

Papamichail, Alexandra ORCID: <https://orcid.org/0000-0002-8589-6648> and Bates, Elizabeth ORCID: <https://orcid.org/0000-0001-8694-8078> (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. *Journal of Interpersonal Violence*, 37 (9-10). NP6135-NP6158.

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DOI:

[10.1177/0886260520926317](https://doi.org/10.1177/0886260520926317)

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Citation for published version (APA):

Papamichail, A., & Bates, E. A. (2020). "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. *JOURNAL OF INTERPERSONAL VIOLENCE*. <https://doi.org/10.1177/0886260520926317>

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Journal of Interpersonal Violence

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

Journal:	<i>Journal of Interpersonal Violence</i>
Manuscript ID	JIV-19-897.R2
Manuscript Type:	Original Research
Keywords:	Children exposed to domestic violence < Domestic Violence, Mental Health and Violence, Attachment, Violence Exposure

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Abstract

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

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

Introduction

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

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

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

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2
3 experience associated in this population and has been established as a risk factor of CPV
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5 by a number of studies within the field (e.g. Boxer, Gullan, & Mahoney, 2009; Gabriel et
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7 al. 2018; Kennedy, Edmonds, Dann, & Burnett, 2010). In addition to IPV, recent studies
8
9 have demonstrated that parental-to-child violence constitutes an additional risk factor of
10
11 CPV (Ibabe, 2019). For instance, in Germany, Beckmann, Bergmann, Fischer and Moble,
12
13 (2017) recruited a large community sample ($N=6444$) of adolescents aged 13 to 19 years
14
15 and found that parent-to-child violence (both physical and verbal) during childhood was
16
17 the strongest predictor of CPV for both girls and boys. Similarly, a recent meta-analytic
18
19 review of 19 primary studies found that the probability of developing child-to-parent
20
21 violence for children victimized by parents increased 71% as compared to non-victimized
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23 children (Gallego, Novo, Fariña, & Arce, 2019)¹. In the UK, Biehal (2012), showed that
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25 32% of the 112 participants who exhibited CPV had experienced physical and sexual
26
27 violence and neglect. In the same study, professionals reported that they were concerned
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29 that half of those with past experience of maltreatment might still be subject to emotional
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31 abuse, while 47% of those who had experienced maltreatment also had experiences of
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33 IPV, showing that they were embedded in wider contexts of violence. This finding is
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35 supported by evidence from the literature that demonstrates that in half of cases in which
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37 there is IPV in a family, there is also violence against children (Webster & Bond, 2002).
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45 Whilst the relationships between IPV, CPV and parent-to-child are well
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47 established, theoretical explanations of these associations are limited (e.g. Simmons et al.
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49 2018). A number of researchers (e.g. Cottrell & Monk, 2004), suggest that the link of IPV
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51 with CPV is patriarchal role modelling. This explanation, however, ignores the
52
53 substantial literature regarding the effects of childhood trauma and exposure to IPV; it
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3 tends to suggest male adolescents who exhibit CPV as “maladaptive men-in-the-making”,
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5 in an oversimplified approach to both gender and its interconnections with societal
6
7 patriarchy.
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10 Alternative explanations for these findings are offered by the theory of
11
12 intergenerational transmission of violence which is based on social learning (Bandura,
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14 1973). Social learning theory can account for some aspects of the topic such as
15
16 normalization of violent behavior as a means to resolve conflict (Calvete et al. 2014).
17
18 However, in this study we argue that social learning theory alone cannot account for the
19
20 complex or developmental trauma associated with exposure to such experiences and their
21
22 impact on attachment. The impact of exposure to violence can be viewed within a
23
24 traumatisation framework (Nowakowski-Sims & Rowe, 2017) in that, different types of
25
26 adverse childhood experiences (ACEs) such as IPV or parent-to-child violence, can lead
27
28 to disruptions in attachment. ACEs have been found to be the most important predictors
29
30 of attachment styles (Waters, Merrick, Treboux, Crowell & Albersheim, 2000) and have
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32 a debilitating effect on children’s development and mental health (McTavish,
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34 MacGregor, Wathen, & MacMillan, 2016). Additionally, chronic exposure to such
35
36 stressful events during childhood results in disruptions in emotional processing: it can
37
38 impede the ability to cope with negative emotions and it has been consistently linked with
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40 emotional dysregulation (e.g. McLaughlin & Hatzenbuehler, 2009).
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47 We differentiate between normative parental socialization (Garcia, Serra, Garcia,
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49 Martinez, & Cruise, 2019), in which parents reinforce children’s behavior, and
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51 dysfunctional parental socialization (e.g., physical or emotional violence), in which
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53 parental behavior constitutes abuse (Wong et al. 2019). Parenting socialisation theory
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3 (Garcia, Lopez-Fernandez, & Serra, 2018) has demonstrated that authoritarian parenting
4 styles (parents exercise high level of control over children, low warmth and make use of
5 disciplinary acts such as corporal punishment; Contreras & Cano, 2014) and neglectful
6 parenting styles (lack of supervision and affection; Suarez-Relinque, Arroyo, Leon-
7 Moreno, & Jeronimo, 2019) are associated with CPV. Lack of bonding and parental
8 warmth, perceived emotional rejection from parents and emotional deprivation seem to
9 constitute core elements of CPV (e.g. Calvete et al. 2014). Cottrell and Monk (2004) in
10 Canada, suggested that CPV was an attempt by adolescents to get attention, to express
11 anger, and to create emotional connection. These needs indicate poor attachments, lack of
12 emotional warmth and emotional neglect.
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16 Besides family related risk factors, the literature has also demonstrated individual risk
17 factors associated with CPV although those have been studied to a lesser extent. For
18 example, there are few studies that have explored adolescent's mental health within the
19 field of CPV, and those that have come primarily from Spain (e.g. Ibabe, Jauregizar &
20 Bentler, 2013) or the USA (e.g. Kennedy et al. 2010). Attention-Deficit Hyperactivity
21 Disorder (ADHD) appears to be the most common diagnosis among adolescents who
22 exhibit CPV, followed by conduct disorder and oppositional defiant disorder; depression
23 and anxiety are also prevalent (Simmons et al. 2018). It is important to note that the
24 majority of the studies that accounted for the mental health of adolescents who exhibit
25 CPV are cross sectional, therefore, the causality of the relationships found between
26 mental health difficulties and CPV remain unknown. These diagnoses could be outcomes
27 associated with their perpetration rather than simply antecedents. Ibabe, Arnoso and
28 Elgorriaga (see 2014a, 2014b), explored whether young people ($N=231$) who have been
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3 charged for violence against their parents show a different psychological profile to those
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5 who were charged with other offences, and those with no history of offending. Results
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7 showed that adolescents who were violent towards their parents had significantly more
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9 problems with interpersonal relationships, poorer psychosocial competence and
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11 maladjustment, social aggressiveness, impulse control problems, higher levels of
12
13 hyperactivity, and higher levels of psychological stress. An additional study that recruited
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15 a community sample of adolescents ($N=2,399$) aged 12 to 18 years in Spain, found high
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17 levels of alexithymia, and difficulties in identifying, expressing and interpreting emotions
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19 (Martinez-Ferrer, Romero-Abrio, Moreno-Ruiz, & Musitu, 2018). Research shows
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21 adolescents with difficulties in identifying and expressing emotions tend to use violence
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23 as a means of conflict resolution (Aricak & Ozbay, 2016). Calvete's et al.'s (2014)
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25 qualitative study in Spain suggested that adolescents who exhibited CPV were subject to
26
27 impulsivity, depressive symptomatology, problematic temperament and low frustration
28
29 tolerance. Therefore, it seems that difficulties associated with lower inhibitions,
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31 hyperactivity impulse control and emotional regulation, all of which are associated
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33 outcomes of childhood complex trauma (see Dye, 2018, for a review), are important risk
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35 factors. Research shows that complex trauma associated with chronic exposure to ACEs
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37 impedes the ability to cope with negative emotions and has been linked with emotional
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39 dysregulation, hyperactivity and impulse control problems (McLaughlin & Lambert,
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41 2017).
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49 These findings originate from a limited number of studies; most of which are
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51 quantitative and conducted outside the U.K. Whilst they have contributed to our
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53 understanding of the issue of CPV, there is an absence of adolescents' experiences within
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3 this narrative. This current study, by focusing on the perspectives of the adolescent
4 perpetrators of CPV in England, offers the possibility of enriching existing understanding
5 and filling a gap in the literature about adolescent's perspectives.
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13 **Aims of the Study**

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

38 **Participants**

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43 Eight participants were recruited from two intervention programmes (“Intervention X”
44 and “Intervention Y²”) running in two cities in England, aiming to tackle CPV. All
45 participants in the sample were engaged in CPV and this constituted the reason of
46 participation to the intervention programmes. Adolescents were referred to these
47 interventions by their social workers or parents; but their participation to these
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55 ²To protect the anonymity of participants, the interventions is not named, and we are restricted in how
56 much detail we can provide about both the program and its content.
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3 interventions was voluntary. The participants' ages ranged from 14 to 16 years old
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5 ($M=14.5$, $SD=.75$). Seven identified as male and one as female. None of the participants
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7 were coming from ethnic minority groups; all participants were white British. The
8
9 number of parents' who were victims of CPV was: eight mothers (seven biological
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11 mothers and one adoptive mother), and six fathers (one biological, one adoptive father,
12
13 and four stepfathers). Due to the vulnerability of the participants' group and the
14
15 sensitivity of the topic studied, participants' details and accounts that would risk them
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17 being identifiable in published accounts of the research are removed and not included.
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24 **Materials and Procedure**

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28 Ethical consideration was sought and obtained from a University in the South of
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30 England³. In addition to adolescent's consent, parental consent was obtained since most
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32 participants were younger than 16 years. Adolescents and their parents were approached
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34 and informed about this study through the Interventions' youth workers (both verbally
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36 and written) after arrangements were agreed between the youth-workers and the first
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38 author. The parents of those adolescents who reported they are interested in taking part in
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40 the study, were informed about adolescents' interest in the study by the youth workers or
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42 the first author and they were provided with information about the study again (both
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44 verbally and written). The same process took place with adolescents; those who were
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46 interested in taking part, were given age appropriate information about the study. Parents
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48 and young people were given a week to decide whether to take part in the study or not.
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53 After gaining informed consent from parents, informed consent was sought from
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56 ³The University is not named to protect participants from being identifiable.
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3 adolescents. It is important to note that for those adolescents who reported interest in
4 taking part in this study, all parents gave their consent. All participants' names presented
5 here are pseudonyms.
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11 The methods employed in this study included participant-observation; face-to-
12 face, individual semi-structured interviews with two adolescents and interviews
13 completed in written form without face-to-face contact with four adolescents. The first
14 author undertook all data collection. For participant observation, this study used
15 unstructured, overt participant-observation during the "Intervention's X" sessions.
16 Openly adopting the role of "researcher" legitimated the researcher's presence in the eyes
17 of participants. Three out of the four adolescents involved in "Intervention X" agreed to
18 participate in this stage. The duration of participant-observation was 22.5 hours in total
19 for three participants. The focus was on what adolescents were saying especially
20 regarding their familial relationships, emotional states and perceptions of themselves, on
21 how they were interacting with practitioners and with each other, and the attitudes they
22 displayed. Participant observation field notes were handwritten during participant
23 observation; after each fieldwork session.
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41 Interview schedules were pilot-tested with one clinician and two researchers to
42 ensure comprehension and clarity. Interview questions were common for all participants
43 (appendix 1). The final schedule was based on an initial "pilot" interview with an
44 adolescent which is included in the final analysis. Two face-to-face semi- structured
45 interviews in total were conducted with two adolescents; the face-to-face interviews
46 lasted approximately 50 minutes. Although initially the aim was to conduct face-to-face
47 interviews with all participants, practitioners from "Intervention Y" denied this access for
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3 the protection of adolescents. As a result, the only solution available was to provide the
4 practitioner working with adolescents hard copies of the interview questions, requesting
5 them to handwrite their responses to each question. Although this method is not very
6 common in qualitative studies, Braun and Clarke (2013) assert that it can generate
7 excellent data and is well-suited for researching sensitive issues, as they give participants
8 space to open up without the pressure to give an immediate answer which a face-to-face
9 interview may generate. Furthermore, despite the limitations arising from the lack of
10 interactive face-to-face communication, participants still provide their accounts in their
11 own words which is important for qualitative research – and something neglected in this
12 research area. All four young people from “Intervention Y” agreed to take part and
13 handwrote their responses to interview questions. The data presented below do not
14 identify which of the three method options (e.g. participant observation, face-to-face
15 interviews, handwritten interviews) apply to each participant. The rationale behind not
16 disclosing method exposure is to protect participants from being connected to a specific
17 intervention and thus, posing a risk to participants to become potentially identifiable. It is
18 important to note that all findings were obtained during the implementation of the
19 intervention programmes except from the interview with “Jordan”. Jordan was the only
20 participant who has completed an intervention programme six months prior to the
21 interview.

22 **Data Analysis**

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24 The present study applied thematic analysis; the theme generation process was
25 based on Braun and Clarke’s (2006) guide of six explicit stages. During the coding
26 process, the lead researcher decided on a semantic level, rather than a latent level

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3 approach (Braun & Clarke 2006). Given the pragmatic fact that some of participants'
4 responses were mostly brief, perhaps due to the handwritten method, a semantic level
5 seemed most appropriate to the study. It should be noted that the "themes" the first author
6 identified as such were based on the criterion of prevalence of participants commenting
7 on a specific issue and of saliency, the degree to which the themes captured aspects of
8 analytic importance regarding the research questions.
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18 **Results and Discussion**

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21 The thematic analysis identified three major themes as follows: 1) conflictual family
22 dynamics, 2) unsatisfactory relationships with parents and, 3) a sense of being difficult to
23 cope with.
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28 **Theme 1: Conflictual Family Dynamics**

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31 **Subtheme: 1a: Exposure to family violence.** Six out of eight adolescents
32 reported that they have witnessed IPV within the family home. When asked about those
33 experiences, participants reported that those events made them feel upset and scared; they
34 reported that they wanted to stop the violence, and it seemed that participants adopted the
35 role of "protector" of their mothers from an early age. Adolescents' accounts reflected
36 helplessness and potential guilt for being unable to prevent the violence. When describing
37 these incidents, they did not refer to other adults providing support and comfort,
38 suggesting that they probably had to process and make sense of such emotions and
39 conflicts on their own.
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53 Carl: The incidents with my real dad when I was two, they made me anxious. He
54 was violent to my mum. Very upset, wanted to stop it.
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3 Andrew: He [dad] was an alcoholic and violent to mum. I had to take care of her
4 cause he is a dick.
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8 Exposure to IPV is a risk factor for a range of difficulties such as aggression, conduct
9 disorder, violence and academic failure among others (McTavish et al.,2016). Familial
10 dynamics such as distant relationships with parents or an adult *loco parentis* may leave
11 adolescents particularly susceptible to the effects of IPV. In this study, six adolescents
12 were violent against siblings, and those in co-habiting families (n=4 in the sample) were
13 violent against their stepfathers. In contrast with previous studies (e.g. Calvete et al.
14 2014), participants in this study did not explain their violence towards their parents as a
15 consequence of behavior learned through experiences of IPV. Rather they seemed to
16 adopt the role of the “protector”, feeling responsible to protect and care for their mothers.
17 The protective motivation suggests a reversal of the usual parent-child relationship in
18 which the adult is responsible for the protection of the young person (Golombok, 2002).
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33 In addition to witnessing IPV, these adolescents were also victims of violence by
34 other family members. For example, two participants were targets of violence by their
35 older brothers; it is significant that one participant’s brother had been removed from
36 home because of his violent behaviour towards both their mother and the participant
37 himself. Another participant reported that he was the target of physical violence from his
38 uncle.
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47 Three participants also referred to their parents’ use of violent disciplinary
48 methods against them. For example, Mary reported that her mother slaps her and locks
49 her in her room for many hours. Similarly, Oliver, reported that “if I did that I would get
50 slapped” and reported that his mum threatens that she will put them into care. This
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3 finding demonstrates a continuum of violence and supports research studies that find bi-
4 directionality of violence in CPV (e.g. Beckmann et al. 2017). Within this spectrum, the
5 roles of “victims” and “perpetrators” become interchangeable (Miles & Condry, 2015)
6 and appear inadequate in accounting for the complexity of CPV.
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14 **Subtheme 1b: Adolescent’s violence towards siblings.** Five adolescents
15 contributed to this subtheme; they used strong words such as ‘hate’ to describe their
16 feelings about their siblings and recurrently stated that they did not get along with them.
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22 Interviewer: To whom violence was directed?

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24 Andrew: Mum and my brother. He [my brother] is so annoying. I hate him. He is
25 pathetic.
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27 Oliver: I lose temper with my sisters: once they made me so angry I made a hole
28 in my bedroom door.
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30 Finding adolescent’s violent behaviour towards siblings and persistent sibling rivalries in
31 this sample reflects a high alert family context and is indicative of lack of boundaries
32 within the home. It demonstrates the difficulties for adolescents in sustaining healthy
33 interpersonal relationships and the lack of healthy interaction and safety within the family
34 setting. It could also be indicative of parental emotional exhaustion and multi-stressed
35 familial contexts (Golombok, 2002). Fights and violent behaviour between siblings are an
36 additional source of stress which can emotionally drain both parents and adolescents, thus
37 further undermining the quality of familial relationships.
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50 **Subtheme 1c: Persistent conflicts with parents.** Five participants described
51 getting into multiple arguments with their parents each day; these arguments took place
52 even over minor issues (e.g. having a haircut) and turned into serious fights. Adolescents
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3 referred to arguments as something they did not like, and their accounts reflect these
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5 worries.
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9 Mary: I just want to be able to talk to them about normal daily stuff and not argue
10 so much.

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12 Chester: We have arguments in the morning before I go to school, then in school I
13 get into trouble, then I return back home and again we fight - sometimes for not
14 important things. I don't like that.
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19 Frequent arguments suggest lack of effective, meaningful communication for parents and
20 adolescents, and a difficulty in overcoming these problems (Micucci, 1995). The
21 frequency and persistence of conflicts reported by participants may also be indicative of
22 feelings of rage held by adolescents towards their parents. Frequent arguments may also
23 be linked to sibling-rivalries and to defiant and oppositional behaviour amongst
24 adolescents, discussed further below.
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34 **Theme 2: Unsatisfactory Relationships with Parents**

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37 **Subtheme 2a: Paternal physical absence.** Six participants reported the physical
38 absence of their biological fathers in their lives due to abandonment and divorce.
39 Participants seemed to be affected negatively by the abandonment and lack of contact
40 with their biological fathers which was marked by sadness and anger.
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47 Andrew: Dad leaving is worst. My world got destroyed. None are happy. The
48 relationship between my parents is shit because my dad is an idiot. He is a dick. I
49 hate him.
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53 This finding accords with the accounts of mothers and professionals in Calvete et al.'s
54 (2014) study. Lack of contact and relationship with birth-parents may be traumatic for
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3 young people, leaving a mark of abandonment and rejection. In the absence of a close
4 relationship with another adult, the level of interdependence or overdependence on
5 mothers may be high (Golombok, 2002); emotions of overdependence may result in rage
6 or a desire to control. Moreover, experiences of loss and feelings of sadness resulting
7 from the physical absence of the father may be compounded by a perceived sense of
8 rejection from the mother. (see subtheme 2b)
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12 It is worthy to note that given that half of the participants came from co-habiting
13 families, the relationship with stepfathers did not seem to compensate for the absence of
14 birth father. Although there is no conclusive evidence, the absence of stepfathers in the
15 accounts of adolescents from co-habiting families may reflect a failure to adapt to the
16 transition from divorce to re-marriage.
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21 **Subtheme 2b: Perceived maternal rejection.** Five adolescents reported
22 perceived rejection from their mothers and rejection by mothers was arguably the most
23 salient concern of participants.
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28 Oliver: I want my mum to know that I am a good guy, apart from the fights I am
29 not bad and I want her to love me and I feel she doesn't so much. When I am not
30 fighting, I am a nice person.
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35 In two cases, the introduction of a different father figure seemed to have caused feelings
36 of jealousy and anger, leaving participants feeling rejected and unloved by their mothers.
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41 John: Stepdad can be miserable and my mum takes his side. We don't do much
42 together. I would like mum to be around more. They spend all their time looking
43 after the baby. I think I annoy them.
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48 Chester: The last time I was close to my mum was seven years ago when my
49 stepdad moved home. [...]. Chester says that he feels left over and he does not get
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3 attention from his mum. While saying these things, he got emotional and was
4 trying to hide his tears.
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8 Jordan, the only participant that came from an adoptive family, stressed during the
9 interview that he was feeling rejected by his birth parents; he also identified this rejection
10 as a contributing reason for his violent behaviour towards his adoptive parents. This
11 finding is in line with the literature; perceived rejection from parents is a core
12 characteristic of CPV (e.g. Contreras & Cano 2014; Calvete et al. 2014). It seems that
13 perceived parental rejection is a key characteristic of the parent-child relationship in
14 CPV. Adolescents' accounts of family relationships portrayed rejection, lack of warmth
15 and emotional deprivation (Calvete et al. 2014; Suarez-Relinque et al. 2019). This
16 perceived rejection implies that certain emotional needs are not met.
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29 Participants also complained of unfairness because their mother preferred another
30 of their siblings, and there was a tendency for participants to blame siblings for their
31 own poor relationships with their mothers. These perceptions of unfairness may be
32 connected to feelings of rejection, jealousy and inadequacy, but also with violent
33 behaviour since lack of attention seems to be a trigger for this behaviour. Mothers might
34 develop seem to develop preferences for a child that is not violent; nevertheless, the
35 perception of favouritism seems to lead to a further deterioration in the quality of the
36 relationship between participants and their mothers. A common tendency in families with
37 adolescents with conduct difficulties is parental coalitions with better behaved children,
38 leading the adolescent who exhibits violent behaviour to feel excluded and resentful
39 (Caspi, 2012).
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3 Given that adolescents are active agents in attachment formation, their violent
4 behavior can reduce parental empathy and sensitivity to their needs (Loeber &
5 Stouthamer-Loeber, 1986; Mercer, 2011). The interactional, reciprocal and bidirectional
6 character of parent-child relationships means that adolescents' contribution to the
7 relationship is of equal importance to that of the parent (Mercer, 2011). The multi-
8 stressed family-contexts described above, combined with participants' violent behaviour,
9 responsibilities for work, household management and caring for other children can result
10 in mothers feeling overwhelmed (Asen & Fonagy, 2017). Furthermore, half of
11 participants come from families with more than one child. Parents with multiple children
12 have increased responsibilities and may feel under more stress which could lead to a lack
13 of quality time with the children (Kandel-Englander, 2007).
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29 **Subtheme 2c: Desires for close relationships.** All participants reported that they
30 want good relationships with their parents and families, and that they want to improve
31 their relationships with family members. Improving relationships with their parents
32 constituted the reason for some adolescents' engagement with interventions:.
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39 Oliver: When I say I hate you to my mum ... but when I say I hate you I don't
40 mean it. I love her a lot.

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42 Chester: I just want to spend more time with my mum separately, the two of us,
43 apart from the job and everyone else.

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45 Mary: I just want a relationship with them [parents], I love them.
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51 It is interesting to note that there were contradictions between words, feelings and
52 behaviour. When adolescents exhibit violent behaviours, the relationships they want to
53 sustain, actually deteriorates. This contradiction reveals an emotionally-charged
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3 relationship which is common in cases of family violence (Asen & Fonagy, 2017), and is
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5 evidenced by participants stressing their desire for relationships with the parents to whom
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7 they are violent. These emotionally-charged relationships align with the key thread of
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9 ‘intensity’, which runs throughout participants’ accounts.
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13 **Theme 3: A sense of being difficult to cope with**

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15 **Subtheme 3a: Defiant and oppositional behaviour.** Five participants
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17 contributed to this subtheme. A recurring statement by participants was that they do not
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19 like being told what to do. The participants identified this characteristic as a trigger for
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21 violent behaviour against parents and for fights with teachers in school.
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26 Jordan: I said, “I’m a bit of a twat”, sorry for my language. You don’t know twat?
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28 If I don’t get my own way, I don’t like it. Basically, I’d very much wanted to get
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30 my own way. If I didn’t, it would turn very nasty. I’d like to be in control. I still
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32 do. I don’t like being told what to do. I don’t like the idea of anyone telling me
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34 what to do.
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38 In addition, during participant-observation, participants frequently engaged in
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40 conflicts, exhibited hostile and defiant behaviour and were often antagonistic to the point
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42 of inhibiting the running of the programme and jeopardizing safety for everyone
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44 involved.
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48 Mary turns to Chester and she calls him dickhead, dildo and ugly. You are just
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50 ugly, fuck off.
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54 Participants were frequently involved in disputes, name-calling and bullying during the
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56 programme. This finding is in line with literature suggesting adolescents who exhibit
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58 CPV seem to have poor psychosocial competence and maladjustment (Ibabe, et al. 2014a,
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60 2014b). Participants’ defiant and oppositional behaviour resulted in inability to run
“Intervention X”; reinforcement of negative behaviours was apparent. Furthermore,

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3 Chester, who was less disruptive, was left out since those who were more disruptive
4 received greatest attention.
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8 Regarding sex-related differences, the findings of this study support previous studies that
9 show similar levels of physical violence between females and males but higher scores of
10 psychological violence among females (e.g. Calvete, Orue, & Gamez-Guadix, 2013)
11 although it should be noted that frequency of violence was not measured per se. Mary,
12 was physically, financially and psychologically violent against parents alike all male
13 participants except Oliver who exhibited psychological and financial violence against his
14 mother but not physical violence. However, during the intervention, Mary exhibited
15 greater frequency of psychological violence against male participants. Mary was the
16 dominant person in the group and it seemed apparent that the male participants were
17 afraid of her. In contrast with previous research that showed that adolescent females have
18 better academic competence (Musitu-Ferrer, Esteban-Ibañez, Leon-Moreno, & Garcia,
19 2019) and greater empathy (Hoffman, 1977) than adolescent males, in this study Mary,
20 identically with all male participants had low academic performance and faced serious
21 conduct problems in school (e.g. exclusion).
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41 **Subtheme 3b: Difficulties with controlling emotions.** Five participants
42 identified their difficulties in controlling their emotions as one of the reasons for their
43 violent behaviour. Participants reported feeling confused and afraid because they were
44 unable to “control themselves”. Their accounts also reflected a perceived lack of agency.
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51 Bob: Bit wonky sometimes. It's weird. I can't accept being hurt, don't like it, I go
52 mad. I've scared myself. My emotional state is wonky.
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3 Jordan: When I'm getting angry, I don't notice when I get angry. It all happens
4 fast and I don't remember when it finishes. Yeah, I was very much out of control.
5 When I got angry and very quickly and very badly.
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9
10 In line with the literature, six participants reported that they have been involved in
11 Children and Adolescent Mental Health Services (CAMHS; Kennedy et al. 2010) while,
12 four participants stated that they had ADHD (Ibabe et al. 2014a; 2014b). In addition,
13 Oliver complained about having difficulties concentrating and focusing, and Jordan
14 commented on being hyperactive. Whether Oliver had been given a diagnosis of ADHD
15 or whether this was just something suspected by his mother remained uncertain, nor did
16 the professionals know. Three of the four participants in "Intervention Y" stated that
17 talking to their practitioner when they were feeling angry and stressed helped them with
18 emotional regulation. This interaction with a youth worker is in line with the definition of
19 attachment as "the dyadic regulation of emotion" (Sroufe, 1996, p.172): the professional
20 provided a safe haven to which these participants could turn. Moreover, for these
21 participants, the youth worker was the only person to whom they turned when they were
22 feeling stressed and sad.
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42 In summary, the findings of this study underline that CPV is a multi-faceted and a
43 complex systemic problem. Participants were found to have experienced adversities such
44 as exposure to IPV, parent-to-child violence, emotional neglect, parental separation and
45 divorce, loss and abandonment. The findings regarding the association of CPV with parent-to-
46 child violence challenge the dichotomy of "victim/perpetrator" terminology used in CPV; such
47 terminology oversimplifies the context where CPV occurs; it risks not accounting or assessing for
48 bi-directional violence and risks pathologizing adolescents. Violent behaviour was found to
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3 be directed not only against mothers but in all cases against siblings (boys and girls) and
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5 stepfathers. Also, participants overtly expressed a desire for close relationships with
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7 parents and expressed a need for affection; relations appeared to be the most important
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9 concern for the participants. Adolescents' intensity of emotions and perceived parental
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11 rejection should also be underlined.
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18 **Limitations**

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21 Whilst this study represents an important contribution to the literature, the
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23 findings should be considered in light of the limitations imposed by the generalisability
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25 of results and the methodology. All participants were attending interventions aiming to
26
27 target CPV and so our findings may have been different among those adolescents who
28
29 were not engaged with this sort of support. Given the shame and stigma associated with
30
31 family violence and the fact that parents do not seek for help unless violent behaviour
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33 becomes dangerous (Holt, 2013), it likely that the study's findings represent the extreme
34
35 end of cases in the field studied. Additionally, regarding past family events, the influence
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37 of recall should be taken into consideration especially for those participants who were
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39 very young when those incidents occurred; it is impossible to know whether participants
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41 remembered those incidents or it was something they heard from other family members.
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47 The recruitment of adolescents has been challenging. The study's sample size of
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49 eight participants in total is small. Access for face-to-face interviews with adolescents
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51 was in many cases denied by professionals; as a result, four participants hand wrote their
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53 responses. It is acknowledged that this is a major limitation of the study. The lack of face-
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55 to-face communication, the short, descriptive answers of participants and the inability to
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ask and draw further on specific issues raised by participants are also acknowledged. The data of this study were obtained from 22.5 hours of observations with three adolescents, two face-to-face interviews and four hand-written responses. However, participants provided their experiences and their accounts in their own words: this is important for the nature of qualitative research (Braun & Clarke, 2006), but also for ensuring adolescents have their voice heard within the CPV narrative. The insights of this study are valuable due to the lack of qualitative studies conducted with adolescents who exhibit CPV in England. However, future research should include parents' narratives to enable a better understanding of CPV experiences within the family.

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

Implications and future research

As the findings demonstrate, CPV constitutes a multi-faceted, systemic family issue caused and maintained by a complex set of interrelated factors. We reiterate that

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3 findings regarding attachment and trauma are only speculative; for example, attachment
4 difficulties were not measured and assessed. This study, however, is an explorative one
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6 and as such its role is to illustrate areas that require further attention. With regards to
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8 interventions, the overall picture from adolescents' accounts, underline the importance of
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10 theories that relate to attachment, complex trauma, family-systems and parenting
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12 socialization. A combination of these theories is applicable to the problem under study
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14 and we view tailored, multimodal programmes as more likely to bring positive change
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19 (Asen & Fonagy, 2017).
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23 An important finding of this study is the bi-directionality of violence between
24 adolescents and their parents; participants were exposed to family violence during
25
26 childhood while three participants experienced violent behavior from their parents during
27
28 their participation in the intervention programme (e.g. Beckmann et al. 2017). This
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30 finding accords with the literature of other forms of interpersonal violence such as
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32 bullying (Nansel et al., 2001; Sterzing et al., 2020). A study conducted with child
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34 welfare-involved adolescent girls in the USA found that the majority were bully-victims
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36 while the severity of PTSD symptoms significantly increased the likelihood of a bully-
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38 victim and victim-only role (Sterzing et al., 2020). This finding has important
39
40 implications for the CPV literature and intervention programmes; as noted elsewhere
41
42 (Miles & Condry, 2015), the roles of of "victims" and "perpetrators" become
43
44 interchangeable in CPV and appear inadequate in accounting for its complexity. The
45
46 experiences of adolescents who exhibit CPV underline the need for access to evidence
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48 based, trauma interventions facilitating the development of social and emotional learning.
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3 In this study, participants were violent against their siblings; this finding suggests
4 that assessments should incorporate siblings as additional possible targets of violent
5 behaviour. In line with the family-systemic perspective (Murray, 2006), dysfunctional
6 communication patterns that lead to fights and violence escalation were noted. This
7 finding underlines the need of building rapport between parents and adolescents. An
8 interesting finding in this study is that while adolescents perceived their parents as
9 distant, they expressed desires for close relationships with them. Previous research found
10 that parental warmth and involvement and low levels of strictness and imposition are key
11 for optimal socialization outcomes (Garcia, Serra, Zacaes, & Garcia, 2018) and
12 prevention from alcohol abuse (Garcia, Serra, Zacaes, Calafat, & Garcia, 2019). The
13 importance of parental warmth and responsiveness for the adolescents in our study has
14 implications for interventions in the field of CPV, highlighting the need for positive
15 parenting practices. CPV interventions should be focused on fostering a warmth
16 relationship between adolescents and their parents, based on affection, dialogue and
17 rapport supporting adolescents to improve not only their perceptions about their families
18 but also their own interpersonal skills and self-esteem.

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41 Furthermore, the findings regarding adolescents' emotional states (e.g. a sense of
42 being difficult to cope with) and the interplay with CPV, support previous evidence of
43 CPV research (Ibabe et al., 2014a, 2014b; Martinez-Ferrer et al., 2018) as well as wider
44 family research with both community samples (Perez-Gramaje, Garcia, Reyes, Serra, &
45 Garcia, 2020; Garcia, Lopez-Fernandez, & Serra, 2018) and legal samples (Steinberg,
46 Blatt-Eisengart & Cauffman, 2006). Poor psychosocial competence and maladjustment
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3 was found as well as hyperactivity, low impulse control and difficulties with
4 interpersonal relationships.
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7 8 **Conclusion** 9

10
11 Research interest in CPV has been growing in recent years (Ibabe, 2019). Yet, the
12 voices of adolescents who exhibit CPV remain scarce in the literature. This study fills the
13 gap in the literature resulting from the absence of first-hand accounts from adolescents
14 who exhibit CPV in England. Exposure to ACEs such as IPV, parental separation and
15 divorce, loss and abandonment and parent-to-child violence, were found. It is worthy to
16 note that despite the evidence regarding the link between CPV and exposure to childhood
17 adversities, the interventions targeting CPV in England and Wales have not been
18 evaluated with traumatized children (Selwyn & Meakings, 2016).
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30 The relationships between parents and adolescents were to be found
31 unsatisfactory due to perceived rejection and persistent conflicts. Those relational
32 qualities indicate that participants were susceptible to the traumatic effects of childhood
33 adversities: they also indicate disrupted attachments with parents. In addition, the
34 continuum of co-occurring types of violence towards siblings is indicative of multi-
35 stressed family-systems. Adolescent's perceptions about their emotional states were
36 found to be characterised by poor psychosocial competence, maladjustment, emotional
37 dysregulation; defiant, oppositional behaviours were also noted, illustrating difficulties in
38 sustaining healthy relationships. These emotional and behavioural difficulties were linked
39 to reported isolation and sadness and may also be connected to parental emotional
40 drainage and withdrawal.
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3 As previously discussed, the recruitment of adolescents into the study has been
4 particularly challenging. However, this challenge has not been due to refusal of
5 adolescents or their parents to engage in this study which, according to Treseder (1997),
6 constitutes one of the most commonly held myths about including children and
7 adolescents in research. An unexpected finding was the reluctance of specific
8 interventions to allow permission to conduct interviews with adolescents. For example,
9 practitioners from “Intervention Y”, declined access to face-to-face interviews with and
10 although “Intervention X” initially provided the first author with access to participant-
11 observation, interviews with adolescents were inhibited in a number of ways including
12 the cancellation of booked interviews, or multiple interruptions to the interview process.
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14 The interview with Chester, for example, was interrupted by practitioners three times.
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16 Practitioners from an additional, CPV intervention in England, when asked to inform
17 parents and adolescents about this study and enquire whether adolescents were willing to
18 be involved in interviews declined. Two additional intervention programmes approached
19 and informed about the research have not responded. The barriers to inclusion of
20 adolescents were 1) suspicion by practitioners and 2) staff fear around adolescent’s
21 participation despite the provision of required documents regarding ethical considerations
22 and protection from harm and the scrutiny of the ethical considerations of this study.
23
24 Although protection of adolescents should undoubtedly be a priority, both barriers reflect
25 lack of staff training and knowledge regarding engagement with research. Training of
26 staff regarding facilitating adolescents’ participation in research, ethical research and the
27 benefits of research is therefore recommended along the lines of open, democratic social
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3 care systems and service user involvement in public, social care and mental-health
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Appendix 1- Interview schedule

A) Demographics

Age

Gender

With whom are you living? How many siblings?

B) Violent behaviour

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

Could you remember when your aggressive behaviour at home started?

What factors you believe contributed to your violent behaviour?

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

Why do you think you have been behaving violently?

C) Family context and relationships

Please describe your best and worst memory from your life

Please describe your parents' relationship with each other.

Please describe your parents' relationship with you.

What are you enjoying from your relationship with your parents?

What are you missing from your relationship with your parents?

How do you feel towards your parents?

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

D) Psychological/emotional aspects

1
2
3 Have you ever attended counseling/ mental-health services? If so, for what reason?
4 Since when?
5

6
7 How would you describe your mental and emotional state?
8

9
10 How would you describe your mental and emotional state during and after your violent
11 behaviour?
12

13
14 How do you think that your emotional state impacts on your violent behaviour?
15

16
17 What factors are/ have contributing/ ed to your resiliency from violent behaviour?
18

19
20 When you are stressed or sad to whom you are turning to?
21

22 **E) School experiences**
23

24 How is your life at school?
25

26
27 Could you describe to me some incidents that had an impact on you from school? (both
28 negative and positive)
29

30
31 **F) Debrief (e.g.)**
32

33 Is there anything else you would like to say or add?
34

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36 Do you have any questions?
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