Child - Parent Violence (CPV): Grappling with an Enigma.

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Introduction

This report interrogates definitions of Child-Parent Violence (CPV) and seeks to discern how this is understood not only by those families who are living with CPV but by those professionals involved with families. How professionals understand CPV will inform their actions when families request support, an area that is met with poor provision according to those families who have been involved in research both previously and as part of this exploratory exercise. Furthermore consideration will be given to any potential limitations in current understanding that leads to CPV becoming both misunderstood and poorly defined. In this way this report recognises when trying to define or understand CPV, those involved are 'grappling with an enigma' that is difficult to understand, define or address. This report builds on Thorley and Coates (2017) *Child-Parent Violence (CPV): an exploratory exercise*[1] that presented initial findings of survey data generated at the end of 2016, to open up more extensively discussions around Child – Parent Violence (CPV). In addition, this report explores more readily the discussion presented in Thorley and Coates (2017) *Child - Parent Violence (CPV): Impact on parent/carers*[2] when living with CPV that highlighted the impact on mental and physical wellbeing for all members of the family unit, both short and long term. In this way this report seeks to compliment and consolidate previous discussions regarding CPV as part of the exploratory exercise that arose following the release by Al Coates[3] (via social media) a podcast interview with Helen Bonnick[4], discussing Child -Parent violence[5]. The response to the podcast release was unexpected and opened up a diverse and complex discourse exploring both the issues and the family impact of CPV for families within the UK. This was particularly highlighted for those who were adoptive families. The response received from the podcast suggested CPV was an issue that was instrumental in family crisis and family difficulty. As a consequence of this response, Coates (2016) constructed a survey to generate further discussion and exploration of CPV as a possibly larger concern than is currently understood across society. The exploratory exercise

[1] Thorley and Coates (2017) *Child-Parent Violence(CPV): an exploratory exercise* available at: https://www.academia.edu/30962152/Child_-Parent_Violence_CPV_an_exploratory_exercise

[2] Thorley W and Coates A (2017) *Child - Parent Violence (CPV): Impact on parent/carers* available at: http://www.academia.edu/31433287/Child_-Parent_Violence_CPV_exploratory_exercise_Impact_on_parent_carers_when_living_with_CPV

[3] Mr Al Coates: Social worker, adoptive parent and member of the Expert Steering Group at the Department of Education http://adoptionandfostering.podbean.com/

[4] Helen Bonnick Social worker and producer of Hole in the Wall https://holesinthewall.co.uk/

[5] Coates A and Bonnick H (2016) Episode 3 - An interview with Helen Bonnick . Available at: http://adoptionandfostering.podbean.com/ 7th November 2016

generated 264 responses in the 3 week release period. Overall, the exploratory exercise did not so much expose new knowledge or concerns, rather it allowed voices of parents to be heard and reinforced studies to date in raising awareness of the impact of CPV, not only on the child but also the parent themselves. Following the previous reports that outlined the impact upon family units when living with CPV, this report considers in more detail what CPV means from a range of perspectives, and how this is perceived within society and by policy makers to bring together what is understood at this time. Such understanding informs professional action and provides support for families; however, this report points to confusion and misunderstanding of the issue overall that can result in a lack of support for families.

Data and Research Limitations

As detailed within in Thorley and Coates (2017) *Child - Parent Violence (CPV): Impact on parent/carers*[6]*,* there are limitations to the data presented within this report due to the nature in which the survey was conducted[7]. With such limitations, this report considers why further action is required if we are to establish supportive environments for families, but fully acknowledges the weaknesses within the validity and reliability of the survey findings in terms of rigorous research approaches. However the survey did not set out to resemble rigorous research protocols, rather it set out to discover whether CPV was an issue that required rigorous investigation and in this way could be seen to reflect 'exploratory research' that may evolve into a more structured empirical study. Exploratory research provides the opportunity to explore rather than attempting to offer final and conclusive solutions to existing problems (see for example Bulmer, 1977; Crotty, 1998; Stebbings, 2001; Cohen et al, 2005; Bryman, 2015; Walliman, 2015). As established within Thorley and Coates (2017) CPV is an existing problem and has been so for more than three decades, when it was first recognised and defined by Harden and Madden (1979) as 'battered parent syndrome'[8]. By exploring the issues more readily further development could then build on what Alvesson and Skoldberg (2000, p.2) proposed, in so much that *"empirical social science is very much less certain and more problematic than common sense or conventional methodological textbooks would have us think."* They go onto argue and support debate linked to the interwoven aspects of linguistic, social, political and theoretical aspects that are integrated in the process of emerging comprehension, suggesting it is during this process empirical research is developed. This exploratory exercise set out to seek emerging comprehension of a complex issue that

[6] Thorley W and Coates A (2017) *Child - Parent Violence (CPV): Impact on parent/carers* available at: http://www.academia.edu/31433287/Child_-Parent_Violence_CPV_exploratory_exercise_Impact_on_parent_carers_when_living_with_CPV

[7] The survey was published via Survey Monkey and promoted via social media such as Twitter and Facebook for anonymous response, given the sensitive nature of the questions. The survey mainly requested a response from adopter, kinship or foster care families and was promoted by organisations representing these family groups.

[8] Harbin, H. T., and Madden, D. J. (1979). 'Battered parents: a new syndrome'. *American Journal of Psychiatry*, 136, 1288-1291.

by nature includes aspects of linguistic, social, political and theoretical aspects. In this way, this exploratory exercise commenced as a reflective exercise as explained by Alvesson, Skoldberg (ibid., p.5)

> *"Empirical research in a reflective mode starts from a sceptical approach to what appear to be at a superficial glance as unproblematic replicas of the way reality functions, while at the same time maintaining the belief that the study of suitable (well thought out) excerpts from this reality can provide an important basis for a generation of knowledge that opens up rather than closes, and furnishes opportunities for understanding rather than establishes truths"*

The comments made by Alvesson and Skoldberg (ibid.) relate to the ambiguity of empirical research and how interpretations are multifaceted and complex and include the relationship between translation and reader. In addition to the data generated, further complexities arise in translation and correlating the findings that are outlined in Gadamer's (1979) philosophical hermeneutics; whereby human understanding remains irrevocably biased. This is particularly pertinent to this study given the medium used for generating the parent/ carer voice. In this sense, hermeneutics may offer the grounding for subjectivist research, built upon interpretation and subjectivism, and thereby acknowledging understanding can be found, whilst at the same time cannot be found, within literary terms. However, if discussion of responses generated are not presented then those parents/ carers who participated remain unheard, on an issue that very much impacts upon not only their families directly but also society generally.

CPV discourse

Within current discourse there is a repeated acknowledgement that a heightened recognition for CPV is fundamental to providing support for those families living with and experiencing CPV; as argued by Adfam and Against Violence and Abuse (2012 p.3) following their project funded by the Department of Health: *Children's violence and abuse to parents is poorly recognised and caught within a grey area of understanding. As with adult perpetrators, children can be both loving and charming one minute and violent and abusive the next. Satisfactory explanations for this change in behaviour have yet to be found.* In addition further complexity arises when attempting to define what CPV is specifically due to the limitations definitions proposed or outlined can create; particularly as Coogan (2015) notes many parents themselves do not identify their child's behaviour as CPV (a factor also noted by Wilcox and Pooley, 2015) rather they discuss difficult relationships or difficult instances as opposed to contextualising the emerging pattern of behaviour as CPV. Child on Parent Violence was first noted as different to other forms of inter family violence by Harbin and Madden (1979) when they used the term '*Battered Parents*'. They argued that battered parents related to *both to actual physical assault and to verbal and nonverbal threats of physical harm'* (1979 Abstract) and that the majority of the case studies

they employed (they examined 43 case studies for their study) involved adolescent males. They also pointed to indicators as well as family subtleties or undercurrents that were notably different to those related to domestic violence or child abuse. Child on Parent Violence within this exploratory exercise was defined as *'Any harmful act by a child, whether physical, psychological or financial, which is intended to gain power and control over a parent or carer'*, reflecting the basis of previous definitions employed within academic discourse; for example, that of Patterson et al (2002) Holt (2013) as well as Coogan and Lauster (2015). In addition the term itself is interchangeable between Adolescent to Parent Violence and Abuse (APVA) , Adolescent to Parent Abuse (APA) and Child on Parent Violence (CPV). Similarly, the incidence of CPV is vague and ambiguous in that this varies from a reported 10% (1:10) to 3%. Stevenson (2016) reported that as many as 1:10 parents experience parent abuse, based on research led by Dr Wilcox into *'Responding To Child to Parent Violence',* a Pan European Project relating to concerns about increasing reported incidences of CPV in Spain, Bulgaria, Ireland, Sweden and England. In contrast Bonnick (2016) points to 3% being the figure that most professionals concur (citing Gallagher's discussions); whilst Selwyn and Meakins (2015) point to discrepancies of between 3% and 27%. Whilst there has be little real coverage across general media, there is evidence of CPV over time; for example Winterman (2009) reported several cases and Cassidy (2012) reported concerns over suggested increasing numbers of CPV, particularly in adoptive family units. One of the difficulties in determining the frequency or incidence of CPV both within families and across society is the lack of focused statistical evidence of CPV specifically. The main contributing factor for lack of evidenced data relating to CPV concerns stems from the family unit themselves and as with domestic violence for example, much of these instances remain unreported a factor also indicated in previous studies[9].

The questionable issue of intention.

What is evident within the survey results generated and reported within Thorley and Coates (2017) is that CPV is a concern to a myriad of families (as evidenced in studies to date[10]), that appears to be more predominantly so in adoptive families as suggested by Selwyn and Meakins (2016). Recognising such concern would support the justification for a clear understanding of CPV that is underpinned by a clear definition that separates any CPV displayed from reactional to intentional. Such clarity will then enable CPV to be contextualised to individual circumstance and recognise not all CPV is '***intentional***'. It is argued that current definitions are not fit for purpose when trying to support families living with CPV, in that they reflect a generic stance that pays little appreciation of the individuals involved. This argument

[9] see for example Cottrell, 2001, and more recently Coogan and Lauster, 2015; as well as Selwyn and Meakins, 2015; who similarly highlight this issue.

[10] such as those of Cottrell, 2001; Paterson et al, 2002; Cottrell and Monk, 2004; Holt, 2013; Coogan and Lauster, 2015; and Broadhead and Francis, 2015

is founded on the understanding that to be classified as CPV the behaviour displayed needs to reflect *'Any harmful act by a child, whether physical, psychological or financial,* ***which is intended to gain power and control over a parent or carer****'* (my emphasis). However '***intended'*** can be seen from different perspectives, for example this could mean such acts of violence were planned, deliberate, premeditated or calculated. Alternatively some CPV may be a result of the antonym of 'intended' and in this way be an accidental outcome of 'Trauma Informed Behaviour' or from providing care to a child with profound complex needs; whereby such behaviour is not thought out or planned but reactive and unplanned. In this scenario, of trauma informed behaviour, whilst lashing out or acting in a violent way may be the intention at that precise 'moment of time' it is arguable whether or not it is intentional as such, in so much as the behaviour could be a response to 'fight or flight' reaction, consequential to a perceived threat (although the threat in itself may only be perceived by the child rather than the adult, whose action led to the behaviour outcome). Such possibilities are clearly detailed within:

The SAS say the most dangerous and unpredictable violence stems from fear. I can see this. In the early days before I became more trigger aware it would seem that the violence came out of the blue. Before you knew it an ordinary day could turn into one which may involve broken glass, chaos, blood, spit, vomit, urine and tears (Boorman, 2016)

I'd consider it the most challenging experience of my life, day after day the assaults continued both physical and verbal. They had always been present in our family, low level name calling and hitting when frustrated or upset but then it got worse. It spiralled downward after a trip away, with normal routines gone for a single day a new pattern of behaviour emerged. Early the next morning it started. 'Stupid daddy'. Then fighting, hitting and biting. Rages that would last hour after hour with me standing between her and the rest of the family. I tried to hold her to keep her safe but that would prolong the rages but if I let go she'd come back to start again. We knew all the standard techniques, time out, appropriate consequences, carrots not sticks. She was four-years-old and I'd become afraid of her, nervous of when the next assault would come, I was covered in bites, scratches and bruises. (Coates, 2016)

This suggested 'behaviour informed' reaction is evidenced within reflective accounts of living with CPV, and is correlated within the data generated from the exploratory exercise, where more than 50% overall of those responding highlighted that such episodes were 'reactive' rather than preconceived. The argument supporting violence as a 'reactive' behaviour is noted within previous studies such as that of 'Defensive aggression' (Falmer et al, 2011)

CPV and 'Defensive Aggression' (Trauma informed behaviour)

The difficulty for most families is recognising and dealing with CPV appears to be associated with the families ability to identify potential actions that may result in CPV occurring (as 'triggers' for the behaviour displayed), in that those responding noted that CPV often occurred over what they perceived as inconsequential instances but that these instances appeared to provide the outlet for stored 'anger',

'frustration', 'upset' or 'heightened state of alert', a notion also explored by Selwyn et al (2014) and noted within much media discussions such as 'Twitter' feeds for example: *As I grew to know my daughter I started to understand and recognise the triggers. Knowing them doesn't stop them happening though. Nobody can live in the bubble of walking on eggshells and isolation at all times no matter how therapeutic they may want to be* (Boorman, 2016); resonating with the many accounts currently portrayed across a range of social media that allow those families living with CPV to share their experiences, seek support from families living in similar circumstance and foster understanding from those families who do not experience CPV. The need to seek understanding is clearly portrayed across accounts reported, of the day to day lives of these families who are struggling not only to continue, but also to gain support in order to function as a family within society. What is also notable within these discussions and findings is not so much the need to source 'triggers' to counter potential CPV behaviour, but a need to consider potential triggers that are perceived as threats for 'traumatised' children and beyond the 'parents' control; for example how the child felt at school that day and those around them outside of the home environment that led to the 'explode point' once home. The lack of support is an ongoing issue for these families, where they find that whilst there is a growing appreciation of what 'trauma informed behaviour' may mean for their child CPV appears to be overlooked, disregarded or ignored as a central area leading to family crisis. More concerning are reports of limited awareness by professionals and then no effective support or recognition following a simple acknowledgement that CPV may occur leading to an ongoing escalation of CPV over time as detailed within:

I remember it like it was yesterday. Clear and distinct in my mind. My social worker during prep phase sat on my brand new sofa and said "And what happens – what will you do – when 'Plus 1' takes a knife to this lovely new sofa, and cuts a little slit in it". She acted it out, coolly and calmly, with her fingernail. And that was that. In the ten months between my first call to the agency, and approval panel, this was the one and only mention of the havoc about to rain down, and the closest anyone ever came to preparing me for CPV. One hypothetical reference to collateral damage, that over the last 11 years has become a reality of: an eight foot stretch of 150 year old T&G wood paneling now split, splintered and bowed out; her all time favourite self harm kicking place…- six doors that no longer hang right, or close properly, and one with kick holes all across the bottom at different levels that represent the passing years like a height chart… the 'road map' of our walls, criss crossed with skid marks from things hurled and whipped against them,..- the beautiful handmade bread crock, broken and cracked with a chunk of the lid missing from being slammed one to many times in attempt to pull me into her rages…- my christening bracelet, a part of me for 40 years, gone forever, without a trace…- the oak kitchen table that survived our family for three generations, scarred with dozens of deep, double pointed dents from a claw hammer attack…- the bruises on my body that come, turn to rainbows, and then go… the toilet seat that like its predecessors, is cracked through repeated, angry slamming… the long series of phones, laptops, controllers, a hairdryer and a tv, all smashed to smithereens. With implements, and sometimes with her bare hands or feet; stamping or smacking them repeatedly until cuts bleed from the sharp edges…- the bite scars on my arms, and the deep raised one on my thigh…- the canine tooth missing from my beautiful dog's mouth, broken by the rock hurled at her during an angry summer's day

walk…boxfuls of household necessities and equipment that go missing, thrown out in secret when she gets obsessed with me having 'too much stuff'; tools, climbing gear, coats, tape cassettes, camping kit, cameras, kitchen utensils… the regular scratch marks to my face, arms, back, legs, belly from the times I misjudge how close I can get to calm her while she tries to smash her head against the wall…- the dashboard of my land rover cracked and hanging off on the passenger side from full power kicks over the flavor of a packet of crisps…- the burns from where she threw dinners or hot drinks over me…- the two lonely bowls left intact from a full dinner set, and the cracks in the tiles where the missing ones landed. - the stains on the oak floors that I've tried to sand off (because, you know, pee)…- the five sash window panes either cracked or studded with bullet style impact holes…- the banisters that creak and wobble a third of the way down where I crashed into them when she pushed me down the stairs…- the blinds from her room currently 'hidden' in a bin bag; stashed in the airing cupboard where she thinks I won't notice, cut into pieces…I'm not sure where to stop. These – and many more like them – are 'peak events'. The visible and tangible expressions of trauma. They come as part of the wider package of less story worthy hours of this screaming, rejecting, unsoothable, unstoppable, fear based, self preservational trauma that rampages through our home on a daily, sometimes hourly basis. (Mumdrah, 2017)

Distinguishing between planned and intended CPV to unplanned and reactive CPV behaviour would then enable those families living with CPV to receive the appropriate support in a timely fashion; particularly for those families experiencing CPV as a consequence of 'Trauma Informed Behaviour' that is an instinctive reaction rather than a planned action or any form of deliberate wilfulness. In this way 'Trauma Informed Behaviour' recognises and acknowledges that such behaviour is a consequence of 'fight or flight' response triggered within the cerebrum (as defensive aggression), informed by earlier 'traumatic' circumstances within the child's life. Current understanding that has followed emerging Magnetic Resonance Imaging (**MRI**) generated data have established that when children experience trauma within their childhood, there is a significant developmental impact upon cerebrum development and activity[11]. This is important in that these children may then display 'Trauma informed behaviour' that is consequential rather than intentional. Following this argument, the response to these children would need to address the cause of the behaviour as a 'trauma informed response' rather than a planned or intended behaviour response. Such differential of meaning in relation to ***intention*** is imperative when seeking to provide effective support for those families living with CPV. For this reason this report argues that there is a need to clearly define and differentiate between planned 'intended' acts of CPV and 'Trauma informed behaviour' resulting in CPV. Such clarity will then inform appropriate support for families living with CPV and help recognise when criminal prosecution is neither helpful nor appropriate in some circumstances. This resonates with Gallagher's[12] (n.d.) position in that he points to a myriad of circumstance that may be considered CPV including *very young children…. Severely disabled children may lash out at carers* which reflect CPV but may not be considered CPV due to age or

[11] See for example publications and videos provided by Perry B (various) The Child Trauma Academy including Perry, B.D., (The ChildTrauma Academy). (2013) 1: The Human Brain [Video webcast]. In *Seven Slide Series*. https://www.youtube.com/watch?v=uOsgDkeH52o Sarah-Jayne Blakemore (2012) the Mysterious Workings of the Teenage Brain https://www.ted.com/talks/sarah_jayne_blakemore_the_mysterious_workings_of_the_adolescent_brain

[12] Gallagher E (n.d) Childrens Violence to Parents available at: http://www.eddiegallagher.com.au/violence%20to%20parents.html

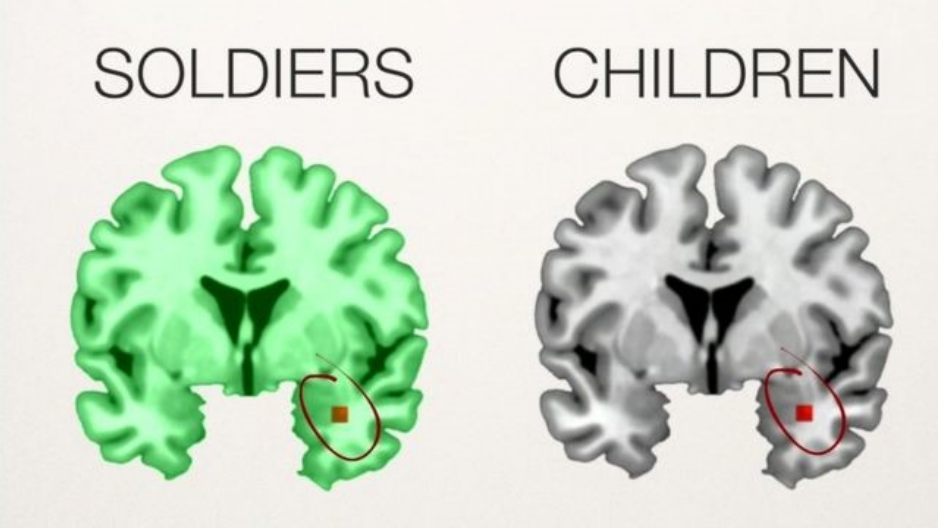
individual circumstance. He continues and includes *abused or neglected children with attachment problems may be violent to carers (but not usually to the person who abused or neglected them)* which resonates with the findings of Selwyn et al (2014) for adopters and the majority of participants in this survey. He also points to those children or young people with Mental Health difficulties or conditions, an area that needs further exploration if professionals are to support families effectively. Within the wide range of circumstance in which children may experience loss or trauma, one area that appears to be overlooked within research reports is that of 'Corporate Trauma'.

'Corporate Trauma'.

Corporate Trauma in this discussion relates to the additional trauma the child or young person feels when moved into care or moved from one placement to another, or one school to another; whereby their 'safe (or safer) base' is changed and the child or young person has to acclimatise to another setting. This is a significant nuance of corporate care, the need to recognise the point of trauma occurrence prior to entering corporate care and how entering corporate care can add to the trauma experience. Whilst there is clear evidence of the correlation between experiencing attachment difficulties following abuse or neglect[13] within the home environment, and subsequent trauma informed behaviour; it is not an automatic correlation. Subtle but recognised distinctions between attachment difficulties and the experience of trauma are recognised (see for example Kershaw, 2017). Following this argument, where a correlation is evident between early trauma and resulting attachment difficulties are identified, developing attachment supportive environments is essential to addressing and supporting the child who is experiencing attachment difficulty. However for those children and young people who may have experienced a secure attachment, prior to the trauma experience which was external to the home environment, then recognition of a previously secure attachment needs to be at the forefront of any intervention proposed; rather than any presumption that experience of trauma equates to attachment difficulties. In this scenario the move into corporate care may be the 'trauma' experienced. Such 'trauma', even when resulting in a placement of permanence, may continue for the child or young person; for example unaccompanied minors who arrive in the UK may have previously enjoyed a secure and safe relationship with their parent/ carers and their trauma experience may be related to the circumstances that led them to arrive as UAM within the UK. Subsequent investigations by the Home Office regarding their status, in a country where they may or may not be able to communicate effectively (depending on their grasp of languages and age) may add to this traumatic experience.

[13] Such as those identified by Perry and the ACE studies: The Adverse Childhood Experiences Study (**ACE Study**) is a research **study** conducted by the American health maintenance organization Kaiser Permanente and the Centers for Disease Control and Prevention (1995-1997) leading to a wide range of publications see references for full details

Furthermore, this will also include those children who recently arrived within the UK from countries at war (such as that seen within Syria), who may have had a very secure attachment to their family/carers and it is their experience of 'war' that is a traumatic experience rather than neglect or abuse. In such circumstance their behaviour may resonate with PTSD more readily than 'attachment difficulty', however both could lead to CPV. Recent images generated from children who have been exposed to 'Trauma' show parity of impact upon their cerebrum to that of soldiers diagnosed with PTSD, as highlighted McCrory[14] (2016) who pointed to physical changes within the brain when children experienced '*extreme stress and abuse'* as a '*coping mechanism*' as shown within the following image



(British Broadcasting Corporation (BBC), 2016)

What is important within the discussion by McCory is how such change can be countered within safe secure environments, however if children or young people within LAC services are moved placement/ school, then the child or young persons sense of safety and stability is impacted upon and further 'trauma' may occur. Whilst professionals responsible for the placement move, or the school transition may have little choice in the transition process; such need or understanding may not be felt in the same way by the child or young person. In this way some children or young people may perceive the professional as the person who has 'neglected' or 'abused' them (caused the trauma experience). Similarly, not all children and young people who are in corporate care have been neglected or abused by their carer who is now imprisoned, and may have been securely attached within their home environment until such time they became LAC, as a consequence of the imprisonment of their parent. This can then lead to the child or young person's perception of trauma experienced to be caused by those professionals who were involved in the care proceedings, and continues to be so by including

[14] Prof Eamon McCrory University College London reported by the BBC 18th Feb. 2016 available at: http://www.bbc.co.uk/news/health-35595086

those responsible for their 'corporate care' (such as, for example: Foster Carers, Kinship Carers, Guardians or Adopters). Within the UK it is estimated that there are between 100,000-200,000 children whose parents are in prison. Some of these children will move into Kinship Care, some may remain with one 'parent', some will move to 'corporate Care' provision. All of these children and young people will, to varying levels, experience an impact from their parents imprisonment depending on their relationship with that parent, the reason for the imprisonment (along with any media reporting) and the resulting home environment as a consequence of the imprisonment. Whilst many of these children and young people will accommodate the position they find themselves in without displaying CPV, some may. For this reason it is essential that CPV is not seen exclusively as a LAC/ Adopted child behaviour trait.

In addition to parental imprisonment, those children who become LAC as a consequence of parental death may also perceive becoming a LAC or part of Kinship Care/ Guardian Care as part of their traumatic experience; particularly if they also enjoyed a secure attachment to the carer who died. Child Bereavement Network[15] (2015) estimated that 40,000 parents die each year (equal to 112 per day), these parental deaths will include armed service personnel. Similar to those children whose parent is imprisoned, bereaved children may remain in the family home, may move into Kinship Care, may become LAC; all will experience bereavement and all will experience this individually depending on their relationship with that parent, how the parental death occurred (along with any media reporting) and the resulting home environment as a consequence of parental death. Such individual circumstance highlights the range of nuances that may underpin CPV behaviour and the principal for establishing cause of action as outlined by Gallagher (n.d); and recognise the difference between *trauma informed behaviour* response to threat is not the same as calculated and intended behaviour; even though both may result in CPV. Van der Kolk (1994) opened discussion for trauma informed behaviour developed from his conjectural position that 'the body keeps the score' in which he argues that even when placed within a safe environment, children who have experienced trauma retain the feelings and sensations that underlie any previous dissociative responses they may have employed during the trauma experience. Building on Van der Kolks (1994) perspective Lacobini et al (2005) continued and noted that using their 'trauma informed' experience, underpinned by their emotional response, these children continue to possess a wide range of emotions so that following placement to a safe environment, they decode their environment from their 'trauma position'. Such decoding can result in a reframing of the intentions of the parent/ carers within the new environment which can then result in abusive or violent behaviour. Such positions support a need to use caution when setting out predisposing factors as the cause of CPV.

[15] Child Bereavement Network UK November 19th 2015, further information available at: http://childbereavementuk.org/

CPV: identifying predisposing factors.

As found within the survey results CPV affects family units of all typologies who are experiencing a range of circumstances. This is emphasised by Gallagher (ibid.) in his findings, where he argues that "*There is NEVER just one cause for any complex behaviour and 'explanations' of someone's behaviour may be in terms of the individual (both genetic/ biological and past experience), the family and the wider society. All of these play a part."* Whilst Gallagher (ibid.) acknowledges there are traits where CPV is more prevalent such as gender (more boys than girls), mothers as the 'victim' (with a slighter higher incidence for single mothers or a history of domestic violence within the family unit household[16]) he also emphasises that such indicators should not define why CPV occurs, nor which family units CPV occurs in. Adfam and Against Violence and Abuse (2012) concur highlighting similar themes including the impact of alcohol and drugs noting that *When the child also uses alcohol and other drugs, the picture becomes even more complex. Grasping the thorny nettle of how we can explain such behaviour is vital in leading an appropriate, evidence-based response* (Adfam and Against Violence and Abuse, 2012 p.3). This is noteworthy for those families of children who have experienced loss and trauma, particularly those who subsequently become part of children's service provision, including those who then become adopted, as it is recognised that these children are significantly more likely to engage in risk taking behaviours compared to their peers, particularly as they enter adolescent. Such indicators are noted within a range of previous reports including, for example Hanson and Holmes (2014) who pointed to adolescent behaviour as an adaptive response embedded within negative early life adversities or experiences and the findings of the ACE study (1995-1997).

Risk taking behaviours would include under-age alcohol consumption and drug taking. Previous studies have consistently reported poorer life outcomes for LAC and Adopted children leading to a significantly higher proportion of LAC/ Adopted children experiencing mental health concerns, becoming part of the youth justice system, engaging in risk taking behaviours and underachieving academically. Such argument then points to an increased risk of LAC and adopted children being proportionally more likely to behave in ways that resonate with definitions of CPV than their peers given their increased likelihood to engage in risk taking behaviours during adolescence. This supports current debate and previous studies that acknowledge there is a significantly higher risk of CPV occurring for Foster Carers, Adopters and Kinship Carers (when calculated as a proportion of that representative group) than perhaps Birth Parents or the general public outside of these specific family typologies. This should not however be

[16] Similar to the findings of Cottrell and Monk (2004)

perceived as a behaviour trait of only those children who have been or are currently LAC as highlighted by Wilcox and Pooley (2015). Wilcox and Pooley (ibid) conducted their study of CPV across several European Countries identifying that CPV was evident across all family group typologies, a position that Robinson (2010 p.2) had previously highlighted within the Churchill funded study on Teen Violence Against Parents (TVAP) *Whilst it's true that many TVAP cases are single mothers raising adolescent sons; this issue spans both genders, the entire range of family structures and all income brackets. It can be found in deprived and affluent neighbourhoods; crossing many cultural and international boundaries*. Similarly Broadhead and Francis (2015) warn against seeing CPV by any definition or terminology applied as a particular family typology or a specific group of children or young people, be this by age, socio-demography or other defining characteristic. They acknowledge that there are pre-disposing factors that may increase the risk of CPV within family units but they are not determinants of CPV.

The necessity for identifying and recognising the influence of predisposing factors is supported by Bonnick (2016) who reflects that *The further I have looked at the issues the more I am drawn to the centrality of trauma for many of the young people across the board, whether in witnessing DV, experiencing CSE, being involved in gangs or criminal activity*. In this way Bonnick recognises that the 'trauma' may occur outside of the home environment but may lead to CPV being displayed within the home environment as a consequence. Such behaviour, for example, may arise following on-line 'grooming' which is an increasing concern within the 21st century for children and young people. She continues pointing to the lack of clarity around 'intent' stating that *Much of the data we have focuses on the common experience of previous family violence. It is suggested that maybe half of "cases" that come to attention may involve this. Yet even here the route is not straightforward and the way it plays out is varied in terms of actual intent. eg. Intent to carry on dad's harm, intent to punish mum for failure to protect, intent to establish control in power vacuum*. Such deliberation points to a need to explore CPV 'in situ' rather than presume a generic definition applies to all circumstances and draw a distinction between what is proposed as an intentional behaviour and what is experienced. However, it is also important to recognise that for some young people the intent exists and very much so, and there may not always be an earlier life 'traumatic' precursor to this behaviour specifically, rather this is developed during adolescence for example and widening independence as a teenager. Under these situations changes within cerebral activity following the onset of adolescent[17] may be instrumental in subsequent behaviour rather than an earlier life experience. This suggests that when identifying CPV as the presenting behaviour there needs to be consideration paid to level of intent, causal factors and if such

[17] See for example Blakemore S J (2012) the Mysterious Workings of the Teenage Brain. TED Talks

behaviour is symptomatic of a myriad of variables rather than seeking to determine one definition that overlooks these causal factors in an effort to determine one single solution.

Grappling with an Enigma

One of the difficulties that families face when trying to cope with CPV within the family unit is seeking support and understanding from others, particularly professionals. This is not unusual in that Adfam and Against Violence and Abuse (2012) agreed with earlier studies that barriers included stigma, such as indicators noted within Family Lives (2011) where 11% of the families did not seek help because of the stigma they felt was associated with CPV, along with shame and general lack of awareness. However both Family Lives (2011) and Adfam and Against Violence and Abuse (2012) noted that once seeking help these families were unsure of who to ask or felt failed by the provision made which impacted upon as many as 35% of families (Family Lives, 2011). More recent studies appear to indicate that some parents understand CPV as a 'triggered response reaction' rather than a planned 'action', and in this way do not see CPV as a form of domestic violence or planned behaviour. However this viewpoint is not always reflected by those professionals families contact for support (see for example Selwyn et al, 2014) a finding reiterated within this exploratory exercise. Within the findings for this report the experiences of families when seeking support was seen to be a barrier to gaining support. When participants were asked if they felt the response they received was helpful, when reporting CPV, the overwhelming opinion of participants was that this was not helpful as shown in diagram 1 and 2

Diagram 1: When reporting the CPV did you feel the response you received was helpful? Adopter response

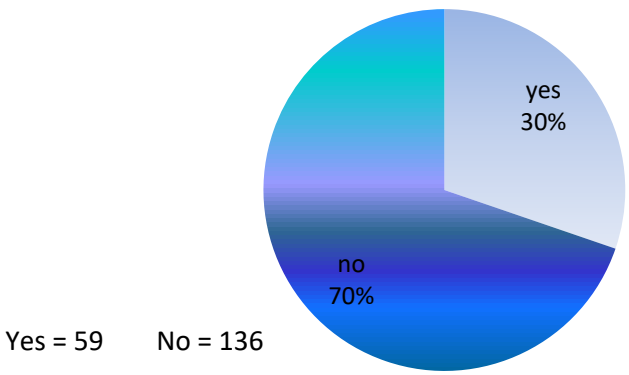
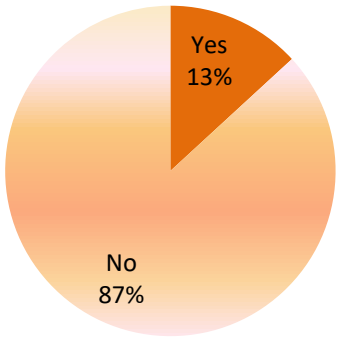
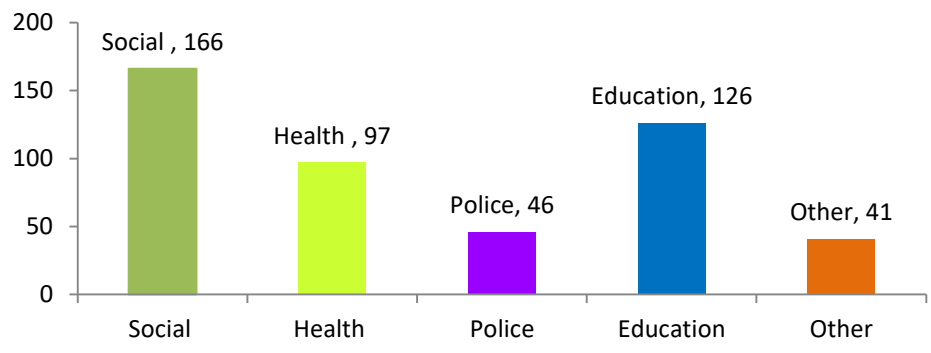


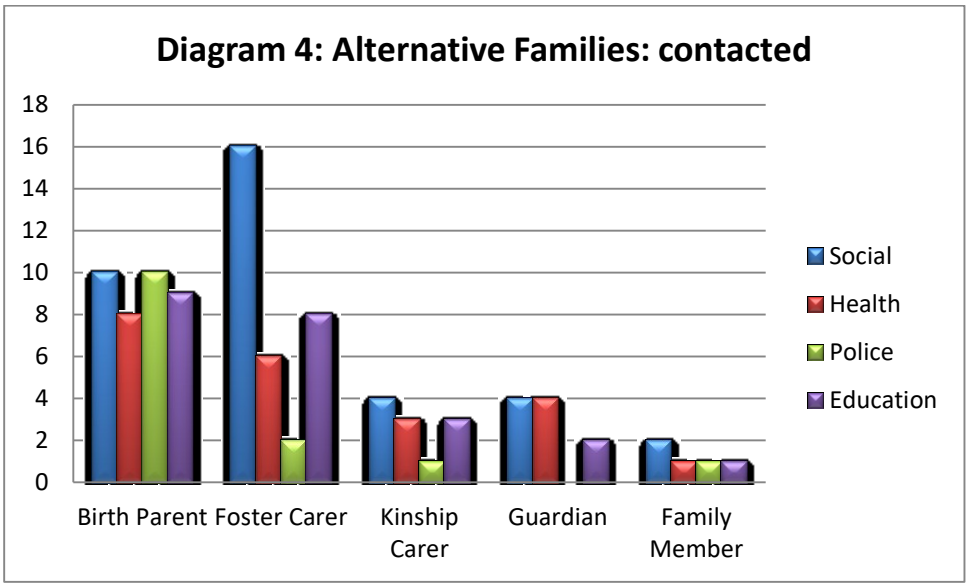
Diagram 2: When reporting the CPV did you feel the response you received was helpful? Alternative Family group responses



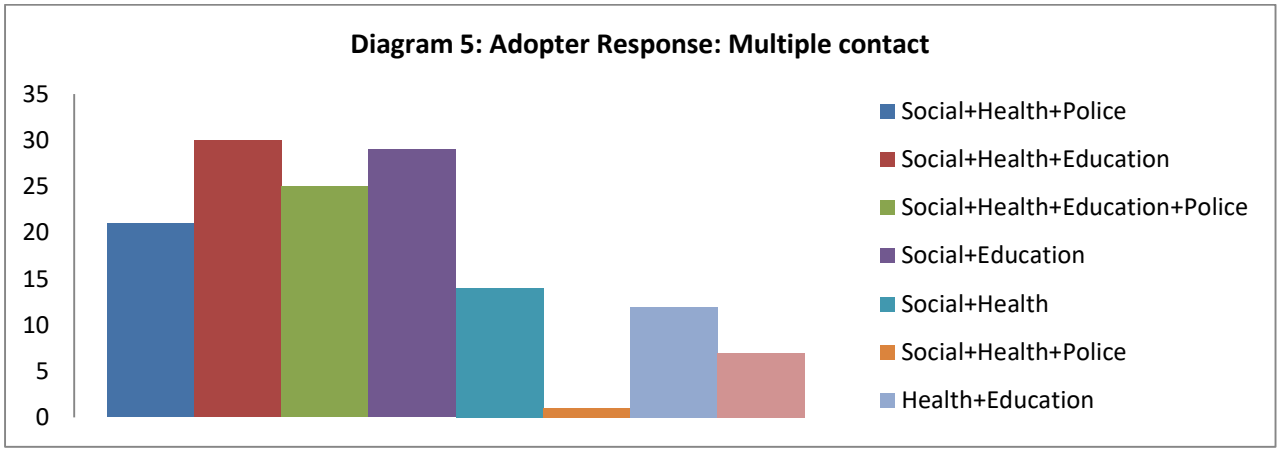
Such indicators support earlier studies including that of Adfam and Against Violence and Abuse (2012) whereby they found that the sense of failure was not directed at one particular provider or professional group but the family being passed from one professional service to another, lack of communication and dialogue and feeling that their views were not valued or listened to. However they also found that *parents typically turned to their friends, social services, the police and GPs for help. The feedback on the support provided was extremely varied. Some parents spoke of the police in glowing terms and others felt unfairly judged or dismissed – a mix of responses that was also true of GP and other services responses* (Adfam and Against Violence and Abuse, 2012 p.5) highlighting the 'post-code' lottery of service provision available within the UK. Given these families felt the response to their reporting their concerns was not helpful, further examination of the data points to a wide range of services contacted by families seeking support, as detailed within Diagram 3 and diagram 4 (page 15). Both adopter families and alternative family units contacted Social Service provision (Childrens Services including social workers) more than other services, followed by education as the 2nd point of contact for reporting concerns about CPV within the family unit.

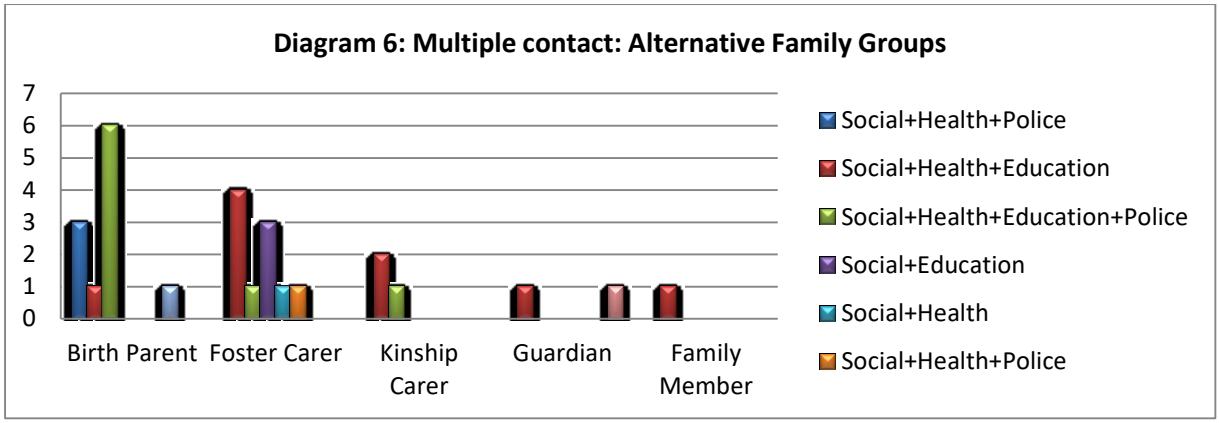
Diagram 3: Adopter response: contacted





These findings reflected a continued lack of support experienced by families seeking help. This reinforces debate for a need to reconsider how support is provided by professionals, to redress the experiences of family units living with CPV. It is a fundamental necessity that these families are supported if seeking to address the issue of CPV, particularly those adopter families who have a proportionally higher incidence of CPV occurring and as Selwyn et al (2014) note can lead to a heightened risk of adoption breakdown. More concerning within the survey findings, is the number of professionals overall that families approached for support. Having acknowledged these families did not feel the response was helpful exploring the data generated suggests these families seek support from multiple contacts and yet still feel the support received was not helpful, as shown for adopter families (Diagram 5) and alternative families (Diagram 6)





Whilst seeking support from one service provision may be unhelpful due to lack of understanding, the data points to a collective lack of appreciation by a range of providers in supporting families living with CPV. This then leads to families feeling isolated as previously detailed within Thorley and Coates (2017b) and the consequential impact upon the families overall wellbeing. As shown within Diagram 5 for Adopter families and Foster families the main multiple contact made seeking support was professionals within Childrens Services (Social), their NHS provision such as their GP (Health) and the school their child attended (Education), alternatively some Adopter families contacted only Childrens Services (Social) and the school (Education). However whilst Birth families also contacted Childrens Services, School and their GP they were more likely to contact the Police as well. Recognising that these families do seek support from a range of service, it is disturbing to accept that they also contact more than one service for support without support forthcoming. One of the reasons this may occur is how such responses are made and the position of the professional contacted, the professionals knowledge of CPV as a concern in itself and the legal position they hold as professionals overall for protecting children or adults. Such positioning is argued by Bonnick (2017) with reference to how professionals 'view their world' from their professional position. This suggests that under these viewpoints CPV may be seen from different perspectives or hidden under a range of alternative 'labels'; a factor also highlighted by Coogan and Lauster (2015 p.5) who remarked that '*The initial referral for assessment and intervention may be related to concerns about ADHD, depression, out of control behaviours, youth crime or school attendance issues*' which may again lead to the real issue being overlooked. The following discussion will reflect upon how the position of the professional may inform their response and support options offered alongside how the professional perceives any request for support from families, for example whilst the Police may recognise CPV is a concern the current legal position available may lead families to feel a police intervention is not helpful due to the constraints how CPV is viewed legally. The long term consequences for families when seeking support are noted by Family Lives (2011 p.2) when updating

their 2010 report, they noted that 20% (1:5) of families didn't seek any form of help or support due to what they perceived to be the lasting impact on their child's life chances and rather than seek support these families continued in silence hoping to manage the child's behaviour unsupported.

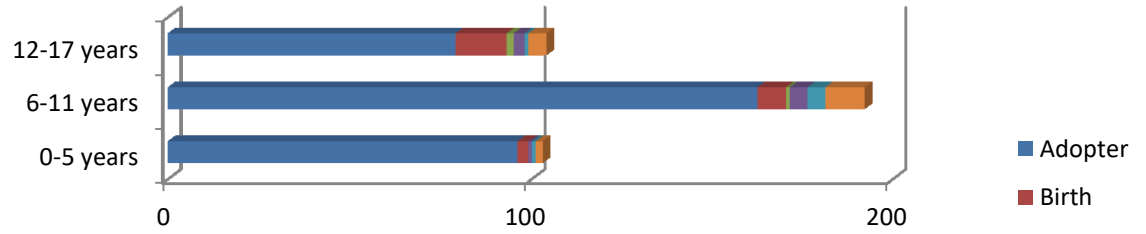
Policing the problem of CPV

Under current UK legislation if families living with CPV contact the Police during a violent episode they may find that criminal prosecution follows, in that there is no clear pathway for dealing with CPV within families, and as such this tends to be seen as a criminal act of violence. In part the lack of clarity is consequential to the lack of legal definition for CPV or APVA, which depending on the age of the young person can be considered under the UK official definition of domestic violence and abuse (Home Office, 2013). However, as Holt (2016 p.490) highlights defining CPV/ APV as domestic violence is problematic *APA represents a similar but distinct phenomenon to adult-instigated domestic violence and …. departures represent particular challenges in working toward its elimination*. Conversely, this approach in itself ignores a substantial number of violent actions as Condry and Miles (2014) ascertained, in that when the Home Office directive came into force in 2013, it only applied to those adolescents aged 16-17 years of age; if the violent behaviour was shown by those under 16 the Home Office directive did not apply. Moreover whilst the Home Office directive did not apply, policy and legislation supporting parental responsibility for youth offending did apply, placing any reports of CPV or APVA as the responsibility of the parent/ carers themselves. Similarly 'blaming the parent' resonates with discourse pertaining to child behaviour and the age of 'Criminal Responsibility' which within the UK is 10 years of age (as stated by the Home Office). This highlights the complexity of applying and upholding policy and legislation in so much as over 10 years of age the child can be considered criminally responsible but whilst under 16 years of age the child remains under parental responsibility for their actions. Alternatively the United Nations Convention of the Rights of the Child argues that [18] a child is anyone under the age of 18, whilst the World Health Organisation determine 'Adolescence' as aged 10-19 years of age. Criminal law within the UK identifies those aged 14-18 as a young offender with those under 14 being a child. This poses a range of difficulties for the Police when responding to reports of CPV within the family home. First the Police should uphold the Law and in this way follow guidance depending on the childs age, which can result in (for those children aged 10 years and over) being arrested, dealt with by the Youth Courts, receiving sentences and thereby a criminal conviction or referred to a special secure unit depending on the gravity of the charge. Correspondingly even when reported, if criminal

[18] The United Nations Convention of the Rights of the Child (UNCRC) UNICEF (1989) identifies 54 Articles that countries agree to adhere to. The UK signed agreement in 1990 and ratified these in 1992 by building the Articles in principle into the Childrens Act and subsequent updates including the Children and Families Act (2014)

prosecution proceeds, this falls into statistics of the offence committed rather than who the offence was committed against, again reflecting police investigations of domestic violence and child abuse and in this way continues to view CPV as 'something else'. On the other hand, if parents believe their child may receive a criminal conviction, this in itself may deter parents from reporting CPV to the police due to the long term life impact a criminal record may have for the young person. Creating further complexity is the notion of CPV as an adolescent offence occurring for those children over 10 years of age; Selwyn et al (2014) pointed to CPV evident within younger children, similar to the findings generated from this exploratory exercise as a behaviour that originates much earlier than 10 years of age for many families. As part of the exploratory exercise families were asked how old their child was when they first felt CPV occurring, as shown within diagram 7, this was earlier than at age 10 for a significant number of families:

Diagram 7: Age of child when CPV 1st started



	0-5 years	6-11 years	12-17 years
Adopter	96	162	79
Birth	3	8	14
Family		1	2
Guardian	1	5	3
Kinship	1	5	1
Foster	2	11	5

There are two notable factors within the findings, first is clear suggestions that the most frequent age when 1st identified is within primary age phase children (6-11 years of age) and that there is a similar number of incidences noted within early years age phase (0-5) as adolescents (12-17). Such indicators recognise that in early years this is more than 'tantrums' or normative behaviour expectations, and similarly within adolescents this is more than 'hormonal influence'. If indeed the highest prevalence for onset of CPV behaviour is primary age phase then current policy and legislation does not address the issue of CPV within family environments due to the childs age (under 10 years of age for criminal responsibility and under 14 years of age for youth offender). This means there is no specific guidance for professionals to consider or refer to when families seek help from professionals. Moreover at this age

range establishing a supportive relationship with the childs school is a fundamental priority irrespective of how the child behaves in school (if they display similar behaviour in school to that at home or not); if any effective intervention is to be successful prior to adolescence commencing. The second notable factor points to higher levels of CPV age range responses than number of respondents within the exploratory exercise, this suggests that CPV within the household is presented from more than one child and may be present within sibling groups. Further analysis does suggest this may be a factor for some families as detailed within Diagram 8 and Diagram 9:

Diagram 8: Adoptive family responses

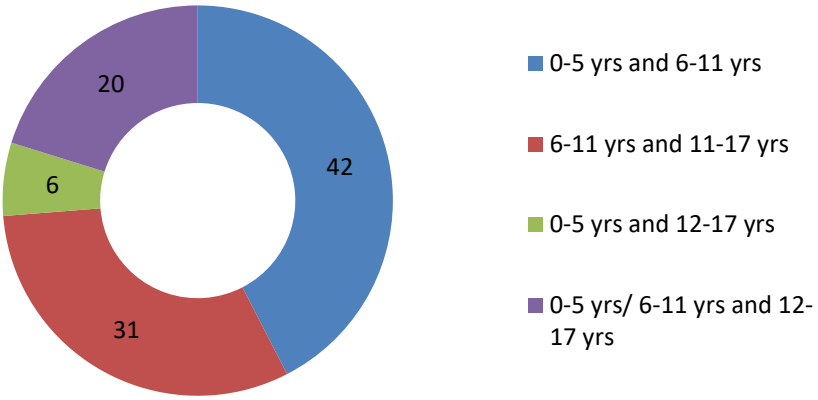
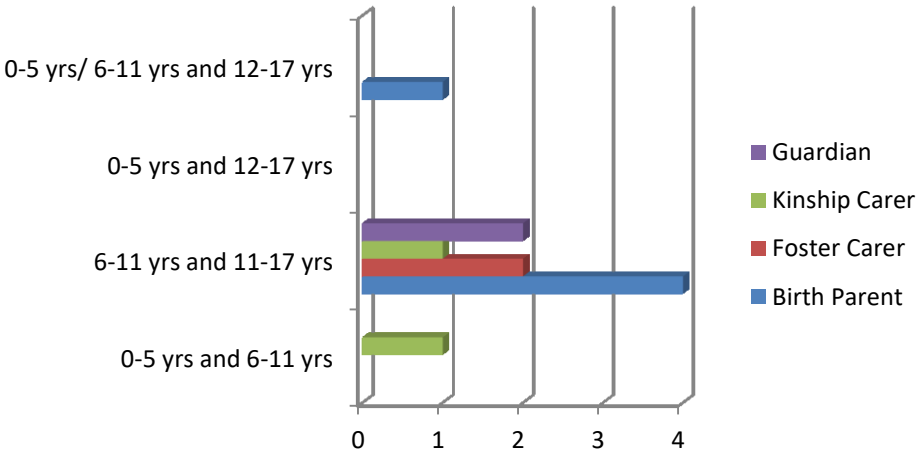


Diagram 9: Alternative family responses



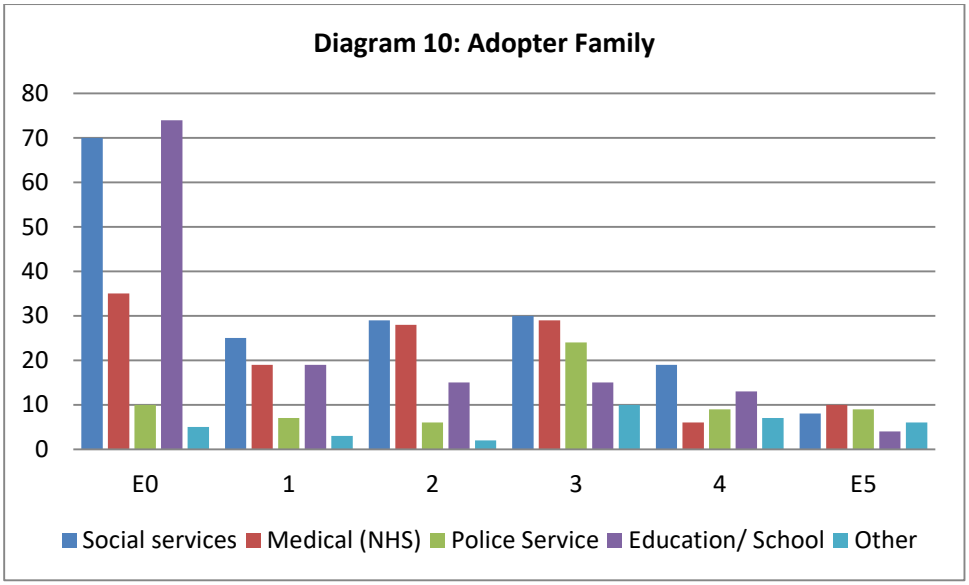
Taking each response individually enabled multiple commencement ages to be identified by family group typology. For Adopters the indication of CPV occurring and involving more than one child displaying CPV identifies 42 (18%) Adopter families who stated that this had occurred for those children aged 0-5 and 6-11. Sibling placements that would cover this age range are not uncommon, however the younger child may be following the directions of the older child, be coerced by the older child, or may be mimicking the behaviour of the older child. Such possibilities are noted for the next age ranges whereby 31 (14%) Adopter families indicated CPV was displayed by siblings aged 6-11 and 11-17 years. This sibling group were also noted by all of the alternative family groups as a significant sibling age range when CPV first occurred. Whilst significantly lower proportionally to sibling groups across 2 age ranges, some 9% of adopter families indicated CPV was displayed across sibling groups 0-5 years, 6-11 years and 11-17 years. However what is not clarified within these indicators is whether or not all of the children are adopted as a sibling group or the children are a sibling group following adoption (from different birth families) or a sibling group as a 'blended' family of adopted and birth children cohabiting within the family unit. Within alternative family groups only birth families noted this three age range incidence. Such indicators also highlight the difficulties the Police may have in providing effective support for families, particularly within sibling groups of CPV behaviour, such as being able to hold those children over 10 years of age criminally responsible, but not those children under 10 years of age (even if the behaviour displayed is identical). The requirement of ensuring the legal position is upheld within investigations of family violence, may lead to one or more of the children charged for their behaviour but not all of the children. From a family standpoint such interaction and action may be viewed as unhelpful, especially if such action leads to a heightened increase in CPV displayed by siblings within the family home as a consequence of police interventions.

The problem with CPV as Problematic Behaviour

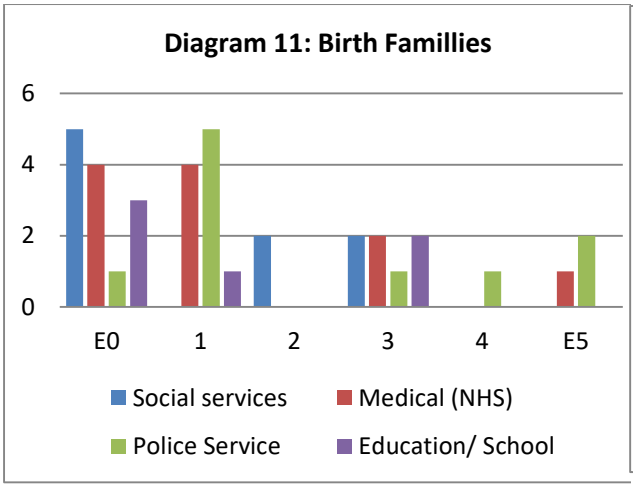
Outside of the legal position relating to the violence as an 'Unlawful Act' , those professionals from Health (including Primary Care Professionals) or from Childrens Services (Including Social care) or from Education (including Teachers and School staff) may determine CPV as a behaviour concern, including labels such as 'challenging Behaviour, EBD (Emotional Behaviour Difficulties), ADHD (Attention deficit Hyperactivity Disorder), ASD (Autistic Spectrum Disorder) ODD (Oppositional Defiant Disorder) or CD (Conduct Disorder) and so forth. Such labelling may then inform the support suggested but may not address the CPV issue overall, so that CPV continues or follows the proposed intervention (such as CBT-

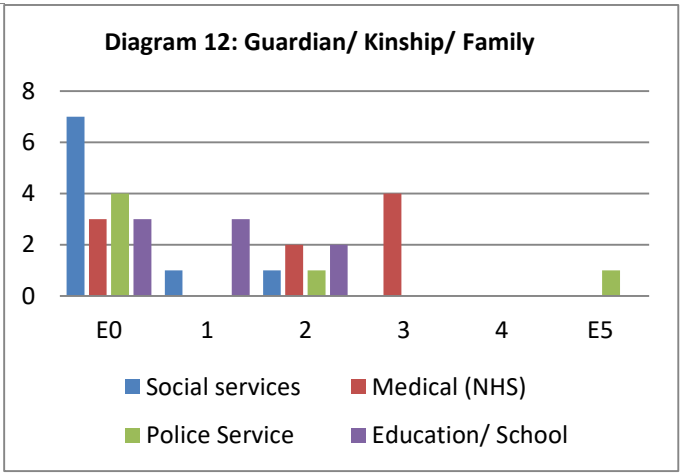
Cognitive Behaviour Therapy or PACE[19]). In contrast to the legal framework available to the Police, when families report CPV to either NHS professionals, Childrens Services or Schools there is no policy or practice indicators in place within the UK at this time, which may help explain why such reports fall into alternative categories as 'behaviour' concerns or difficulties or anti-social behaviour, at which time the relevant 'behaviour' policy can then be implemented. Such variations were noted by Holt and Retford (2013) in their study of practitioner responses, whereby socially unacceptable child behaviour was noted as the only policy one practitioner could associate the CPV displayed with. This form of response may not be helpful to parents and can in some instances exacerbate the problems families are attempting to find support for as noted by Wilcox et al (2015). Wilcox et al (2015) acknowledged the levels of support were difficult reflecting the lack of policy guidance for professionals working with children and families, along with variable levels of co-ordination on CPV. Furthermore they agreed that support was inconsistent as a consequence of differential levels of professional skills, knowledge, and competencies in this specific area of need. Such difficulties are evident within the exploratory exercise data when respondents described how effective they found services to be when seeking support (0- wholly ineffective – 5 very effective). To ascertain if the family typology constituted a variable within the data with regard to their experiences, each individual response was aligned to that respondent's family type and for Adopter families their experiences when contacting social Services was overall described as 'wholly ineffective' (Effective-0). However what emerged was a more positive experience when Children's Services accessed Adoption Support Funding (ASF) to provide support. Of those responding 25 Adopter families described their experience with Social services as effective- 4 or effective 5 (very effective), within which 80% of these 25 families also noted that this was due to utilising ASF to provide support. A similar pattern emerged when they described their experience with schools, whereby the majority described schools as E0 (wholly ineffective). However 17 respondents described the effectiveness of the school as 4 or 5 (5= very effective) and this resonated with those who felt schools were supportive overall, understood their childs position and concerns or had staff who were 'attachment aware' or had utilised the additional pupil premium plus (PP+) for the child in an effective way.

[19] Pace parenting programme: playfulness, acceptance, curiosity and empathy. Developed by Dan Hughes, for full details of this approach see: https://ddpnetwork.org/about-ddp/meant-pace/



Such information is illuminative, in that all adopter families can seek ASF for their child and up to the age of 16 all adopted children are entitled to PP+. This suggests that if such funding is accessed and used for the childs and family benefit, a range of interventions can be considered that match the needs of the individual child and family. This is further reflected when adopter families describe how effective they found Medical professionals. When describing the effectiveness of medical professionals 56 adopter families rated this as E0-E1 (E0-wholly ineffective) within which the majority of these families noted that this was their experience of CAMHS, compared to their experience of their GP services for example which was described as 4-E5 (E5- very effective) for 16 families. Whilst adopter families were less likely to contact the police the experience of those who did was more favourable than not in that 42 families described the effectiveness as rank 3-5 whilst 23 families noted this between 0-2 for effectiveness. Comparing the experiences of adopter families to other family groups suggests that how respondents would describe the effectiveness is variable. For Birth Families there appeared no single service that was very effective overall as detailed within Diagram 11, and the majority were noted as wholly ineffective for these families. More disquieting, whilst a similar response was noted by Guardians/ Kinship Carers and Family members (diagram 12) with reference to describing effectiveness, for these families they did not describe any service as effective overall as Birth Families had noted for a some providers. For Guardians/ Kinship Carers and Family members most descriptors ranged from 0-2 and only medical provision described as 3=effective alongside the police as 5-very effective.





The response of the police was the only service described by foster carers as effective ranging between 3 effective-5 very effective. Conversely Foster carers described social services and Education as wholly ineffective. This response is disquieting given that Foster Carers overall are supported by social Services as foster Carers and the children concerned should have a designated teacher within their school who liaises with the Foster Carer. Given the variable responses and experiences of these families the necessity of addressing CPV is evident particularly in outlining suitable support pathways, training for those professionals who work with children and families and recognition of the needs of families. This may then encourage families to speak out but more importantly without fear of being blamed or finding themselves investigated as part of a child protection process, which has and does happen.

Summary of report

The scale of CPV is disputed and has not been clarified within any reports to date, this report is also unable to determine exact statistics in that the nature of the report sought only those participants who identified CPV within their family home. This means there is no reliable data of incidence or families impacted upon by CPV within their home. Nevertheless, between June 2008 – June 2010 Parentline Plus (2010) helpline recorded 22,537 enquires from parents/ carers concerned about violent behaviour in their home environments of which 7000 identified physical violence as their concern. In addition there is lack of definition for CPV that can lead to misdiagnosis, misunderstanding and lack of support. Consequently there is a need to recognise how discourse around CPV may make families feel, in that some responses suggest a lack of parenting skills correlates to CPV occurring and an improvement of such skills will address the CPV issue (see for example Gallagher, n.d.). Furthermore, Calvete et al (2012) argued that permissive parenting was directly related to CPV occurring due to the power shift between parent and child, founded on a study of 1072 adolescents in Spain, a common denominator previously

noted by Cottrell and Monk (2004 p.1074) who cited a number of studies that particularly pointed to APV occurring *when parents abdicate their authority in response to a youth who uses violent tactics against them* reflective of permissive parenting approaches. In contrast to findings from Gallagher (n.d), Robinson (2010) and Wilcox and Pooley (2015), Calvete et al (ibid) continued and claimed that their findings support *the instrumental role for CPV, which should be understood in the context of permissibility and lack of limits within the family* (Calvete et al, 2012 p.755). Whilst they did agree that *Depression and substance abuse also predicted the increase of CPV over time* (op. cit), as previous noted by Cottrell and Monk (2004), they did not support a gender bias rather they felt that *there were no sex differences in the prevalence of physical CPV, but verbal CPV was more predominant among girls* (op. cit). Such suggestions negate and dismiss any notion of 'Trauma Informed Behaviour' as a cause and overlooks any possible subsequent trauma caused to the individual child during their corporate care experiences. Such positions leave families vulnerable and without support or ineffective support that fails to address the issue. Furthermore this points to CPV always being the intended outcome of behaviour rather than any triggered outcome and may confuse 'therapeutic parenting' as permissive parenting. The consequence of not addressing CPV is evident within Maclean (2016) who reflects upon the death of a Foster Carer as a consequence of CPV. Whilst the report did not identify a potential risk there were aspects that may have contributed: the age of the child, the gender, transitions within corporate care (the incident occurred at his 3rd placement), frequent change of staff involved. More importantly is the need to be accept CPV may occur in any household at any time, but when supporting and living with those children and young people, who have experienced loss or trauma, 'defensive aggression' can occur. The reality of living with CPV and the impact this has for all members of the family both short and long term has been consistently reflected in a range of research to date and is repeated within this exploratory exercise, this alone suggests that providing timely intervention and providing supportive communities of shared practice is cost effective for all services. Whilst the actual cost of CPV in economic terms cannot be known given the level of vagueness this enigma poses there is evidence of direct costs to families and associated costs for service providers that include:

- Treatment costs for injuries sustained for health services
- Treatment costs for mental health impact such as depression and anxiety for health services of all family members
- Loss of earnings to both the parent and their employer
- Loss of earnings if employment change is required such as going part-time or if withdrawing from the employment marketplace
- Potential need to claim benefits due to loss of earnings placing a cost on government departments

- Repair costs and replacement costs which may lead to insurance claims for damage to property or possessions
- Educational costs to schools if managing 'behaviour' indicators
- Long term costs as outlined within ACE study findings for all family members
- Legal costs including Youth Justice costs for the police, courts and associated legal teams.

Investing in CPV awareness and prevention/ intervention is not a new suggestion, given that this was outlined within Wilcox et al (2015) and has therefore been known for at least 2 years. They outlined that there were substantial costs where CPV is not addressed calculated over a 6 month period and proposed that providing specialised CPV programmes would lead to *an estimate of savings calculated over a 6 month period (costings from the Troubled Families Negative Cost Savings)* as follows:

Savings	Euros
Criminal Justice System	79,305
Health Services	15,245
Children and Families Services: Children in Care, Foster Care, Social Work, School Savings to Services	97,691
Housing and Homeless	3,121
Total Savings Over 6 Months	**195,362**
Cost per family per Break4Change programme (intervention strategy programme)	2,297
Projected saving per 8 families	**48,840**

These costs do not include the human cost for families living with CPV, which is estimated by those living with CPV to be substantially more.

Recommendations

The following recommendations reflect those requested by participants within the exploratory exercise and highlight the need to address CPV in order to support not only the family members but the children and young people themselves. Overall the main recommendation from respondents is that they require non-judgemental support, being believed and listened to and respected as a parent who is seeking help not a parent who 'can't cope' with 'normative behaviour. They identify that other people's perception of them as suitable parents or effective parents is the biggest barrier to gaining support in that professionals dismiss their concerns as 'normative' behaviour. Respondents continue and indicate open discussion may also help address the stigma associated with seeking support for CPV so that a true indicator of incidence may evolve to inform a range of suitable strategies and interventions these families benefit from. Early intervention as prevention is noted by more than 75% of respondents, who

recognise that if left unaddressed CPV may escalate beyond their control as it is now, given the costs of children moving back into corporate care and the additional trauma this creates prevention via intervention would be a cost effective strategy for these families. One of the over-riding recommendations proposed by adopters is to include the possibility of CPV within adoption preparation programmes, not to deter those who seek to adopt rather this will enable them to recognise indicators of behaviour that is outside of 'normative' expectations for the age of the child, allow them to raise this as a concern and allow professionals to instigate early intervention and in this way reduce the risk of adoption breakdown, which Selwyn et al (2014) indicated could be instrumental for a third of families.

References:

Adfam and Against Violence and Abuse (2012) Between a rock and a hard place: How parents deal with children who use substances and perpetrate abuse. Adfam and Against Violence and Abuse a project funded by the Department of Health, available at: http://www.adfam.org.uk/docs/Between_a_rock_and_a_hard_place_-_Project_report.pdf

Adopter A, March 14 2017: Why broccoli isn't my biggest challenge as an adoptive parent: my CPV post: available at: https://lifewithboyandgirl.wordpress.com/2017/03/14/why-broccoli-isnt-my-biggest-challenge-as-an-adoptive-parent-my-cpv-post/

Alvesson M and Skoldberg K (2000) Reflexive Methodology London, Sage Publications

Alvesson M and Skoldberg K (2001) Reflexive Methodology (reprinted) London, Sage Publications

American health maintenance organization Kaiser Permanente and the Centers for Disease Control and Prevention (1995-1997) The Adverse Childhood Experiences Study (**ACE Study**) is a research **study** leading to a wide range of publications which are listed at: http://www.theannainstitute.org/ACE%20STUDY%20FINDINGS.html. This study has been replicated internationally and is widely recognised for predicting future indicators for children as they progress to adulthood, for example see the The Public Health Wales NHS Report (2015) at: http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdf ; and Liverpool Johns Moore University (2016) in their study from Hertfordshire, Luton and Northhamptonshire available at: http://www.cph.org.uk/wp-content/uploads/2016/05/Adverse-Childhood-Experiences-in-Hertfordshire-Luton-and-Northamptonshire-FINAL_compressed.pdf

Berger P L and Luckmann T (1966) The Social Construction of Reality Garden City New York, Doubleday

Blakemore S J (2012) the Mysterious Workings of the Teenage Brain https://www.ted.com/talks/sarah_jayne_blakemore_the_mysterious_workings_of_the_adolescent_brain

Bonnick H (2016) Episode 3 - An interview with Helen Bonnick about CPV. Available at: http://adoptionandfostering.podbean.com/ 7th November 2016

Boorman, A. (2016a) Support For Violent Children: What Next? (Part One) https://allaboardthetraumatrain.com/2016/12/04/support-for-violent-children-what-next/

Broadhead S and Francis R, (2015) The Making of Good Men and Women: SUMMARY REPORT: Responding to Youth Violence in the Home and its harmful impacts on families and communities in Western Australia. Womens

Health and Family Services. Available at: http://www.whfs.org.au/files/userfiles/11898%20-%20The%20making%20of%20good%20men%20and%20women%20reportONLINE.PDF

Bryman A (2015) Social Research Methods. Oxford University Press

Bulmer M (1977) Sociological Research Methods. Transaction publishers

Calvete E, Orue I and Gámez-Guadix M (2012) Child-to-Parent Violence: Emotional and Behavioral Predictors. Journal of Interpersonal Violence. 28(4) 755–772

Cassidy S (2012) Rise in parents terrorised by their children. The Independent. 17th February 2012

Coates, A. (2017) My experience of living with child-on-parent violence. Community Care. http://www.communitycare.co.uk/2017/02/01/experience-living-child-parent-violence/

Coates A and Bonnick H (2016) Episode 3 - An interview with Helen Bonnick about CPV. Available at: http://adoptionandfostering.podbean.com/ 7th November 2016

Cohen L. Manion L and Morrison K (2005) *Research Methods in Education* (6th edition) London, Routledge, Falmer

Collins, D, (2015) Living with your child's violence. Therapy Today, Oct 2015, Vol. 26, Issue 8. P.22-26 17487846,

Condry R and Miles C (2014) Adolescent to parent violence: Framing and mapping a hidden problem. Criminology & Criminal Justice. 2014, Vol. 14(3) 257–275

Coogan D and Lauster E (2015) Non Violent Resistance Programme Handbook for Practitioners – Responding to Child to Parent Violence in Practice, National University of Galway, Ireland, 2015 free to download from http://www.rcpv.eu/46-nvr-handbook-for-practitioners/file)

Cottrell, B (2001) Parent Abuse: the abuse of parents by their teenage children. National Clearinghouse of Family Violence - Public Heath Agency of Canada available from http://wwwcanadiancrc.com/parent_abuse.htm
Cottrell, B and Monk, P (2004) Adolescent to Parent Abuse: A Qualitative Overview of Common Themes. *Journal of Family Issues.* Vol. 25, No. 8: 1072-1095.

Crotty M (1998) The Foundations of Social Research: Meaning and Perspectives in the Research Process London, Thousand Oaks, Sage

Department of Health (2011) No health without mental health: A cross-Government mental health outcomes strategy for people of all ages. *Supporting document* – The economic case for improving efficiency and quality in mental health. Department of Health

Jo Dixon, Jenny Lee, Sarah Ellison and Leslie Hicks (2015) Supporting Adolescents on the Edge of Care. *The role of short term stays in residential care*. An Evidence Scope. NSPCC and Acton for Children

Dugan E (2015) Kinship carers: Overwhelming public backing for improved rights and support for those who take full-time custody of their grandchildren or siblings. The Independent. Saturday 14th March 2015.

Family Lives (2011) When Family Life Hurts: Family Experience of Agression in Children: An update to Family Lives' October 2010 report. Family Lives.

Family Rights Group cited in Saunders H and Selwyn J (2008) Evaluation of an informal kinship care team, Adoption and Fostering, Summer Vol 32: 2 pp 31-42),

Farmer, E., Sturgess, W., O'Neill, T. and Wijedasa, D. (2011) Achieving Successful Returns from Care: What Makes Reunification Work? London: British Association for Adoption and Fostering

Gadamer H-G (1979) *Truth and Method* London, Shead and Ward

Gordon C and Wallace K (2015) Caring for those who care for VIOLENT AND AGGRESSIVE CHILDREN. ; ADAPT (Scotland) 4th August 2015. Adapt Scotland

Hanson, E. and Holmes, D. (2014) That Difficult Age: Developing a more effective response to risks in adolescence. Totnes: Research in Practice

Harbin, H. T., and Madden, D. J. (1979). 'Battered parents: a new syndrome'. *American Journal of Psychiatry*, 136, 1288-1291.

Holt A (2011) Responding to the problem of 'parent abuse'. The Psychologist. vol 24 no 3 march 2011. www.thepyschologist.co.uk

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

Holt A (2016) Adolescent-to-Parent Abuse as a Form of ''Domestic Violence'': A Conceptual Review. TRAUMA, VIOLENCE, & ABUSE. 2016, Vol. 17(5) 490-499

Holt A and Retford S (2013) Practitioner accounts of responding to parent abuse – a case study in *ad hoc* delivery, perverse outcomes and a policy silence. Child and Family Social Work 2013, 18, pp 365–374

Home Office (2013). 'Domestic violence and Abuse', Available at: https://www.gov.uk/domestic-violence-and-abuse

Home Office (2015) Information guide: adolescent to parent violence and abuse (APVA), Her Majesties Stationary Office (HMSO)

Kershaw M, Senior Clinical Psychologist (2017) Trauma and Attachment: An Interview with Dr Marie Kershw. The Adoption and fostering Podcast, Episode 10. Available at: http://www.alcoates.co.uk/p/podcast.html

Iacoboni, Molnar-Szakas, Gallese, Buccino, Mazziotta, Rizzolatti (2005) *Grasping the Intentions of Others With One's Own Mirror Neuron Systems.* Available at http//www.plosbiology.org/article/info

Maclean K (2016) Reflections on the non-accidental death of a foster carer. Adoption & Fostering. 2016, Vol. 40(4) 325–339

McCrory E (Professor) The PTSD brains of Children and Soldiers, University College London reported by the BBC 18th Feb. 2016 available at: http://www.bbc.co.uk/news/health-35595086

Mental Health Foundation (2015) Fundamental Facts about Mental Health. Mental Health Foundation available at: https://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-15.pdf

Mumdrah (2017) Collateral damage Posted on February 16, 2017 accessible at: http://mumdrah.co.uk/collateral-damage/

Naylor C, Das P, Ross S, Honeyman M, Thompson J and Gilburt H (2016) Bringing together physical and mental health: A new frontier for integrated care. The Kings Fund. Available at: https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Bringing-together-Kings-Fund-March-2016_1.pdf

Office for National Statistics (ONS) (2016) Statistics Looked After Children Office for National Statistics- https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2015-to-2016 a range of statistics year on year for comparative purposes can be found at: https://www.gov.uk/government/collections/statistics-looked-after-children

Parentline Plus (2008) *Aggressive Behaviour in Children: Parents' Experiences and Needs*. Parentline Plus.

Parentline Plus (2010) *When Family Life Hurts: Family Experience of Aggression in Children*. Parentline Plus.

Paterson R., Luntz H., Perlesz A., Cotton S. (2002) 'Adolescent violence towards parents: Maintaining family connections when the going gets tough', Australian and New Zealand Journal of Family Therapy, 232, pp. 90–100

Perry, B.D., Pollard, R., Blakely, T., Baker, W., & Vigilante, D. Childhood trauma, the neurobiology of adaptation and 'use-dependent' development of the brain: How "states" become "traits'". Infant Mental Health J, 16 (4): 271-291, 1995.

Perry, B.D. & Pollard, R. Homeostasis, stress, trauma, and adaptation: a neurodevelopmental view of childhood trauma. Child and Adolescent Psychiatric Clinics of North America, 7; 1: 33-51, 1998.

Perry, B.D., (The ChildTrauma Academy). (2013) 1: The Human Brain [Video webcast]. In *Seven Slide Series*. Retrieved from https://www.youtube.com/watch?v=uOsgDkeH52o

Perry, B.D., (The ChildTrauma Academy). (2013) 2: Sensitization and Tolerance [Video webcast]. In *Seven Slide Series*. Retrieved from https://www.youtube.com/watch?v=qv8dRfgZXV4

Perry, B.D., (The ChildTrauma Academy). (2013) 3: Threat Response Patterns [Video webcast]. In *Seven Slide Series*. Retrieved from https://www.youtube.com/watch?v=sr-OXkk3i8E&feature=youtu.be

Perry, B.D.,(2014**)** How trauma affects child brain development**.** KUNM, NPR Affiliate (2014) [Radio broadcast] Retrieved from http://kunm.org/post/how-trauma-affects-child-brain-development

Robinson L (2010) Interventions and Restorative Responses to Address Teen Violence Against Parents. REPORT FOR THE WINSTON CHURCHILL MEMORIAL TRUST

Selwyn J, Wijedasa D and Meakings S (2014) Beyond the Adoption Order: challenges, interventions and adoption disruption Research report. Department for Education, April 2014

Selwyn J and Meakings S (2016) Adolescent-to-Parent Violence in Adoptive Families. British Journal of Social Work. 2016 Jul 46(5): 1224–1240 (Published online 2015 Sep 2, doi:10.1093/bjsw/bcv072)

Stebbings R (2001) Exploratory Research in the Social Sciences. Sage

Stevenson L (2016) Child to parent abuse: 'I begged them to take him away'. CommunityCare October 20th 2016.

Supin, J. The Long Shadow: Bruce Perry on the Lingering Effects of Childhood Trauma**.** The Sun *4-13, Nov., 2016*

Thorley and Coates (2017a) Child-Parent Violence(CPV): an exploratory exercise available at: https://www.academia.edu/30962152/Child_-Parent_Violence_CPV_an_exploratory_exercise

Thorley W and Coates A (2017b) Child - Parent Violence (CPV): Impact on parent/carers available at: http://www.academia.edu/31433287/Child_-Parent_Violence_CPV_exploratory_exercise_Impact_on_parent_carers_when_living_with_CPV

Van der Kolk B (1994) *Harvard Review of Psychiatry, 1(5), Pages 253-265*

Walliman N (2015) Social Research Methods: The Essentials. Sage.

Wilcox P, Pooley M, Ferrando M, Coogan D, Lauster E, Assenova A, Mortensen U and Christoffersson I (2015) Responding to Child to Parent Violence: Executive Summary. Available at: http://www.rcpv.eu/69-rcpv-ws3-report-final-1-may-2015-pdf/file and https://www.brighton.ac.uk/ssparc/research-projects/responding-to-child-to-parent-violence.aspx, http://www.rcpv.eu/resources

Wilcox P and Pooley M (2015) Responding to Child to Parent Violence and Abuse: European Perspectives. In collaboration with National Association XXI Rhodopa Mountain Initiative, Bulgaria, Brighton & Hove City Council, England, National University of Galway, Ireland, University of Valencia, Spain and Åmåls Kommun, Sweden. Available at: http://www.rcpv.eu/69-rcpv-ws3-report-final-1-may-2015-pdf/file and https://www.brighton.ac.uk/ssparc/research-projects/responding-to-child-to-parent-violence.aspx, http://www.rcpv.eu/resources

Winterman D (2009) Abused by their own children. BBC News Magazine. British Broadcasting Corporation (2009) Published: 2009/11/23