with physical and verbal abuse from the parent/carer to the adolescent when they were a child (Beckmann et al, 2021). Verbal abuse to parents/carers by adolescents was more strongly associated with experience of parent-to-child abuse than physical abuse. These results, with the exception of male adolescent to parent/carer physical violence and experience of parent-to-child violence, were statistically significant ( $p < 0.001$ ), which further highlights the cycle of violence, impacts of experiencing abuse at a young age, and the trajectory from abused to abuser.

In particular, adolescent to mother violence is believed to be more prevalent amongst populations where there is high levels of domestic abuse, with 29% of single mothers who reported physical violence from their children also having experienced domestic abuse at some point (Livingston, 1986). Communities in Australia with high levels of domestic abuse reported that 50.9% of mothers had experienced child to mother violence and 21% of mothers were fearful of their child being violent towards them (Edenborough et al, 2008; Stewart et al, 2006). It is important to understand that not all children who have been exposed to violence grow up to become violent adolescents, and the cycle of violence theories are controversial due to their deterministic nature (Baker, 2012). However, the majority of CAPVA studies do show a positive association with children/adolescents perpetrating violence and exposure to intimate partner or family violence. Although the mechanisms by which this

occurs are unclear, this could be due to children learning that aggression is acceptable, or that controlling behaviours are a successful method to get their own way (Nixon, 2012; Cottrell and Monk, 2004).

## 5.4. Family Composition

Family composition has been theorised to play a part in CAPVA, with single mother households specifically being identified as high-risk families. This could be due to the greater risk of single mothers having experienced previous domestic abuse from a partner and therefore having a smaller social circle to depend on (Baker and Bonnick, 2021). On the other hand, this could be due to the mother being the only parental target available to receive the abuse from the child/adolescent (Cottrell and Monk, 2004). Paternal absence has also been discussed by some researchers, making the mother a target to blame for the absence of the father (Haw, 2010).

## 5.5. Substance Use

Substance misuse has been identified by several studies as a significant factor in CAPVA (Simmons et al, 2018), although the evidence base is small. Studies by Baker (2021) and Cottrell and Monk (2004) identify two key pathways as to how substance use may affect the CAPVA dynamic: through the physical effects of the drug, such as being high or coming down, and through the issues that arise surrounding the use of substances. Substance use by children/adolescents has been seen to directly cause family conflict, however, it can also cause indirect conflict as a result of declining performance at school and forming relationships with antisocial peers (Armstrong et al, 2018). Substance use by the child/adolescent can also contribute to violent episodes towards parents/carers as these may occur whilst the child/adolescent is intoxicated (Cottrell and Monk, 2004). Drinking most or all of the time, or drug use a minimum of five times in the last six months, was seen as a predictor for verbal abuse towards a parent/carer by 15/16 year olds (Pagani et al, 2004, 2009<sup>1</sup>). Although substance use is considered a risk factor, a study looking at young people displaying CAPVA behaviours and their substance use found that only 10% males and 3% females were actually under the influence of either drugs or alcohol at the time of the abuse towards the parents/carers, suggesting that being intoxicated is not a risk factor of CAPVA (Walsh and Krienert, 2007). Cottrell and Monk (2004) identified co-existing substance misuse in over half their cases, with parents/carers and practitioners of drug services commenting on the damaging effects of substance use on the behaviour, performance in schools and external relationships of adolescents, and how this resulted in conflict with parents/carers. McManus et al, (2017) found that 43.4% parents/carers being abused by their child reported that the child/adolescent had experienced problems with alcohol in the past year, whilst 45.5% had problems with drugs. It is important to understand that substance misuse may be a result of some of the damaging contexts in which CAPVA occurs.

## 5.6. Criminal History

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<sup>1</sup> These studies took place within the context of a larger longitudinal investigation of child development. These included a random sample of (n=6,397) children attending primary education in French-speaking public elementary schools in all 11 regions Quebec, Canada. Teachers were requested to assess the behaviour of between one and eight target children per classroom in the spring of 1986 and 1987.

There are no significant studies exploring whether CAPVA is more prevalent amongst young people involved in the criminal justice system, however, Simmons et al, (2018) found that CAPVA is seen in 85% of adolescent restraining orders, 40-60% of juvenile domestic violence charges and 13% of domestic violence reports within the US and Australia. As well as this, McManus et al, (2017) identified 68.1% of parents experiencing CAPVA had a violent child/adolescent who had been in trouble with the police or had a criminal history. Although valuable for understanding the predictors of CAPVA, clinical and service data only represents cases where parents/carers report the violence, making it non-representative of the extent of CAPVA in the wider community or within the vulnerable families not receiving support, further highlighting the hidden nature of CAPVA.

## 6. Theories and Explanations

There remains no single theory as to how and why CAPVA arises, although several explanations have been theorised (Holt, 2013). Urie Bronfenbrenner's (1979) nested ecological systems theory has been used by several authors as a framework to organise and analyse explanations for CAPVA depending on whether they sit at the level of the young person (ontogeny), the family (microsystem), the community (exosystem), or the wider culture (macrosystem) (Baker, 2021; Simmons et al, 2018; Cottrell and Monk, 2004; Murphy-Edwards, 2012; Hong et al, 2012; Arias-Rivera and Garcia, 2020).

### 6.1. Ontogenic Explanations

The most widely researched theories regarding CAPVA are individual level explanations, such as those concerning child/adolescent mental health, neurodevelopmental conditions, and cognitive traits (Simmons et al, 2018). These studies can be useful in identifying the 'profile' of young people abusing their parents/carers, and the co-occurring issues they may face, however, they don't necessarily explain how these factors influence the development and continuation of the CAPVA dynamic. Studies into these theories have been labelled by some authors as disempowering to the child/adolescent as it brands them as 'inherently damaged' and incapable of change (Holt, 2013).

#### 6.1.1. Anti-social Patterns of Behaviour

Previous literature reviews have named wider patterns of youth aggression as a significant risk factor for CAPVA, with Arias-Rivera and Garcia (2020) finding that CAPVA often occurs alongside other forms of abuse, such as teacher abuse, violence within relationships, bullying at school or abuse from siblings. Simmons et al, (2018) also had similar findings stating that a strong predictor for aggressive behaviour is similar behaviour in other scenarios. Data from community and clinical samples also shows that CAPVA often occurs when a wider pattern of antisocial behaviour is observed from the child/adolescent. Pagani et al (2003, 2004, 2009) drew upon a French-Canadian community sample in a population-based longitudinal study and found that a childhood trajectory of violence, reported over six years by teachers, was the strongest predictor of abuse towards parents/carers at age 15/16. By using Moffitt's developmental taxonomy of antisocial behaviour (1993), Simmons et al, (2018) concluded that any form of 'life-course persistent' antisocial behaviour is often dependent upon social, familial and neurodevelopmental factors, with early patterns of anti-social behaviour unintentionally reinforced by the family surroundings (Patterson, 1982).

#### 6.1.2. Emotion, Cognition and Personality

In general, young people perpetrating violence against their parents/carers have been identified as having less empathy, lower self-esteem/self-confidence and struggling to regulate emotions (Simmons et al, 2018) although evidence into whether this leads to them perpetrating CAPVA is lacking. A study of 2-14 year olds (n=606) at the Yale Child Conduct Clinic showed poor ability to regulate emotions, particularly in the form of low tolerance to frustration and difficulty adapting to stress, as a strong predictor of CAPVA (Nock and Kazdin, 2002). Several other qualitative studies involving parents and practitioners also identified it as a characteristic of CAPVA (Cottrell and Monk, 2004; Calvete et al, 2014a; Perera, 2006). A survey with 221 respondents aged 14-18 in England and Wales has also identified troubles in regulating their emotions as being a key reason for their use of violence towards their parents/carers (Baker, 2021). Any kind of violence caused by emotion dysregulation can be called 'expressive' or 'reactive aggression' (Calvete et al, 2015) which portrays the behaviour as an outburst, rather than being used to control others (Gallagher, 2008). Importantly, Gallagher says expressive violence is a term often given to traumatised children who may be trying to communicate their distress through violent outbursts, and this has been confirmed by parents/carers, young people and practitioners (Baker, 2021; Cottrell and Monk, 2004; Gabriel et al, 2018). Gallagher also notes the importance of understanding that there is no clear boundary between expressive violence and more instrumental forms of violence to control parents/carers, and that the latter can occur from expressive violence very easily. Studies exploring neurodivergence have seen violence and abuse towards parents/carers often used as a response to dealing with anxiety and stress (Newbold, nd). Anger is another emotion that has been identified, many times, as a predictor to CAPVA (Calvete et al, 2015c), with inability to manage anger identified as a characteristic of abusive children/adolescents (Holt and Retford, 2013; Holt, 2011; Jackson, 2003). Studies focusing on the personal accounts of mothers (Holt, 2011; Stewart et al, 2006) and young people (Baker, 2021; Calvete et al, 2013a) often see anger and quick temper used to explain the cause of abusive behaviour, with the violence often perceived as a way to express frustration (Haw, 2008; Hong et al, 2012).

Researchers in the field, like Gallagher (2008) and Haw (2010) highlight the importance of understanding that anger is an emotion, whereas violence is a choice. Using anger as an explanation for violent abuse towards parents/carers can often blur these lines as it can mistakenly frame violence as an acceptable way to express anger. A more useful way of explaining this would be to suggest that through violent abuse anger is inappropriately expressed (Cottrell, 2001) or that violence is a destructive way of managing anger (Patterson, 1982). Although longitudinal research is key to understanding how CAPVA develops, there are only two studies that have been carried out to date. In 2015(b) Calvete et al, studied 591 adolescents and their parents/carers over 3 years and found adolescents' disconnection and rejection schemas predicted violent abuse towards parents/carers. In year 1 of the study, a lack of parental warmth predicted the disconnection and rejection schemas for daughters, and narcissism and self-entitlement for sons, both in year 2. Self-entitlement, for both sons and daughters, has been noted in many studies as a contributing factor to CAPVA (Gallagher, 2004a; Howard and Rottem, 2008; Gallagher, 2004b), with violent young people often being more demanding and less tolerant of frustration (Nock and Kazdin, 2002). This highlights a pattern of young people having higher expectations from their parents/carers and who may struggle to regulate their emotions when these demands are not met. This is seen particularly in the cases where the demands are addictive, such as cigarettes, alcohol, sweets, or phones (Baker, 2021). Another study by Calvete et al, (2013a) saw proactive aggression, as opposed to reactive aggression, as a predictor for CAPVA, as young people used violence as a method to obtain reinforcements or avoid tasks (Calvete et al, 2013b).

## 6.2. Microsystemic Explanations

### 6.2.1. Parental Domestic Abuse and Child Maltreatment

Young people using violence against their parents/carers may also be victims themselves of witnessing domestic abuse, child maltreatment or both (Simmons et al, 2018). Traumas during childhood, in particular any that stem from interpersonal, intentional and chronic victimisation, can result in severe developmental issues throughout the life course (De Bellis and Zisk, 2014; Kar, 2019). The consequences that arise from this can be long or short term, and can affect emotional, psychological and physical wellbeing of the child/adolescent (Mullender, 2002; Hester et al, 2007; Radford et al, 2011). Trauma related to direct abuse perpetrated by close/trusted family members has been linked to difficulties in cognitive function, such as poor mental health and a much higher risk of perpetrating violence later on in life (Ibabe et al, 2014a; De Bellis, 2001; Widom et al, 2014; Costa et al, 2015; Radford et al, 2019).

For children who experience multiple forms of victimisation, or 'poly-victims', they are more likely to experience severe trauma and as a result develop emotional and behavioural difficulties (Radford et al, 2011; Finkelhor et al, 2007; Diez et al, 2007; Cater et al, 2014). Young people experiencing multiple forms of familial abuse are identified as being at the greatest risk of perpetrating violence towards their parents/carers (Ibabe, 2013; Boxer et al, 2009). Simmons et al, (2018) reports that young people who are exposed to violence within the family unit are consistently identified as at greatest risk of CAPVA perpetration in several studies with different methodologies and samples. It is suggested that around 50-80% of young people who are violent towards their parents/carers have also been a victim of some form of family abuse (Simmons et al, 2018). Although domestic abuse and child maltreatment are the most consistent risk factors for CAPVA throughout the literature, studies investigating the mechanisms that explain the CAPVA relationship itself are lacking. However, there are believed to be four key mechanisms explaining how experiences of abuse or child maltreatment may influence CAPVA:

1. Child/adolescent violence and abuse are functional responses to parental aggression, which represents coping strategies for dealing with child maltreatment and/or violence perpetrated by fathers onto mothers (Baker, 2021; Brezina, 1999; Simmons et al, 2018; Cottrell and Monk, 2004; Biehal, 2012; Calvete et al, 2014a; Papamichail and Bates, 2020)
2. Violence and abuse arise because of feelings of resentment and anger, which is then redirected towards mothers as targets of blame (Baker, 2021; Cottrell and Monk, 2004; Papamichail and Bates, 2020)
3. Violence and abuse arise from unsupported/unaddressed trauma symptoms, including poor mental health, substance misuse or emotional dysregulation (Baker, 2021; Papamichail and Bates, 2020; Ibabe, 2014b)
4. Violence and abuse become socially learnt by young people exposed to it as a result of direct and indirect modelling and reinforced behaviour (Baker, 2021; Simmons et al, 2018)

It is important to note that the majority of young people who experience any form of interparental domestic abuse actually do not go on to perpetrate violence towards their parents (Holt, 2013) or intimate partners at a later stage (Radford, 2012).

### 6.2.2. Social Learning Theory

The social learning theory is perhaps the most widely referenced theory in the development of CAPVA from interparental domestic abuse. This theory suggests that children learn to utilise violence via

direct experience or observation and imitation (also known as modelling) (Bandura, 1977). Learning through direct experiences suggests that children create a positive or negative reinforcement that violence will get them a positive outcome like control, or the evasion of a negative outcome, such as punishment (Bandura, 1977). The more this reinforcement occurs, the more likely the abuse is to occur, which can create a coercive cycle of relational aggression<sup>2</sup> (Pagani et al, 2004). Modelling of parental violent behaviours is seen in many CAPVA studies and is often used as an explanation for CAPVA, where interparental domestic abuse underpins the child/adolescent violent behaviours. This results in a mechanism of cognitive mediation where the child truly believes that violence is acceptable (Calvete et al, 2015).

### 6.2.3. Bowlby's Attachment Theory

Bowlby's attachment theory (1958) explains how our earliest attachment bonds as a child mould how we view close relationships and safe figures throughout childhood, adolescence, and adulthood. As in adopted children the relationships they form with their initial earliest caregivers are likely to be more complex and potentially negative, therefore impacting their ability to relate to and form bonds with their new parents/carers. In adopted children, issues early in their development with their primary attachment figure have been linked to violence towards parents/carers later in life (Selwyn et al, 2016).

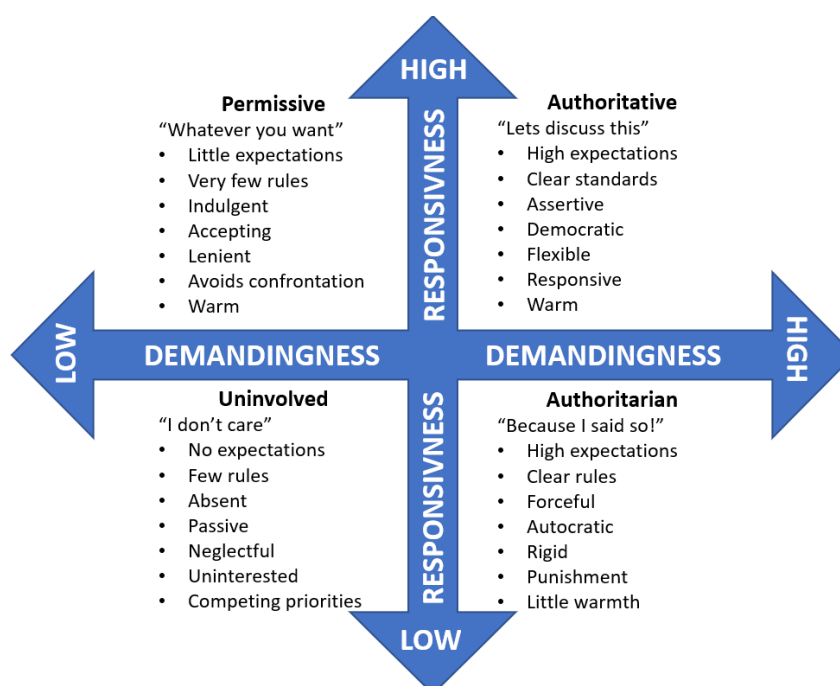
### 6.2.3. Parenting Styles and Practices

This has become a key area of research for CAPVA after it was recognised as a key ecological factor for shaping the social environment of young people, and in turn influencing their social, emotional, and behavioural development (Hosokawa and Katsura, 2018). Using parental styles as an explanation for CAPVA can be damaging, as it can portray CAPVA as the problem of the parent/carer and can be a form of victim blaming (Holt, 2016; Hunter et al, 2010). Parenting with lack of boundaries could be a result of CAPVA rather than a cause (Eckstein, 2004) as parents/carers, in particular mothers, are subject to a lack of confidence following the abuse and then feel disempowered to address it (Biehal, 2012; Tew and Nixon, 2010; Contreras and Cano, 2014).

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<sup>2</sup> **Relational Aggression:** sometimes known as social aggression, is defined as threats or damage to a person's relationships, feelings of acceptance in society, or social status (Bushman et al, 2017).

**Figure 1: Parenting Styles Diagram (Adapted from ParentHelp, 2019)**



Baumrind (1967, 1991) and Maccoby and Martin (1983) devised a four-typology model based on responsiveness (warmth) and demandingness (strictness) and this gave rise to four distinct parenting styles, as seen in Figure 1 above.

1. Authoritative: strict, but warm and responsive to child needs
2. Authoritarian: strict, with punishment to exert control
3. Indulgent: warm and responsive, allowing children independence by giving up control
4. Uninvolved: neither strict and demanding, nor warm and responsive

It is understood that two branches of parenting may be particularly damaging in the consequences of CAPVA: permissive parenting and parenting with lack of warmth. Perhaps due to its lack of boundaries, overly permissive parenting has been frequently linked to CAPVA, with some researchers suggesting parents/carers that are too permissive lack authority, allowing the child/adolescent to take on the parental role (Cottrell, 2005; Micucci, 1995; Paulson et al, 1990; Robinson et al, 2004).

Baker (2021) suggests violence and abuse towards parents/carers in the context of authoritarian parenting style can be utilised as a way to take over power from controlling parents/carers. Beihal (2012), Paulson et al, (1990), Calvete et al, (2015d), and Calvete et al, (2014b), found that young people who were violent towards their parents/carers reported a lack of parental warmth, affection, and positive communication, and Ibabe (2013) even identified emotional rejection from mothers as a CAPVA predictor. It is important to consider that, as with the cycle of violence, a lack of parental warmth may actually be a result of violence from children/adolescents, as opposed to a cause (Contreras and Cano, 2014).

#### 6.2.4. Parent to Child Communication

Baker (2021) identified a link between poor parent/carer-child/adolescent communication and its direct/indirect effect on shaping the development of the CAPVA dynamic. This can manifest as

parents/carers shouting in the home, which can then trigger feelings of anger within the child/adolescent, and lead to violent abuse. The general lack of open conversations between parents/carers and their children in regards to feelings was seen as a contributor to feeling unheard and a gradual breakdown of the parent/carer to child/adolescent relationship (Baker, 2021). As CAPVA develops within a family, both children/adolescents and parents/carers become much more likely to resort to aggressive communication (Baker, 2021). Paulson et al, (1990) found young people aged 9-17 who were physically violent towards their parents/carers were less likely to talk to them about any personal problems that may arise.

## 6.3. Exosystemic Explanations

### 6.3.1. Peer Influence and Violent Victimisation

Children/adolescents being violent towards parents/carers are more likely to become associated with violent peers (Kennedy et al, 2010), friends with behavioural problems (Calvete et al, 2011) and other young people perpetrating CAPVA (Agnew and Huguley, 1989). Cottrell and Monk (2004) identified that young people being violent towards their own parents/carers usually socialised with others who saw violence as an acceptable and effective way to gain control. Bullying and violent victimisation by others can cause trauma for young people and act as a stressor which they may take out on parents/carers in displaced aggression towards what they perceive as a safer target (Baker, 2021; Cottrell and Monk, 2004).

### 6.3.2. Schooling and Education

Adolescents using violence against parents/carers can often have problems in school, such as learning difficulties or lack of engagement (Simmons et al, 2018). Young people being violent towards their parents/carers have also described how stress related to education, such as exam stress, can trigger their violence at home (Baker, 2021). Poor behaviour and absence from school could cause parent/carer-child/adolescent conflict, which may be a contributing factor to the young person becoming violent. This could be due to the fact that the child/adolescent is at home with their parents/carers more, or that they are unhappy with being told to attend school by their parents/carers who may be under pressure from the school and education authorities to get their child to attend, and behave in school (Cottrell and Monk (2004).

### 6.3.3. Poverty

Whilst CAPVA can be experienced across different groups, there is evidence to suggest poverty, like many factors, is a stressor that can contribute to CAPVA (Baker, 2021; Cottrell and Monk, 2004). Interviews with parents and practitioners have identified poverty as an additional family burden that can cause frustration for young people at the lack of opportunities, which they may then take out on parents (Baker, 2021).

## 6.4. Macrosystemic Explanations

A review by Simmons et al in 2018 actually found no macrosystemic explanations for CAPVA, making this a fairly novel area of research.

### 6.4.1. Gender Role Socialisation

CAPVA is highly gendered and disproportionately impacts mothers (Simmons et al, 2018). It is agreed that both policy makers and academics need to recognise the gendered dimensions of CAPVA (Hunter and Nixon, 2012). Current theories that attempt to explain why mothers are more likely to fall victim to CAPVA look at the gendering of parenthood and how mothers are the primary caregiver, most likely to be closer to their children than the fathers (Baker, 2021). Mothers being closer to their children may mean they are more likely to limit their children's movements, restrict their privileges, or ask them to do chores, all actions that could result in conflict through the child growing older (Baker, 2021; Pagani et al, 2004; Pagani et al, 2009).

The absence of fathers can also play a part in this, with several studies stating the absence of a father as a characteristic for CAPVA (Baker, 2021; Haw, 2010). This could be due to the anger and resentment the child/adolescent feels regarding their father's absence and them taking this out on those that are present, most often their mothers. Some studies suggest that children view their fathers as more powerful, and have the potential to cause harm, hence the lack of father victimisation (Baker, 2021; Cottrell and Monk, 2004; Tew and Nixon, 2010). The social hierarchy that men are above women and that the control and domination of women is acceptable has also been reported by parents and practitioners as a contributor to perpetration of CAPVA towards mothers (Cottrell and Monk, 2004).

## 7. Policy and Practice

Until recent years, CAPVA has remained an unrecognised issue within social policy in the UK. This is partly attributed to the hidden nature of CAPVA, but also reflects the inability of policy frameworks within the services accessed by those exposed to CAPVA, such as youth justice, child welfare and domestic abuse services, to view parents/carers and children/adolescents as both the victims and victimisers in the dynamic (Baker and Bonnick, 2021). This denies the complexity of CAPVA, leaving no room for the issue within the public domain (Hunter et al, 2010). There is no single service that is solely responsible in responding to CAPVA, however the need for a multi-service approach has been noted in previous guidance. Guidance from the Domestic Abuse: Draft Statutory Guidance Framework 22 (08/21) recommends that CAPVA needs a multi service approach that includes health professionals, schools, social services, the police, housing and youth justice services.

### 7.1. Stigma

CAPVA is considered a 'taboo' topic, with family members being significantly less likely to report violence perpetrated by a fellow family member than by a stranger (Agnew and Huguley, 1989; Cottrell, 2001; Holt and Retford, 2013; Tew and Nixon, 2010). Ulman and Strauss (2003) believe CAPVA is the most unreported form of domestic violence as parents/carers often feel a huge amount of shame and embarrassment due to being abused by their own children. Parents/carers usually blame themselves with the belief they have failed their children, which leads to them internalising the abuse and often not reporting the abuse until it reaches crisis point. This secrecy allows CAPVA to remain hidden and therefore difficult to reach and support (Nixon, 2012; Haw, 2010). In most cases parents/carers who do open up about their abuse are often faced with a lack of understanding from

the extended family, wider community, and even the services they turn to for help (Cottrell and Monk, 2004; Selwyn and Meakings, 2016). The view that CAPVA is a result of poor parenting and an inability to handle typical challenging behaviour further stigmatises the issue and victim blames parents/carers for the abuse they are experiencing (Holt and Retford, 2013).

CAPVA stigma can arise when outsiders have a difference of opinion between acceptable and unacceptable behaviours in the parent/carer to child/adolescent dynamic (Brule and Eckstein, 2016). Societal norms of family member roles and responsibilities combined with comparison communication such as '*my child would never*' when disclosing abuse further enhances the stigma and isolates parents/carers who are experiencing abuse (Brule and Eckstein, 2016).

## 7.2. Services

The frontline services that address CAPVA are most often the police, social services and youth justice services (McManus, 2021). There are no formal guidelines for the different services addressing CAPVA to communicate with each other, which leads to lack of awareness for the services in how to respond, as well as an uncoordinated approach to multi-agency working and repeating or absent services (McManus, 2021). For the families with lived experience, this results in insufficient and uncoordinated responses from a variety of services as they all have their own concept, definition and ideas of how to address CAPVA (Holt, 2013; Holt and Lewis, 2021). Due to the fact CAPVA, until recently, was not considered a social problem, the very few programmes available for support are provided on a postcode lottery basis (Thorley and Coates, 2020).

Support for those experiencing CAPVA does exist in the UK in several services, online forums and self-directed support. Examples of widely delivered programmes in the UK are:

- Non-Violent Resistance (NVR)<sup>3</sup>
  - NVR aims to improve and develop relationships between parents/carers and their children by teaching them new and effective ways to react to their child's behaviour and how to deliver a calm, authoritative presence.
- Who's in Charge?<sup>4</sup>
  - Who's in Charge? is a 9-week programme aimed at the parents/carers children displaying abusive behaviours toward them, or who seem out of their control. The programme consists of 8 two and a half hour sessions with a two-month follow up.
- Step-Up<sup>5</sup>
  - Step-Up is an intervention program designed to address child violence toward their parents/carers, with the goal of stopping the child being violent and abusive toward their family and develop respectful family relationships so that everyone feels safe within the home.
- Break4Change<sup>6</sup>

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<sup>3</sup> <https://nvrpc.org.uk/>

<sup>4</sup> <https://whosincharge.co.uk/>

<sup>5</sup> <https://kingcounty.gov/en/legacy/courts/superior-court/juvenile/step-up.aspx>

<sup>6</sup> <https://justiceinnovation.org/project/break4change>

- Break4Change is a programme tailored to support the parents/carers and their children who are experiencing CAPVA, and aims to reduce parents' sense of isolation and the young person's feelings of entitlement.
- Respect Young People's Programme (RYPP)<sup>7</sup>
  - RYPP is an intervention for families of 8-18 year old children/young people aged displaying abusive behaviours towards their family, particularly their parents/carers. The programme works with young people and their families, to support them in managing conflict, difficulty, and intimacy.

A number of helplines are also available, such as the parent/carer support line ran by the UK charity Family Lives (formerly known as Parentline Plus), which also provided some of the earliest insight into the extent of CAPVA in the UK through phone call analysis between 2008-2010 (Parentline Plus, 2010; Parentline Plus, 2008). In 2008 alone, 17% of 30,000 calls to their helpline were parents/carers calling about verbal aggression from their child, and an additional 8% of these calls were parents/carers calling about physical aggression from their child (Selwyn et al, 2016). This support is considered extremely useful due to its flexible and highly accessible nature. CapaUK (CapaUK.org), Young Minds (youngminds.org.uk) and PAC-UK all offer an online 'forum' type of support, which are more informal and can appeal to those wanting to remain anonymous.

Peer support for parents/carers has been recognised as very useful in helping parents/carers experiencing CAPVA to feel less alone and more empowered in tackling their challenges (Paterson et al, 2002; Selwyn et al, 2018; Wilcox and Pooley, 2015). Although peer support groups are usually created to fill gaps in service provision they have proved useful in the case of CAPVA to allow parents/carers to group together and share ideas, mutual support and even campaign. One of these groups within the UK is provided by the specific CAPVA service 'Who's in Charge?', however, there are some groups provided for specific vulnerable groups experiencing CAPVA, such as PAC-UK for adoptive parents and Adfam for parents/carers of children with substance misuse issues.

Several specialist agencies in the UK, such as Hertfordshire Practical Parenting Programme (HPPP) (Hertfordshire Practical Parenting Programme, 2021) and Family Based Solutions in the London Borough of Enfield (Family Based Solutions, 2020), have developed their own unique support for families experiencing CAPVA by drawing upon a wide variety of professionals and partners to provide bespoke support to families. As specialist CAPVA services are scarce in the UK, many practitioners across services such as schools, social services and youth justice are forced to use their learned professional skills when approaching CAPVA cases. As these approaches and skills are not CAPVA specific, the CAPVA behaviours are often put down to 'poor parenting' or typical 'challenging behaviour', when in fact the specific relational dynamics unique to CAPVA are being missed (Holt and Retford, 2013). This further stigmatises the issue and results in victim blaming for the parent/carer (Holt and Retford, 2013). The specialist responses that are available for CAPVA are typically delivered through youth offending, specialist domestic abuse, early help or edge of care services and seek to use a multi-theory explanation and employ a whole-family approach (Holt, 2013).

A multi-theory explanation for the development of CAPVA within a family is believed to be the best approach as CAPVA can involve factors at individual, familial and societal levels (Calvete et al, 2014). For example, there are individual precursors for the child/adolescent, such as substance misuse or neurodivergence, familial precursors, like conflict, and societal-level issues, such as gender norms, to violence (Baker, 2021). These can be operating individually or concurrently and will be different for each case of CAPVA (Baker, 2021). Programmes for addressing CAPVA are usually multi-modal and

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<sup>7</sup> <https://www.respect.uk.net/pages/115-rypp>

involve 1-to-1 sessions with both the parent/carer and the child/adolescent, as well as whole family sessions to discuss the impact of the abuse on the entire family (Baker and Bonnick, 2021). A multi-agency approach to CAPVA is most useful for increasing the pathways available to access support. Respect Young People's Programme (RYPP) has recently adapted its CAPVA service to work intentionally with children/adolescents with neurodivergence (Dartington Service Design Lab, 2021).

Prevention and early intervention is key to tackling CAPVA and is most commonly carried out by domestic abuse services. In the UK, these programmes include 'Talking to my mum' (Humphreys et al, 2006) which seeks to improve communication between mothers and their children, and the NSPCC's 'Domestic Abuse, Recovering Together (DART)' programme that focuses on mothers and their children rebuilding relationships following domestic abuse. RYPP runs a 19-session structured, accredited (Restorative Justice Council Quality Mark) programme for families of children aged 8-18 who are showing violence (seven sessions with parents, nine sessions with the young person and two whole family sessions) over 12-weeks. The aim is to guide all of the family members to take a role in stopping the abuse and to implement respectful methods of managing conflict into the family unit. Although domestic abuse services are often the setting for prevention and early intervention, there is some debate as to whether this should be added to compulsory relationship education in schools (Baker, 2021). Parents/carers of children considered neurodivergent suggest earlier support to disrupt the cycle of harmful behaviours (Chief Social Workers for Adults and Families, 2021), as well as individuals in the adoption community strongly believing that prevention should be part of post-adoption support for families (Selwyn et al, 2014). Unfortunately, due to the cut in mental health and youth services across the UK within the last 10 years, the specialist CAPVA services are usually reserved for those most in need (Clough, 2018) meaning good prevention and early intervention is often not an option.

## 8. Gaps and Recommendations

The major gaps in the research of CAPVA include:

- The exploration and understanding of risk factors, explanations and underlying mechanisms that lead to CAPVA as well as the impacts of CAPVA on the victim, perpetrator and extended family.
- The experiences of the young people perpetrating CAPVA are very rarely explored and evidence of nature, extent and prevalence is lacking globally.
- Delivery gaps surrounding CAPVA are in regard to service provision, prevention and education.
- An enhanced understanding of the underlying context and mechanisms that result in CAPVA, as well as an understanding of each family's specific impacts and needs, is required to ensure coherent, successful interventions (Baker and Bonnick, 2021).
- There is a lack of ownership amongst the services involved in supporting those who have experienced CAPVA, resulting in a dilution of help and causing access difficulties for those who require help (Baker and Bonnick, 2021).
- Police data is very poor, with huge inconsistencies in reporting making data extremely difficult to interpret and analyse, as well as no official process for reporting and following up leaving many officers unsure on how to handle CAPVA cases.

Recommendations for future research include:

- A need for the experiences of young people to be heard.
- A need for the experiences of fathers and siblings to be explored.

- An exploration into the risk factors and impacts of CAPVA.
- A look at CAPVA data from sources that don't only highlight the most severe CAPVA reports.
- A more consistent way of conceptualising and reporting CAPVA.

## 9. References

Annie Laurent, M. D., Andrew Derry, B.Sc (1999). "Violence of French Adolescents Toward Their Parents Characteristics and Contexts." *Journal Of Adolescent Health* 25: 21-26.

Arias-Rivera, S. and V. H. García (2020). "Theoretical framework and explanatory factors for child-to-parent violence. A scoping review." *Anales de Psicología* 36: 220-231.

Armstrong, G. S., et al. (2018). "Risk factor profile of youth incarcerated for child to parent violence: A nationally representative sample." *Journal of Criminal Justice* 58: 1-9.

Baker, H. (2012). "Problematising the Relationship between Teenage Boys and Parent Abuse: Constructions of Masculinity and Violence." *Social Policy and Society* 11(2): 265-276.

Baker, V. (2021). "Exploring adolescent violence and abuse towards parents: the experiences and perceptions of young people."

Baumrind, D. (1991). "The Influence of Parenting Style on Adolescent Competence and Substance Use." *The Journal of Early Adolescence* 11(1): 56-95.

Beckmann, L., et al. (2021). "Risk and Protective Factors of Child-to-Parent Violence: A Comparison Between Physical and Verbal Aggression." *J Interpers Violence* 36(3-4): NP1309-1334NP.

Biehal, N. (2012). "Parent Abuse by Young People on the Edge of Care: A Child Welfare Perspective." *Social Policy and Society* 11(2): 251-263.

Bonnick, B. a. (2021). "Understanding CAPVA: A rapid literature review on child and adolescent to parent violence and abuse for the Domestic Abuse Commissioner's Office." Domestic Abuse Commissioner and RESPECT.

Bowlby (1958). "Nature of a Child's Tie."

Boxer, P., et al. (2009). "Adolescents' physical aggression toward parents in a clinic-referred sample." *J Clin Child Adolesc Psychol* 38(1): 106-116.

Bronfenbrenner, U. (1979). "The Ecology of Human Development: Experiments by Nature and Development."

Brule, N. J. and J. J. Eckstein (2016). "'Am I Really a Bad Parent?': Adolescent-to-Parent Abuse (AtPA) Identity and the Stigma Management Communication (SMC) Model." *Journal of Family Communication* 16(3): 198-215.

Bushman, B. J. and E. H. O'Brien (2017). Aggression. Reference Module in Neuroscience and Biobehavioral Psychology.

Calvete, E., et al. (2014). "Social Information Processing in Child-to-Parent Aggression: Bidirectional Associations in a 1-Year Prospective Study." *Journal of Child and Family Studies* 24(8): 2204-2216.

Calvete, E., et al. (2013). "Brief report: the adolescent Child-to-Parent Aggression Questionnaire: an examination of aggressions against parents in Spanish adolescents." *J Adolesc* 36(6): 1077-1081.

Calvete, E., et al. (2014). "Child-to-Parent Violence in Adolescents: The Perspectives of the Parents, Children, and Professionals in a Sample of Spanish Focus Group Participants." *Journal of Family Violence* 29(3): 343-352.

Calvete, E., et al. (2019). "Longitudinal Trajectories of Child-to-Parent Violence through Adolescence." *Journal of Family Violence* 35(2): 107-116.

Calvete, E., et al. (2013). "Child-to-parent violence: emotional and behavioral predictors." *J Interpers Violence* 28(4): 755-772.

Calvete, E., et al. (2015). "Reciprocal longitudinal associations between substance use and child-to-parent violence in adolescents." *J Adolesc* 44: 124-133.

Calvete, E., et al. (2015). "Predictors of child-to-parent aggression: A 3-year longitudinal study." *Developmental Psychology* 51(5): 663-676.

Charles, A. V. (1986). "Physically abused parents." *Journal of Family Violence* 1: 343-355.

Clarke, K. R. (2015). "Parents' experiences of being abused by their adolescent children: an Interpretative Phenomenological Analysis Study of Adolescent-to-Parent Violence and Abuse."

Condry, R. and C. Miles (2012). "Adolescent to Parent Violence and Youth Justice in England and Wales." *Social Policy and Society* 11(2): 241-250.

Condry, R. and C. Miles (2013). "Adolescent to parent violence: Framing and mapping a hidden problem." *Criminology & Criminal Justice* 14(3): 257-275.

Contreras, L. and C. Cano (2014). "Family Profile of Young Offenders Who Abuse Their Parents: A Comparison With General Offenders and Non-Offenders." *Journal of Family Violence* 29(8): 901-910.

Contreras, L. and M. d. C. Cano (2016). "Child-to-parent violence: The role of exposure to violence and its relationship to social-cognitive processing." *The European Journal of Psychology Applied to Legal Context* 8(2): 43-50.

Coogan, D. (2014). "Responding to Child-to-Parent Violence: Innovative Practices in Child and Adolescent Mental Health." *Health & Social Work* 39(2): e1-e9.

Coogan, D. (2015). "Child to Parent Violence? Non Violent Resistance as an effective response to an emerging problem."

Cornell, C. P. and R. J. Gelles (1982). "Adolescent to parent violence." *Urban and social change review* 15(1): 8-14.

Costa, B. M., et al. (2015). "Longitudinal predictors of domestic violence perpetration and victimization: A systematic review." *Aggression and Violent Behavior* 24: 261-272.

Cottrell, B. (2001). "Parent Abuse: The Abuse of Parents by Their Teenage Children." Health Canada.

Cottrell, B. and P. Monk (2004). "Adolescent-To-Parent Abuse: A Qualitative Overview of Common Themes." *Journal of Family Issues* 25: 1072-1095.

De Bellis, M. D. (2001). "Developmental traumatology: the psychobiological development of maltreated children and its implications for research, treatment, and policy." *Dev Psychopathol* 13(3): 539-564.

Debbie Wilson, C. S. a. A. P. (2006). "Young People and Crime: Findings from the 2005 Offending, Crime and Justice Survey".

Eckstein, N. J. (2004). "Emergent Issues in Families Experiencing Adolescent-to-Parent Abuse." *Western Journal of Communication* 68: 365-388.

Edenborough, M., et al. (2008). "Living in the red zone: The experience of child-to-mother violence." *Child & Family Social Work* 13: 464-473.

Fawzi, M. H., et al. (2013). "Parent abuse by adolescents with first-episode psychosis in Egypt." *J Adolesc Health* 53(6): 730-735.

Finkelhor, D., et al. (2007). "Poly-victimization: a neglected component in child victimization." *Child Abuse Negl* 31(1): 7-26.

Gabriel, L., et al. (2018). ""Give me some space": exploring youth to parent aggression and violence." *J Fam Violence* 33(2): 161-169.

Gallagher, E. (2004). "Parents Victimized by Their Children." *Australian and New Zealand Journal of Family Therapy* 25.

Gallagher, E. (2004). "Youth Who Victimise Their Parents." *Australian and New Zealand Journal of Family Therapy* 25(2): 94-105.

Gallagher, E. (2008). "Child Parent Violence Masters Thesis Gallagher 2008."

Gebo, E. (2007). "A Family Affair: The Juvenile Court and Family Violence Cases." *Journal of Family Violence* 22(7): 501-509.

Gelles, R. J. (1980). "Violence in the family: A review of research in the seventies." *Journal of Marriage and the Family* 42: 873-885.

Hamilton, K. D. B. C. E. (1998). "Physical Violence Between Young Adults and Their Parents: Associations with a History of Child Maltreatment." *Journal of Family Violence* 13: 59-79.

Harbin, H. T. and D. J. Madden (1979). "Battered parents: A new syndrome." *The American Journal of Psychiatry* 136: 1288-1291.

Haw, A., et al. (2010). *Parenting Over Violence: Understanding and Empowering Mothers Affected by Adolescent Violence in the Home*, Patricia Giles Centre.

Holt, A. (2009). "Parent abuse: some reflections on the adequacy of a youth justice response." *Internet Journal of Criminology*.

Holt, A. (2011). "'The terrorist in my home': teenagers' violence towards parents - constructions of parent experiences in public online message boards." *Child & Family Social Work* 16(4): 454-463.

Holt, A. (2012). "Researching Parent Abuse: A Critical Review of the Methods." *Social Policy and Society* 11(2): 289-298.

Holt, A. (2013). *Adolescent-to-parent Abuse: Current Understandings in Research, Policy and Practice*, Policy Press.

Holt, A. (2016). "Adolescent-to-Parent Abuse as a Form of "Domestic Violence": A Conceptual Review." *Trauma Violence Abuse* 17(5): 490-499.

Holt, A., & Shon, P. C. (2016). "Exploring Fatal and Non-Fatal Violence Against Parents Challenging the Orthodoxy of Abused Adolescent Perpetrators." *International Journal of Offender Therapy and Comparative Criminology*.

Holt, A. and S. Lewis (2021). "Constituting Child-to-Parent Violence: Lessons from England and Wales." *The British Journal of Criminology* 61(3): 792-811.

Hong, J. S., et al. (2012). "The social ecology of adolescent-initiated parent abuse: a review of the literature." *Child Psychiatry Hum Dev* 43(3): 431-454.

Honjo, S. and S. Wakabayashi (1988). "Family violence in Japan--a compilation of data from the Department of Psychiatry, Nagoya University Hospital." *Jpn J Psychiatry Neurol* 42(1): 5-10.

Hosokawa, R. and T. Katsura (2018). "Role of Parenting Style in Children's Behavioral Problems through the Transition from Preschool to Elementary School According to Gender in Japan." *Int J Environ Res Public Health* 16(1).

Huguley, R. A. a. S. (1985). "Adolescent Violence toward Parents: A Neglected Dimension of Family Violence." *Journal of Marriage and Family* 51(3): 699-711.

Humphreys, C., et al. (2006). "Talking to My Mum'." *Journal of Social Work* 6(1): 53-63.

Hunter, C. and J. Nixon (2012). "Introduction: Exploring Parent Abuse – Building Knowledge across Disciplines." *Social Policy and Society* 11(2): 211-215.

Hunter, C., et al. (2010). "Mother abuse: a matter of youth justice, child welfare or domestic violence?" *J Law Soc* 37(2): 264-284.

Ibabe, I. (2014). "Direct and indirect effects of family violence on child-to-parent violence / Efectos directos e indirectos de la violencia familiar sobre la violencia filio-parental." *Estudios de Psicología* 35(1): 137-167.

Ibabe, I., et al. (2014). "Behavioral problems and depressive symptomatology as predictors of child-to-parent violence." *The European Journal of Psychology Applied to Legal Context* 6(2): 53-61.

Ibabe, I. and J. Jaureguizar (2010). "Child-to-parent violence: Profile of abusive adolescents and their families." *Journal of Criminal Justice* 38(4): 616-624.

Ibabe, I., et al. (2013). "Risk Factors for Child-to-Parent Violence." *Journal of Family Violence* 28(5): 523-534.

Jackson, D. (2003). "Broadening constructions of family violence: mothers' perspectives of aggression from their children." *Child & Family Social Work* 8(4): 321-329.

Julie Selwyn, D. W., and Sarah and Meakings (2014). "Beyond the Adoption Order: challenges, interventions and adoption disruption." University of Bristol School for Policy Studies Hadley Centre for Adoption and Foster Care Studies

Kar, H. L. (2019). "Acknowledging the victim to perpetrator trajectory: Integrating a mental health focused trauma-based approach into global violence programs." *Aggression and Violent Behavior* 47: 293-297.

Kennedy, T. D., et al. (2010). "The Clinical and Adaptive Features of Young Offenders with Histories of Child-Parent Violence." *Journal of Family Violence* 25(5): 509-520.

Laporte, L., et al. (2011). "The Relationship Between Adolescents' Experience of Family Violence and Dating Violence." *Youth & Society* 43(1): 3-27.

Linda Pagani, D. L., Frank Vitaro & Richard E. Tremblay (2003). "Verbal and Physical Abuse Toward Mothers: The Role of Family Configuration, Environment, and Coping Strategies." *Journal of Youth and Adolescence* volume 32: 215–222.

Livingston, L. R. (1986). "Children's violence to single mothers." *Journal of Sociology and Social Welfare* 13: 920-933.

Lorraine Radford, H. R. F., Paul Hargreaves and John Devaney (2019). "Research Review: Early Childhood and the 'Intergenerational Cycle of Domestic Violence'."

Lorraine Radford, S. C., Christine Bradley, Helen Fisher, Claire Bassett, Nick Howat and Stephan Collishaw (2011). "Child abuse and neglect in the UK today." NSPCC.

Marianne Hester, C. H. a. N. H., with Hilary Abrahams (2007). "Making an Impact - Children and Domestic Violence, Marriane Hester, Chris Pearson and Nicola Harwin, with Hilaty Abrahams."

Mary McKenna, R. O. C. a. J. V. (2010). "Exposing the dark side of parenting: A report of parents' experiences of child and adolescent family violence."

McAra, L. and S. McVie (2010). "Youth crime and justice: Key messages from the Edinburgh Study of Youth Transitions and Crime." *Criminology & Criminal Justice* 10(2): 179-209.

McCloud, E. (2017). "Adolescent-to-Parent Violence and Abuse (APVA): An Investigation into Prevalence, Associations and Predictors in a Community Sample."

McManus, D. J. P. D. M. (2021). "Executive Summary Report DA Perps LJMU Lancs." Department of Criminal Justice, School of Justice Studies, Liverpool John Moores (LJMU) University.

McManus, M., et al. (2017). "Exploring Child-to-Parent Domestic Abuse: Offender Characteristics and DASH Individual Risk Factors Associated with Recidivism." *Journal of Forensic Psychology* 02(03).

Micucci, J. A. (1995). "Adolescents who assault their parents: A family systems approach to treatment." *Psychotherapy: Theory, Research, Practice, Training* 32(1): 154-161.

Miles, C. and R. Condry (2014). "Adolescent to parent violence: the police response to parents reporting violence from their children." *Policing and Society* 26(7): 804-823.

Miles, C. and R. Condry (2015). "Responding to Adolescent to Parent Violence: Challenges for Policy and Practice." *British Journal of Criminology* 55(6): 1076-1095.

Moffitt, T. E. (1993). "Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy." *Psychological Review* 100: 674-701.

Moulds, L., et al. (2018). "Adolescent violence towards parents—Prevalence and characteristics using Australian Police Data." *Australian & New Zealand Journal of Criminology* 52(2): 231-249.

Murphy-Edwards, L. J. (2012). "NOT JUST ANOTHER HOLE IN THE WALL AN INVESTIGATION INTO CHILD AND YOUTH PERPETRATED DOMESTIC PROPERTY VIOLENCE" University of Canterbury

Nixon, J. (2012). "Practitioners' Constructions of Parent Abuse." *Social Policy and Society* 11(2): 229-239.

Nock, M. K. and A. E. Kazdin (2002). "Parent-directed physical aggression by clinic-referred youths." *Journal of Clinical Child and Adolescent Psychology* 31: 193-205.

Pagani, L., et al. (2009). "Risk Factor Models for Adolescent Verbal and Physical Aggression Toward Fathers." *Journal of Family Violence* 24(3): 173-182.

Pagani, L. S., et al. (2004). "Risk factor models for adolescent verbal and physical aggression toward mothers." *International Journal of Behavioral Development* 28(6): 528-537.

Papamichail, A. and E. A. Bates (2022). "'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 United Kingdom." *J Interpers Violence* 37(9-10): NP6135-NP6158.

Patterson, G. R. (1982). *Coercive family process*, Castalia publishing company.

Paulson, M. J., et al. (1990). "Youth who physically assault their parents." *Journal of Family Violence* 5: 121-133.

Perera, H. (2006). "Parent battering and the psychiatric and family correlates in children and adolescents." *Sri Lanka Journal of Child Health* 35: 128-132.

Ports, K. A., et al. (2020). ACEs: Definitions, measurement, and prevalence. *Adverse Childhood Experiences*: 17-34.

Prof. Iain Brennan, N. B., Matthew Cutmore, Dr Amanda Holt,, et al. (2022). "Comprehensive Needs Assessment of Child/Adolescent to Parent Violence and Abuse in London."

Prof. Iain Brennan, N. B., Matthew Cutmore, Dr Amanda Holt,, et al. (2022). "Comprehensive needs assessment of Child/Adolescent to Parent Violence and Abuse in London."

Professor Julie Selwyn, L. M. a. J. M. (2018). "Child to Parent Violence Project 2017-2018."

Ringer, N. (2019). "Living with ADHD: A Meta-Synthesis Review of Qualitative Research on Children's Experiences and Understanding of Their ADHD." *International Journal of Disability, Development and Education* 67(2): 208-224.

Rottem, J. H. a. N. (2008). "It All Starts at Home Male Adolescent Violence to Mothers." Inner South Community Health Service Inc.

Routt, G. and L. Anderson (2011). "Adolescent Violence towards Parents." *Journal of Aggression, Maltreatment & Trauma* 20(1): 1-19.

Selwyn, J. and S. Meakings (2016). "Adolescent-to-Parent Violence in Adoptive Families." *Br J Soc Work* 46(5): 1224-1240.

Shaw, P., et al. (2014). "Emotion dysregulation in attention deficit hyperactivity disorder." *Am J*

Sheehan, M. (1997). "Adolescent Violence-Strategies, Outcomes and Dilemmas in Working with Young People and their Families." *Australian and New Zealand Journal of Family Therapy* 18(2): 80-90.

Simmons, M., et al. (2018). "Sixty years of child-to-parent abuse research: What we know and where to go." *Aggression and Violent Behavior* 38: 31-52.

Stanko, T. N. a. E. A. (1995). "Just Boys Doing Business? Men, masculinities and crime." *Critical Social Policy* 44-45: 7-264.

Statistics, O. o. N. (2019). "Domestic abuse prevalence and trends, England and Wales year ending March 2019."

Stewart, M., et al. (2007). "Dark Side of the Mothering Role: Abuse of Mothers by Adolescent and Adult Children." *Sex Roles* 56(3-4): 183-191.

Stewart, M., et al. (2006). "Child-to-mother violence: a pilot study." *Contemp Nurse* 21(2): 297-310.

T, B. (1999). "Teenage Violence toward Parents as an Adaptation to Family Strain." *Youth and Society* 30(4): 416-444.

Tew, J. and J. Nixon (2010). "Parent Abuse: Opening Up a Discussion of a Complex Instance of Family Power Relations." *Social Policy and Society* 9(4): 579-589.

Thorley, W. C. (2020). "Child - Parent Violence (CPV): Grappling with an Enigma."

Ulman, A. and M. A. Straus (2003). "Violence by children against mothers in relation to violence between parents and corporal punishment by parents." *Journal of Comparative Family Studies* 34: 41-60.

VRU, L. (2020). "Analysis of Reviews of Homicides and Violent Incidents."

Walsh, J. A. and J. L. Krienert (2007). "Child–Parent Violence: An Empirical Analysis of Offender, Victim, and Event Characteristics in a National Sample of Reported Incidents." *Journal of Family Violence* 22(7): 563-574.

Wilcox, P. Pooley, M. (2015). *Responding to Child to Parent Violence & Abuse in Europe*

Williams, M., et al. (2017). "'It's like he just goes off, BOOM!': mothers and grandmothers make sense of child-to-parent violence." *Child & Family Social Work* 22(2): 597-606.