Understanding Adolescents' Aggression towards Parents: A Study on the Role of Callous-Unemotional Traits in Predicting Aggression

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Understanding Adolescents' Aggression towards Parents: A Study on the Role of Callous-Unemotional Traits in Predicting Aggression

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Abstract

This thesis explores an under researched area of adolescents' aggression towards parents. Chapter One includes the literature on child-to-parent aggression and a new model is proposed to explain these incidences. Chapter Two draws on data from two clinical audits to provide an overview of the prevalence of aggression within the family perpetrated by adolescents from a clinical (n=60) and forensic (n=60) samples of those referred to a mental health service. The results indicated parents as the main adult victims of child aggression. The forensic sample used physical aggression more than verbal aggression. Smaller numbers of aggression were recorded for the clinical sample. Chapter Three examines whether Callous-Unemotional (CU) traits may relate to special school adolescents' (n=48) tendency to perpetrate aggression towards parents and peers. Adolescents with elevated CU traits tend to perpetrate aggression indiscriminately towards parents and peers compared to their low CU peers. Chapter Four included a small sample from the general population (n=60), exploring the potential risk factors of child-to-parent aggression, taking into account the levels of CU traits. Stressful life events increase the manifestation of CU traits in adolescents, consequently increasing their aggression towards both parents. Adolescents with high CU traits show goal-oriented motivation which tends to be related to aggression towards mother. At low level of these traits, aggression towards mother was more impulsive. Chapter Five outlined the findings from qualitative interviews with parents of adolescents from a forensic mental health service. The sample (n=5) was categorised according to the level of prosocial emotions of the young perpetrators. Thematic analyses were conducted on the transcripts and four themes emerged and were developed. Across all studies, the young perpetrators who scored higher on CU traits perpetrated physical more than verbal aggression towards both parents and peers. Thus, they are what may be termed as 'generalist aggressors'.

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Declaration

I, Hue San Kuay, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis. I confirm that no part of the material offered has previously been submitted by me for a degree in this or any other University. This thesis was prepared in accordance with the guidelines outlined by Durham University's Graduate School and in the Department of Psychology's Postgraduate Handbook.

Statement of Copyright

Acknowledgements

First of all, I would like to express my utmost gratitude to my academic supervisors, Dr Lynda Boothroyd and Prof Graham Towl for their time and for sharing their knowledge and opinion to ensure the quality of this piece of work. I also wish to acknowledge Dr Luna Centifanti and Dr Paul Tiffin for sharing their expertise as my earlier supervisors, whilst they were based at Durham University. Second, I am grateful for the examiners, Dr Emma Palmer and Dr Hannah King, also not forgetting Dr Mary Hanley and Dr Judith Covey who played role as departmental reviewers. Thank you for giving constructive feedback on this dissertation, which have helped me to see things from different perspective. I owe a lot of people who have helped me make this research possible. Among those I am thankful for are Steve McIntosh, Leslie Forster, Michael Taylor, Melissa White, and Leslie Burkin. I would also like to express my appreciation to the children and parents who took part in my study. Without your support and participation, this thesis will not be a reality.

I would like to thank my beloved husband for his love, patience, and support. To my parents, siblings, and friends, thank you for the encouraging words and for giving me the reassurance that I can do this. I owe my sanity to Durham Counselling Service which have provided professional support to me. Without all of you, my dream of getting a PhD would not come true.

Many said that doing a PhD is a life changing experience and I could not agree more. I believed it has changed my life, despite it being hard, and I never regret doing it. If I could turn back time, I would definitely choose the same path without a doubt.

List of Abbreviations

BCa	Bootsrapped
CAMHS	Child and Adolescent Mental Health Services
CI	Confidence Interval
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DSM-V	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
FCAMHS	Forensic Child and Adolescent Mental Health Services
M	Mean
Mdn	Median
NHS	National Health Service
SD	Standard Deviation
SPSS	Statistical Package for the Social Sciences
UK	United Kingdom
WHO	World Health Organization

Definition of Terms

Child and Adolescent Mental Health Services (CAMHS)

Child and Adolescent Mental Health Services are the services under the National Health Service of the United Kingdom. These services assess and treat young people (aged under 18) with emotional, behavioural, or mental health difficulties as well as providing support to parents and carers (National Health Service, 2016). Among the support provided are for depression, eating disorders, violence or anger, and other mental health difficulties. The team consists of psychiatrists, psychologists, social workers, nurses, support workers, occupational therapists, and other professionals. There are four tiers in CAMHS and the fourth represents highly specialist services, which are regionally or nationally based. The Forensic CAMHS sits in this latter tier (the differences in these tiers are explained further in Chapter Two).

Forensic Child and Adolescent Mental Health Services (CAMHS)

The Forensic CAMHS provides support to young people (aged under 18) who have mental health issues, present high risk of harm to others, and also have contact with the criminal justice system (Dent, Peto, Griffin, & Hindley, 2013). Cases which are referred to the Forensic CAMHS are normally more complex in presentations in comparison with CAMHS, which may include issues such as harmful sexual behaviour, violence and aggression, cruelty or harm toward animals, and fire setting. The range of professionals who work within the services are similar to those of CAMHS.

Social, Emotional, and Behavioural Difficulties (SEBD) School

Social, Emotional, and Behavioural Difficulties (SEBD) is an umbrella term used to describe children and adolescents who are both ‘troubled’ and ‘troubling’ (Sebda.Org, n.d.). Young people with these difficulties may “behave in an unusual way or respond in an extreme fashion to a variety of social, personal, emotional, or physical

circumstances" (SEBDA.Org, 2006, p. 1). A young person who attends the SEBD school usually has a 'Statement of Special Needs' – either he/she meets one of the diagnosis criteria of 'neurodevelopmental disorder' and/or will benefit from attending the SEBD school due to other reasons (e.g., function better in a smaller class group or having attention from teachers who are well equipped with special education knowledge).

Statistics

False Discovery Rate

In Chapter Three and Chapter Four, a single main study variable (dependent variable) is correlated with multiple variables. This increased the chance of a false discovery rate (type I error). In order to control for the error rate, the author applied the Benjamini-Hochberg (1995) correction for multiple comparisons. The significant *p*-values from the Pearson's correlation analysis were re-calculated using the Benjamini-Hochberg's formula on an Excel spreadsheet. Based on the results, none of the corrections rendered a particular result non-significant at the $p < .05$ level. Thus, it can be assumed that results remain statistically significant even after applying corrections.

Note on Publication Included in this Thesis

At the time this thesis was submitted for examination, two of the chapters had been published:

Chapter One

Kuay, H. S., Tiffin, P. A., Boothroyd, L. G., Towl, G. J. & Centifanti, L. C. M. (2017). A new trait-based model of child-to-parent aggression. *Adolescent Research Review, 2*(3), 199-211. doi: 10.1007/s40894-017-0061-4

Chapter Two

Kuay, H. S., Lee, S., Centifanti, L. M., Parnis, A. C., Mrozik, J. H. & Tiffin, P. A. (2016). Adolescents as perpetrators of aggression within the family. *International Journal of Law and Psychiatry, 47*, 60-67. doi: 10.1016/j.ijlp.2016.02.035

These two chapters are presented as they were submitted (minor edits were made for Chapter One, as requested by the thesis examiners), although the referencing has been combined and presented at the end of the thesis. American English spelling has been altered to British English.

The data collection measures used in the study presented in Chapter Two was completed in conjunction with Dr. Sarah Lee (North-East of England healthcare facility). The first part of the data was collected by Dr. Lee. The measures were modified by the author for the second part of data collection and the data was collected alongside Dr. Abigail Parnis and Jenny Mrozik. All analysis and writing were carried out by the author.

Thesis Structure

This thesis is divided into six chapters. Chapter one, two, three, four, and five are written following the format of journal articles to provide specific introduction and outline of the research literature as well as highlighting the rationale of each study. Chapter six concludes with a discussion on the key themes from this set of studies and include conclusions and some recommendations for future research.

The general and specific aims of the chapters are presented below:

General Aims

The general aim of this thesis is to understand the nature of aggression perpetrated by young people (i.e., adolescents) from the general, special school, mental health clinic, and forensic population. The focus is to explore and examine the risk factors that may increase the risk of adolescents perpetrating aggression, particularly in the home settings (i.e., towards family members). For the purposes of this research, the factors examined are parental involvement, stressful life events, motivation of aggression, and, most importantly, callous-unemotional traits.

Chapter Aims

Chapter One aims to develop a theoretical model of child-to-parent aggression, which is then tested in the empirical chapters. The model proposes two types of perpetrators of aggression within the family. The first type are the ‘generalists’ who are high on callous-unemotional traits, perpetrating aggression apparently to achieve dominance on the parents. The second type are the ‘specialists’ who are low on these traits, perpetrating aggression in what appears to be a form of indirect response to ‘harsh parenting’. Subsequently, in Chapter Two, for comparative purpose, data from the clinical audit were obtained to get the prevalence rate of aggression within the family perpetrated by youths drawn from clinic-referred and forensic samples. The findings

gave an indication of who were mainly the victims of child aggression at home and the profile of the perpetrators. The forensic sample contributed to higher percentage of aggressive incidences and they appeared to target their parents more than their siblings. In line with the model proposed in Chapter One, in order to obtain participants with a significant level of callous-unemotional traits, Chapter Three, focuses on young people from the Special School for Social, Emotional, and Behavioural Difficulties. The findings of this particular study indicate that those who were high on callous-unemotional traits were indeed more aggressive than their peers low on these traits, and they perpetrate their aggression indiscriminately towards their parents and peers. In addition, because parents were the victims, a further study was conducted, outlined in Chapter Four to examine aggression by adolescents as perceived by parents. The study further examines the role of callous-unemotional traits as both a potential mediator and moderator. The results indicate that the level of callous-unemotional traits play a significant role in increasing or reducing the risk of aggression towards parents. Qualitative interviews were conducted to examine the 'lived experiences' of parents as victims of child aggression within the clinical and forensic population. This provided a rich and complementary data set to further understand such domestic violence. The findings and the themes that were developed during the analysis are presented and discussed in Chapter Five.

CHAPTER ONE

A New Trait-Based Model of Child-to-Parent Aggression

Chapter Summary

Incidents of child-to-parent aggression are arguably the most under researched area of domestic violence. The risk factors for child-to-parent aggression are still unknown. This chapter reviews risk factors that may contribute to explaining aggression among adolescents. First, an overview of aggression, with a primary focus on child-to-parent aggression is provided. A number of studies on young people's aggression show callous-unemotional traits as a predictor of aggression towards peers. However, callous-unemotional traits have not been studied in research on parent-directed aggression, even though they have been shown to be related to social dominance and lack of care towards authority figures (of which parents have a key role during adolescence). Thus, a new 'Trait-Based Model' is proposed to explain child-to-parent aggression. In the model, the perpetrators of child-to-parent aggression are divided into two types: 'generalists', who are high on callous-unemotional traits and are proposed to perpetrate aggression towards parents as well as towards others outside the family, and 'specialists', who are low on callous-unemotional traits and specifically perpetrate aggression towards parents but not in other contexts.

Introduction

Child-to-parent aggression or parent-directed aggression is defined as "any act of a child or adolescent that is intended to cause physical, psychological, or financial damage to gain power and control over a parent" (Cottrell, 2001, p.3; Kennair & Mellor, 2007, p. 204; Calvete et al., 2013). Although originally identified over 30 years ago (Harbin & Maddin, 1979), child-to-parent aggression is a social problem that has remained predominantly hidden (Contreras & Cano, 2014) and under researched. The victims of child-to-parent aggression are less likely to report the incidents. Mainly, parents may feel embarrassed and confused when they become the victim of child aggression (Kennair & Mellor, 2007). Some parents fear the child's reaction (Perez & Pereira, 2006), may feel responsible for their child's aggressive behaviour (Margolin & Baucom, 2014), or may want to protect the family image (Perez & Pereira, 2006). All of these factors might lead them to conceal the violence (Margolin & Baucom, 2014). In some cases, parents may normalise their child's aggressive behaviour (Gallagher, 2008). Consequently, the issues only remain known within the immediate family (Martínez, Estévez, Jiménez, & Velilla, 2015). This helps explain why little is known regarding the current prevalence.

Despite these barriers to parents' reporting child-to-parent aggression and the paucity of research into it, however, it is a fairly common phenomenon. For instance, research in the US, Canada, and Spain reported prevalence values of between 4.6% to 21% for physical aggression towards parents (Calvete et al., 2013; Izaskun Ibabe & Jaureguizar, 2010; Nock & Kazdin, 2002). Some large-scale studies on community samples estimated that 9% to 14% of parents would, at some point, be physically assaulted by their adolescent children (Cottrell & Monk, 2004), while data from Canadian, Australian, and British studies suggests one out of 10 parents are assaulted by their children (Howard, 2011). Moreover, recent reviews have highlighted an increasing

rate at which child-to-parent aggression is reported (Coogan, 2011). Thus, the issue can no longer be ignored, as there appears to have been a lack of awareness of children engaging in domestic violence towards their parents (Dahlitz, 2015). Findings from past studies indicate that the most common victims of young people's aggression at home are siblings (Eriksen & Jensen, 2006; Purcell, Baksheev, & Mullen, 2014). Yet, parents may be the 'hidden' victims of domestic violence perpetrated by children (Kennair & Mellor, 2007). Hunter & Nixon (2012) also describe a 'veil of silence' surrounding this topic of parent-directed aggression in domestic violence which may be one reason why child-to-parent aggression remains the most under researched form of family aggression (Hong, Kral, Espelage, & Allen-Meares, 2012; Walsh & Krienert, 2007). Thus, neglecting research on child-to-parent aggression ignores a significant aspect of domestic violence (Kennedy, Edmonds, Dann, & Burnett, 2010). Because of the limited number of studies conducted in this area, little is known about the personality of adolescents who perpetrate aggression towards their parents. Therefore, the present review has been undertaken with the primary goal of exploring the possible mechanisms driving child-to-parent aggression. Studying this area will help us to understand which young people are most likely to perpetrate this type of family aggression and also provide critical information about how to identify this emerging problem.

The Current Review

In this section, the aims of this review are presented and a newly developed model will be briefly discussed. Firstly, the prevalence of family aggression and the profile of young perpetrators are examined. Secondly, the risks and protective factors parenting presents to childhood aggression is discussed. Thirdly, understanding the role of emerging callous-unemotional traits in young people is argued to be a major factor that is missing from prior family aggression research. Fourthly, a possible mechanism behind a putative link between callous-unemotional traits and aggression in the family –

specifically the goals behind the use of aggression is hypothesised. Finally, a new 'Trait-Based Model' is proposed to explain two types of young perpetrators in parent-directed aggression as shown in Figure 1. The first type are 'generalists' who perpetrate aggression towards parents and also towards non-family members. The second type are 'specialists' who are proposed to solely perpetrate aggression towards their parents but not towards other people. That is, elevated callous-unemotional traits might designate young people who are 'generalists', seeking physical (and psychological) dominance both in and outside the home. In contrast, young people who are low on callous-unemotional traits might specialise in aggression to their parents as a reaction towards harsh parenting.

The Prevalence of Child-to-Parent Aggression based on the Profile of Perpetrators

This section will examine the prevalence of family aggression based on the profile of young perpetrators, which includes their age, family structure, and gender. Most research in this area has found that adolescents begin perpetrating child-to-parent aggression between the ages of 14 to 17 years (Kethineni, 2004; Snyder & McCurley, 2008; Walsh & Krienert, 2007). Of late, young perpetrators of 16 and 17 years of age may be held accountable for domestic violence in the UK (Gov.UK Home Office, 2016). However, in the UK, child-to-parent aggression, in particular, is not considered domestic violence if the perpetrator is under 16 years of age (Condry & Miles, 2014). If parents choose to report being abused by their child, the police can do little more than advise the child not to do it again. Interestingly, parents could be treated as 'adult at risk' and supported by professionals in this framework, particularly if they themselves had a particular condition, such as a mental health problem or learning disability (Office of the Public Guardian, 2015). Despite not appearing in either UK criminological, youth justice or policy, in the past two years, there have been 1,892 cases of child-to-parent aggression reported to social services in London and perpetrators were between 13-19

years of age (Condry & Miles, 2014). This suggests that young people might have been aggressive towards their parents to the extent that parents felt the need to report the incidents to someone beyond the immediate family. While some parents have reported aggression that started since the child was as young as five years of age, other parents have reported sudden abusive behaviour that started during adolescence (i.e., around 12 years old) (Holt, 2016). Moffitt (1993) classified young people's aggression into two trajectories. The first path emerges during adolescence and decreases over time. The second path begins earlier in life and persists into adulthood. To date, there are still limited studies that have examined parent-directed aggression from a developmental perspective (Holt, 2016). This chapter aims to fill this knowledge gap by introducing a new framework to help explain the different circumstances where these incidents of child-to-parent aggression occur, touching on some developmental perspectives.

Besides age-related factors, family structure and socioeconomic status also seem, unsurprisingly perhaps, to contribute to the likelihood of child-to-parent aggression. Although child-to-parent aggression can occur regardless of family structure, Romero et al. (as cited in Martínez et al., 2015) found more cases of child-to-parent aggression among extended families and stepfamilies when compared to intact families. Nock & Kazdin (2002) found aggression to be prevalent among two-parent families, while more studies have emphasised the risk of single-parent families to child-to-parent aggression (Gallagher, 2009; Izaskun Ibabe et al., 2009; Kennedy et al., 2010; Routt & Anderson, 2011; Walsh & Krienert, 2009). With regard to socioeconomic status, child-to-parent aggression has been found to be more likely in both middle and upper socio-economic brackets versus others (Charles, 1986; Paulson, Coombs, & Landsverk, 1990). Contrastingly, Routt and Anderson (2011) found it to be more prevalent among low income families compared to those from high income families. Evidence-based health visitor intervention programmes have been conducted in several

countries, including the USA, Australia, New Zealand (Olds, Sadler, & Kitzman, 2007) and the UK (Barlow et al., 2007), focusing on the potential risk of low economic status by targeting vulnerable families (e.g., those with health difficulties, social exclusion, or at significant risk of abuse and neglect). During these programmes, health visitors visited the mothers at prenatal periods and early childhood, with the aim to improve prenatal behaviours and environmental conditions early in the life cycle to prevent maternal and child health problems (Olds, 2002). These home-visit interventions appeared to be an effective approach in significantly reducing psychological aggression on children (Landsverk et al., 2002). Thus, improving parental behaviour and families' economic conditions may reduce the risk of children developing early-onset behaviour problems (Olds et al., 1998; Olds, 2002). Since those children with early-onset antisocial behaviour tend to commit more offences over a longer time period than late-onset (Farrington et al., 2006), preventing early-onset offending could also prevent child-to-parent aggression by targeting shared risk factors.

Most studies indicate boys to be more likely to assault their parents than girls (Boxer, Gullan, & Mahoney, 2009; Gallagher, 2008; Kennedy et al., 2010; Routt & Anderson, 2011; Walsh & Krienert, 2007). In those studies, the percentage of males among adolescent perpetrators was between 60 to 80 percent. A study in Canada, which included a community sample of 3,000 adolescents (15 to 16 years of age) showed that 12.3% of boys and 9.5% of girls had perpetrated aggression towards their father within the past six months (Pagani et al., 2009), i.e., only 56% of perpetrators in the community sample were male. The higher prevalence of males in the forensic sample in particular may arise due to the overrepresentation of males who are adjudicated. This may also imply that sons tend to be reported by parents more than daughters (Gallagher, 2008), which makes sense given that post-puberty, boys can cause more physical harm. Notably, several studies have found no difference in the prevalence rate of parent-

directed aggression between boys and girls (Cottrell, 2001; Linda Pagani et al., 2004; Paterson, Luntz, Perlesz, & Cotton, 2002), reflecting the literature on intimate partner violence between men and women. As in the intimate partner violence literature, differences between boys and girls depend on the type of aggression - boys are more likely to perpetrate physical aggression and girls are more likely to perpetrate psychological aggression (Ibabe & Jaureguizar, 2011) and verbal aggression (Calvete et al., 2013). In addition, a Western Sydney study found that 51% of sole mothers experienced abuse and violence from their adolescent, with the most common cohort being male adolescent violence against mothers (Stewart et al., 2007).

Although family conflict may increase during adolescence, generating more conflicts between family members (Contreras & Cano, 2014), it is important to note that there is a clear boundary between parent abuse and problematic behaviours that could be regarded as part of 'normal' adolescent behaviour (Coogan, 2011). Martínez et al. (2015) stated that what differentiates child-to-parent aggression from adolescents' 'normal' rebellious behaviour is an 'exercise of power'. Some adolescents may choose to resist being led by their parents. Those who strive to release themselves from such parental control may choose to dominate, coerce, and control their parents by using aggression (Tew & Nixon, 2010). Unsurprisingly perhaps, delinquent samples have been found to be more aggressive than community samples in general. They were also more physically aggressive and may be the ones to perpetrate the most violence in the home as compared to community samples (see Chapter Two). Earlier studies highlighted that young people who perpetrated aggression at home are different from the perpetrators of juvenile crimes and domestic violence (Brezina, 1999; Walsh & Krienert, 2007). Kennedy et al. (2010) emphasised the importance of differentiating adolescents who perpetrate aggression at home from their peers who only commit aggression outside the home. However, those who perpetrate aggression in and outside

the home environmental context may also need different interventions. So, in the 'Trait-Based Model' (Figure 1.), it is suggested that adolescents who are high on callous-unemotional traits are more likely to be 'generalists' in their use of aggression – less context dependent. They are more antisocial than their peers who are low on these traits, most aggressive towards parents, and most aggressive towards peers. In the next section, the potential role of parenting styles in predicting aggression in 'generalists' versus 'specialists' are considered.

Parenting Practices and Child-to-Parent Aggression - Fitting Parenting Styles into a Model

The profile of perpetrators may contribute to their attitude that perpetrating aggression towards their parents is acceptable. However, adolescents are not only influenced by their own characteristics and life experiences; their aggressive behaviour may also originate from their parents - transmitted through childrearing practices. Parents may use different techniques to interact with their child and build a relationship with them. One of the most influential theories on parenting styles was introduced by Baumrind (1967) who identified three preliminary parenting styles: authoritative parenting, authoritarian parenting, and permissive parenting. Maccoby and Martin (1983) expanded on Baumrind's theory by placing the parenting styles into a two-dimensional model as: 1) demanding and responsive (authoritative); 2) demanding and unresponsive (authoritarian); 3) undemanding and responsive (permissive); and additionally: 4) undemanding and unresponsive (neglectful). Authoritative parenting is viewed as promoting child maturity, confidence, and independence (Herbert, 2004). Authoritarian parents raise children who are highly obedient, unhappy, and rebellious when they enter adolescence; and some suffer from depression (Maccoby & Martin, 1983). Permissive parenting raise children who are immature, irresponsible, and may engage in delinquent behaviour (Calvete et al., 2014). Finally, children who grow up

with neglectful parents tend to be undisciplined, emotionally withdrawn from social situations, and more likely to portray patterns of truancy and delinquency (Bornstein, 2002).

Past studies show adolescents who experienced harsh discipline, poor attachment with parents, or lack of parental supervision have problematic behaviours (Hoeve et al., 2012; Marcus & Betzer, 1996; Vazsonyi & Flannery, 1997). Many adolescents never learn how to handle frustration and may not be able to feel emotions other than anger and hopelessness (i.e., exhibit poor emotional regulation and emotional literacy). Prior research also found hostile parenting was related to the child's physical aggression (Benzies & Mychasiuk, 2009). Straus et al. (1980) theorised that parents who used harsh parenting techniques (i.e., were themselves modelling hostile and aggressive interactions) were at a higher risk of being assaulted by their child in the future compared to those who used non-aggressive techniques. A similar finding was noted two decades later by Ulman and Straus (2003) in their study on child-to-parent aggression. Exposure to violence at home either as a witness or victim of abuse can be detrimental to young people, putting them at an inflated risk for using aggression themselves (Routt & Anderson, 2011). Patterson (1980) also highlighted that it is not parental punishment that leads to child-to-parent aggression, but the inconsistency in punishment that predicts child-to-parent aggression. From those studies, it is evident that parents who practiced harsh parenting or inconsistent punishment increased the chances of their child perpetrating aggression towards them. However, this may only be true for a child without personality factors that change the way they respond to environmental influences. What if the child is high in callous-unemotional traits? It is known from prior research that children who are most aggressive also display high levels of callous-unemotional traits (Fanti, Frick, & Georgiou, 2009). These traits may play an important role in determining how young people react to different parenting

styles. In relation to this, the current chapter proposes that permissive parenting may increase the chances for high callous-unemotional children to perpetrate parent-directed aggression as they may learn that being aggressive will enable them to dominate their parents. In contrast, aggressive children who are low in callous-unemotional traits may specialise in aggression in the home, primarily in response to a harsh and hostile parenting style. There is a need to examine whether child-to-parent aggression plays a proactive function in families characterised by permissive parenting and a reactive function in families with other parenting styles (Calvete et al., 2013).

A cross-sectional study conducted with a community sample found psychopathic traits moderated the effect of parental affection on aggression (Yeh, Chen, Raine, Baker, & Jacobson, 2011). The multi-level regression models were applied in data analysis. First, positive parenting was able to decrease reactive aggression among young people low on psychopathic traits. Second, young people who were high on psychopathic traits had stable reactive aggression regardless of parental affection. Third, an independent effect of negative parenting was found on proactive aggression among young people high on psychopathic traits. Therefore, the effect of parenting styles on aggression was dependent on the level of psychopathic traits in young people.

Callous-unemotional traits are a component of psychopathic traits. As with psychopathy in adults, adolescents who are high on callous-unemotional traits are less responsive to punishment but more responsive to reward-based discipline techniques (Hawes & Dadds, 2005). Problem behaviour was found to be less related to parenting when callous-unemotional traits were present (Edens, Skopp, & Cahill, 2008; Hipwell et al., 2007; Oxford, Cavell, & Hughes, 2003). So, it is possible that when the young person is high on callous-unemotional traits, harsh and inconsistent parenting is not related to child-to-parent aggression. Indeed, Oxford et al (2003) claimed that children with high callous-unemotional traits are less influenced by parents' efforts to discipline

them. Contrastingly, Muñoz et al. (2011) found that withdrawing parental control had an effect on conduct problems and delinquency among young people who are high on callous-unemotional traits. This finding is in line with the hypothesis of the present article that permissive parenting may increase the risk for high callous-unemotional young people to perpetrate aggression towards them.

Indeed, permissive parenting leads to aggression in general samples (Parke & Buriel, 1998; Paulson et al., 1990). Permissive parenting also demonstrates an overly supportive home environment that nurtures proactive aggression (Dodge, 1991). Wachs (1992) argued that parents tend to get annoyed by aggressive children regardless of the subtype (i.e., proactive or reactive aggression). Parents may then resort to harsh parenting to combat child aggression, even though it results in a coercive exchange. Xu et al. (2009) found that harsh parenting contribute to children's proactive and reactive aggression. However, permissive parenting tends to be associated with proactive but not reactive aggression.

In sum, young people with high callous-unemotional traits tend to show more severe and stable aggressive behaviour than those without these traits (Byrd, Loeber, & Pardini, 2012; Muñoz & Frick, 2012; Perenc & Radochonski, 2014). Those with callous-unemotional traits were found to be more likely to perpetrate aggression towards peers and others (Fanti et al., 2009; Kimonis et al., 2008). If they have a higher tendency to be aggressive towards their peers, they may victimise those who are significant to them - their family members. However, to date, no known study has examined the relationship between callous-unemotional traits and child-to-parent aggression. It can be argued that callous-unemotional traits should be considered as a potential contributor to family aggression and to child-to-parent aggression in particular.

Callous-Unemotional Traits and Parent-Directed Aggression – A New Direction

The previous sections looked at the prevalence of child-to-parent aggression and explored parenting styles in relation to parent-directed aggression. Further, children high on callous-unemotional traits were argued to perpetrate aggression towards their parents even though they might not be mistreated by parents. The current section will examine callous-unemotional traits and how they relate to parent-directed aggression. Callous-unemotional traits (i.e., uncaring, lack of guilt and empathy, callous use of others) have been found to be relatively stable from childhood to adolescence (Burke, Loeber, & Lahey, 2007; Frick & White, 2008). Additionally, they are empirically among the contributing factors to severe antisocial behaviour, which include aggression (Frick & Dickens, 2006). Aggression may be divided into two types: proactive and reactive. Proactive aggression (i.e., instrumental aggression) is described as deliberate actions with the aim to achieve a desired goal. In other words, it is a type of aggression that is predatory and used for personal gains (i.e., to achieve physical, social, and psychological goals) (Card & Little, 2006; Hubbard, McAuliffe, Morrow, & Romano, 2010). In contrast, reactive aggression represents a reaction to a perceived threat and is characterised by intense anger (Dodge & Coie, 1987; Hubbard et al., 2010; Vitaro, Brendgen, & Barker, 2006; Xu et al., 2009). It involves loss of emotional and behavioural control (Barratt, Stanford, Dowdy, Liebman, & Kent, 1999; Berkowitz, 1993). Studies on peer aggression show that aggressive behaviour is motivated by two main reasons; either to pursue an instrumental goal (proactive aggression) or to seek revenge towards a provocateur (reactive aggression) (Dodge & Pettit, 2003). Proactive aggressors tend to use aggression for social gain and dominance and they also have positive thoughts about the usefulness of aggression, and show less negative emotions when acting aggressively (Dodge, 1991). Callous-unemotional traits relate to both proactive and reactive forms of aggression. For instance, young people with high

callous-unemotional traits tend to show a more serious and pervasive aggressive behaviour, and their aggression tends to be both proactive and reactive (Fanti et al., 2009; Frick et al., 2003; Kruh, Frick, & Clements, 2005). Notably, youth with low callous-unemotional traits are less aggressive in general and, when they are aggressive, their behaviour tends to be more reactive in nature (Frick et al., 2003; Kruh et al., 2005). Among incarcerated youth, those with higher levels of proactive aggression have higher callous-unemotional traits (Frick et al., 2003; Frick & Marsee, 2006). Therefore, children who persist in using high levels of aggression throughout childhood may be high on callous-unemotional traits and may perpetrate aggression indiscriminately, with or without provocation and even towards peers and others.

Past researchers have tended to explain reactive aggression as related to a failure in cognitive processing of social information during decision making. It is sometimes informally referred to as 'hot blooded' aggression (Dodge, Lochman, Harnish, Bates, & Pettit, 1997; Dodge & Pettit, 2003; Lemerise & Arsenio, 2000). Social Information Processing theory focuses on how young people process information cognitively and emotionally when they interact with others, especially when problems arise in their social interactions. According to this theory, aggressive children process information differently from their non-aggressive peers (Crick & Dodge, 1994). Due to the failure to effectively process social information, young people were unable to give appropriate responses to social situations, which could be the reason why they used aggression (Crick & Dodge, 1994; Dodge, 1986). It can be argued that those who are high on callous-unemotional traits may also differ from their peers who are low on callous-unemotional traits in information processing (i.e., adolescents with low callous-unemotional traits may perceive a situation as provocative although their high callous-unemotional peers may not perceive it the same way). In contrast, proactive aggression is characterised as a deficit in defensive motivations - called 'cold-blooded' aggression

(Houston, Stanford, Pittman, Conklin, & Helfritz, 2004). The Social Information Processing model explained the discrepancy between reactive and proactive aggression and this may hold true for adolescents high on callous-unemotional traits: using aggression may be a rational choice rather than resulting from an inability to control their anger (Crick & Dodge, 1996; Dodge, 1991). Using proactive aggression, the high callous-unemotional individual may seek to dominate others. Young people with both proactive and reactive aggression are aggressive even without provocation, and are moderately higher on callous-unemotional traits (Munoz, Frick, Kimonis, & Aucoin, 2008), which shows the importance of determining the levels of callous-unemotional traits among aggressive young people.

Despite the evidence of callous-unemotional traits relating to aggressive behaviour, callous-unemotional traits curiously do not appear to have been studied in research on aggression directed towards parents. The closest finding in this area is a study conducted by Calvete et al. (2013) with 1,072 adolescents on the predictors of child-to-parent aggression. Child-to-parent aggression was found to be predicted by proactive, but not reactive aggression. Child-to-parent aggression was motivated by intentions to cause physical, financial, or psychological harm to parents. As discussed above, children with high levels of callous-unemotional traits use both proactive and reactive aggression while those with low callous-unemotional traits tend to use only reactive aggression (Fanti et al., 2009; Frick et al., 2003; Mayberry & Espelage, 2007). It is possible that young people who are high on callous-unemotional traits perpetrate proactive aggression on their parents to achieve dominance, while those low on callous-unemotional traits perpetrate aggression to seek revenge against harsh treatment by parents. In a longitudinal study conducted on a Canadian community sample, parents practicing harsh parenting styles were perceived as demeaning and degrading, which then generates refutation by adolescents, especially from those who never developed

appropriate anger management strategies (Pagani et al., 2009). These young people are suggested to reflect the part of the 'Trait-Based Model' that focuses on children low on callous-unemotional traits (Figure 1.). It is argued that those with high callous-unemotional traits are 'generalists' and tend to perpetrate aggression towards peers and their parents, while those low on callous-unemotional traits are 'specialists' and their aggression is a reaction towards provocation or harsh parenting. In terms of child-to-parent aggression context, young people may think that it is unfair for parents to take control of situations and may try to gain independence (Pagani et al., 2009) from their parents. One way to do this is by perpetrating aggression on parents. There is no widely agreed answer to the question as to why a child is aggressive towards a parent (Routt & Anderson, 2015). In the next section, motivations that may well relate to the perpetration of aggression will be further examined to inform the proposed model of child-to-parent aggression.

Social Goals and Link with Callous-unemotional Traits – An Important but Overlooked Area

In this section, the focus is on callous-unemotional traits and goal orientations when a young person perpetrates aggression – the discussion will extend this focus to parents as victims. Young people who perpetrate aggression, especially towards their parents, may be driven by different goals, depending on their level of callous-unemotional traits. As discussed earlier, those with low levels of callous-unemotional traits are more likely to perpetrate reactive aggression and their goal may be to seek revenge for harsh parenting received. In contrast, those who are high on these traits tend to perpetrate proactive aggression with the goal to dominate. The framework of Social Learning Theory (Bandura, 1977) proposed that people act based on their expectations of outcomes. In other words, they will behave according to what they believe will lead them to achieving their goals (Calvete, 2007). These goals can be divided into four

distinct categories, which are to gain dominance, revenge, affiliation, or to avoid problems with others (Lochman, Wayland, & White, 1993). Within family relationships, especially with parents, these goals may apply differentially depending on the youth's level of callous-unemotional traits. In general, young people with high callous-unemotional traits may be aggressive towards their parents to exercise power and to control them (Holt, 2016), in other words, to dominate. This, however, is not as likely to happen among those without significant callous-unemotional traits as dominance may not be the main motivation for their aggression. They are more likely to perpetrate aggression out of anger and an inability to control their emotion (Eisenberg, Spinrad, & Eggum, 2010).

Social goals signify the result of a problem-solving process, which is an important factor to understand the underlying factor that motivates a person to behave in certain ways. Lochman et al. (1993) examined how goals and problem-solving decisions differ among boys who were high and low in aggression. They found boys who were rated by their teachers as high on depression and aggression, and low on sociability also rated themselves as high on social goals of revenge and dominance and low on affiliation goals. Boys who rated themselves as high on revenge and dominance goals with low affiliation goals were rated by their peers as lacking in attention, more aggressive, and least liked among their peers. Aggressive behaviour was positively related to antisocial goals, while prosocial goals were negatively related to aggressive behaviour (Samson, Ojanen, Florida, & Hollo, 2012). This also demonstrates close association between social goals or motives and behavioural strategies that young people use (Li & Wright, 2014). As proposed in the 'Trait-Based Model', aggressive young people are expected to choose antisocial over prosocial goals. It is, thus, argued that two types of aggression perpetrators; the 'generalists' who are high on callous-unemotional traits who also tend to be motivated by the goal to dominate others using

aggression, and the ‘specialists’ who are low on callous-unemotional traits who are more likely to perpetrate aggression to seek revenge for harsh parenting.

Interestingly, Pardini (2011) found a similar result to Li and Wright's (2014) community sample in his study with 156 adjudicated adolescents between the ages of 11 to 18 years. Based on self-reported data, juveniles who scored high on callous-unemotional traits and prior violence also scored higher on antisocial goals and low on prosocial goals. Adolescents who scored high on callous-unemotional traits did not expect their victim to suffer physically or emotionally from their aggressive behaviour, which may explain why they continue to behave aggressively. Prior violence also did not predict the expectations or values regarding victim who are suffering as a result of aggression. This further strengthens the argument that aggression is related to revenge and dominance as social goals. Additionally, if these goals relate to peer aggression among adolescents with high callous-unemotional traits, this might also explain aggression towards parents. For example, assaultive youth were found to have limited emotional attachments to their parents (Agnew & Huguley, 1989). Their assaultive behaviour may be explained by having abusive parents or being a witness of domestic violence (Brezina, 1999). Being a victim of abuse or witnessing one parent abusing the other may lead to the desire to seek revenge on the abusive parent, to take revenge on behalf of the abused parent, or to follow the lead of the abusive parent by abusing the parent-victim. Indeed, studies have found that parents who were abused by their partner have a tendency to be abused by their children (Downey, 1997; Ulman & Straus, 2003). Young people learned that they could exercise control or power over their parents (especially their mothers) by abusing them (Cottrell & Monk, 2004). The situation is exacerbated by the fact that these parents do not receive support from professionals, even if they do complain about their child-to-parent aggression experiences (Dahlitz, 2015; Evans & Warren-Sohlberg, 1988).

Although prior studies have linked social goals with aggression, to date there has not been a particular study that directly addresses this issue within the context of child-to-parent aggression. Some evidence can be garnered, however, from Purcell et al. (2014) who found that perpetrators had been aggressive for months or years prior to a parent's application for a court order. From their records, more than 10% of the perpetrators committed premeditated aggression to apparently scare their sibling or to obtain something beneficial (e.g., money or alcohol) from their parents. Only 8% of the cases happened after being provoked by the victim. Moreover, Calvete et al. (2014) interviewed adolescents, parents, and professionals from a focus group for families experiencing parent-directed aggression. Among other topics, adolescents also stated that they learned that aggression was necessary to take control of their parents, and most importantly to gain respect. The findings showed that young people view aggression as a tool to bring them closer to their goals. Thus, it is also important to measure social goals in studies of aggression within the family, particularly when the child is the perpetrator.

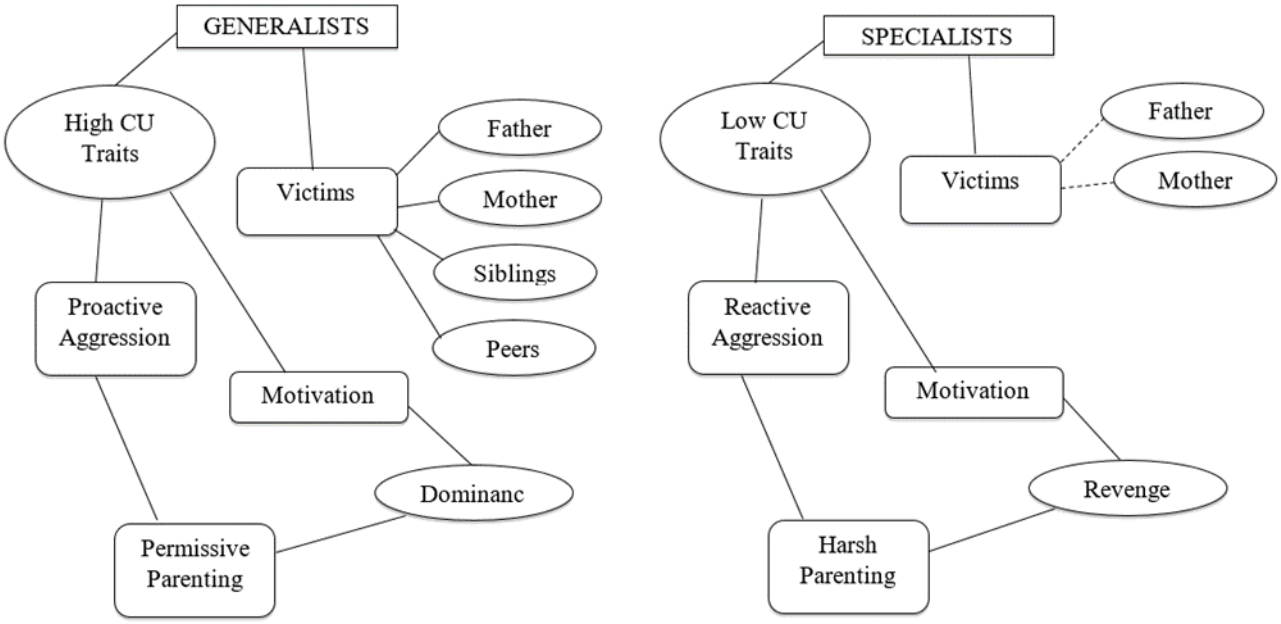
A New Model of the Two Types of Aggression by Children against Parents and its Implications

As discussed in each section above, the aim is to introduce a new 'Trait-Based Model' to further explain parent-directed aggression, focusing on the perpetrators. The model[1] (Figure 1.) is a schematic overview of the two potential subtypes of chid-to-parent aggression perpetrators: 'generalists' and 'specialists'. First, 'generalists' perpetrators are proposed to be high on callous-unemotional traits and they do not target their aggression towards one person, but do so towards many people including parents,

[1] The 'Trait-based Model' has been edited (direction arrows removed) as the arrows in the original published version may indicate that the variables will be tested via path analysis – which is not the case for this thesis.

siblings, and peers. In contrast, ‘specialists’ perpetrators are those low on callous-unemotional traits and they only specialise in victimising parent(s). Second, ‘generalists’ perpetrate proactive aggression, which is a pre-planned aggression normally motivated by their goal to dominate others that they generalise from peers to their parents and siblings. In contrast, ‘specialists’ perpetrate primarily reactive aggression, which is a response towards provocation normally motivated by their goal to seek revenge, including parent(s) (father or mother or both). Third, the model also proposes that ‘generalists’ are nurtured by permissive parenting. Parents who are over-indulgent in parenting their child might lead to proactively aggressive child who will ‘rule the roost’ with aggression. In contrast, ‘specialists’ are nurtured by harsh parenting.

Figure 1. A trait-based model of the two types of parent aggression by children



Note: CU Traits = Callous-Unemotional Traits

The ‘Trait-Based Model’ has significant potential implications for treatment. Holt (2013) has made a useful summary of the established parent abuse intervention programmes and approaches that have been used in countries including Australia, Canada, USA, and the UK. Some of the group intervention programmes that

concentrate on both parent and child have been implemented in the UK. One of them is the ‘Break4Change’, which aims to stop violence within the home and develop more positive relationship between family members. The programme focuses on teaching parents the skills to manage their emotions with regards to abuse experiences. In addition, it includes teaching young people on emotional regulation, the impact of violence and abuse, and developing skill in impulse control and resolving conflict (Munday, 2009). A similar programme called the ‘SAAIF’, which aims include providing tools for young person to manage anger and aggression, has been used in the UK. It was found to be helpful for parents, young person and stakeholders, in particular for learning new communication skills and coping strategies (Priority Research, 2009). Another example of family intervention that has been implemented for young people who perpetrate parent-directed aggression is the Nonviolent Resistance (NVR). NVR is a method introduced by Omer (2004) that offers parents knowledge to manage their children’s violent behaviour in a diplomatic and non-violent way (e.g., delay responses, increasing parental presence, de-escalating situations, and letting trusted people know about the problems to gather social support in resisting violent and controlling behaviours) instead of trying to handle aggressive behaviour with more aggression.

If the ‘Trait-Based Model’ is correct, however, interventions that focus on family therapy or the parent-child relationship therapeutically may work better for young person who are ‘specialists’. For the ‘generalists’ who are high on callous-unemotional traits, an intervention should tap into the role of containment and shaping behaviour through reward. One programme that attempts to use behaviour modification techniques is the ‘Step Up’ programme (Buel, 2002). The programme uses cognitive-behavioural approach and making the perpetrators accountable for their doings and keeping the victims safe. The aims are to challenge attitudes and beliefs, develop the young person’s skills that include empathy, alongside with using peer support and

feedback. However, rather than including a *reward* component, this programme uses *punishment* such as an overnight detention if the young person does not engage with the intervention programme. Although it could be viewed as a powerful learning exercise for adolescents (Robinson, 2011), it is a great concern as young people who are high on callous-unemotional traits do not respond to punishment but respond positively to rewards (Kimonis, Frick, Cauffman, Goldweber, & Skeem, 2012). The punishment part can perhaps be replaced with rewarding the involved young people with positive reinforcement (i.e., rewarding them with praise or treats if they show good progress and engage positively in the programme). It is therefore important to distinguish the 'generalists' from the 'specialists' because, by doing this, intervention can be offered accordingly – depending on the young person's level of callous-unemotional traits.

Limitations of Research and Suggestions for Future Researchers

Research on child-to-parent aggression is limited especially in the UK. Conducting research in this area can be challenging. Past attempts to examine child-to-parent aggression were limited to small-scale therapeutic groups or via court records. Relying solely on data from court records or adjudicated samples may lead to biased findings. Also, parents tend to withdraw applications for court orders and court protections for aggression from their child. In addition, there are parents who never apply for orders despite experiencing violence from their adolescents. Parents may be afraid of the consequences of calling '999' for help, because as a parent, they may well view themselves as the protectors of their children and understandably may not wish to criminalise them (Holt & Retford, 2013). It is also possible that court cases may only reflect 'generalists' in aggression – those who perpetrate aggression towards parents, siblings, peers, and others (i.e., their involvement with the criminal justice system may be due to criminal aggression against non-parent targets). So, other options should be taken into consideration to collect data on child-to-parent aggression. Although it is

believed that physical aggression towards parents may be less common among adolescents compared to younger children, it is still necessary to distinguish adolescents who physically abuse their parents. Problems may get more serious when the child enters adolescence because their size and strength might rival that of their parents, which may increase the risk of physical injury. Besides, most local authorities and frontline practitioners do not have policy guidance or frameworks to provide appropriate support and help with child-to-parent aggression cases. It is also somewhat unusual despite having evidence of the prevalence of parent-directed aggression, both from general and clinic-referred samples, this form of abuse has yet to be considered a 'social problem'. Parents who have sought help from frontline services (e.g., police, judiciary, social care services, health services, non-government organisations) are often disappointed with the perceived poor effectiveness of the response received (Holt & Retford, 2013). Research conducted in several countries, including the UK, to examine parents' experiences of child aggression has confirmed this is indeed true (Eckstein, 2004; Haw, 2010; Holt, 2011; Hunter, Nixon, & Parr, 2010; Parentline Plus, 2010).

Although prior studies showed adolescents from mental health units perpetrate more aggression towards parents as compared to community samples, little is known about the mechanisms that contribute to aggressive behaviour. Condry and Miles (2014) claimed the development of child-to-parent aggression is very complex and a direct framework is needed to address this issue. While recent research has considered aggression perpetrated by adolescents towards parents, perpetrators were not surveyed to explore the possible mechanisms. Instead, findings are limited to the answers that young people may have to questions asked by authority figures (e.g., questions asked by police during interrogations). It is not clear whether their aggression was due to their intention to be in control of their parents or to get revenge on parents who were harsh to them. Also, since child-to-parent aggression is rarely reported voluntarily by parents or

adolescents, direct questions about child-to-parent aggression would need to be asked during one-on-one interview sessions. Thus, more studies are needed to address these limitations. It is also crucial to develop a model of child-to-parent aggression to help develop effective and systematic interventions for individuals, parents, and families.

In this review, it is argued that callous-unemotional traits play an important role in young people's development of aggression. The level of these traits in young people may have been inherited from parents – meaning that if the parents are also high in these traits, the young people will be too. In fact, there is a growing literature on the heritability of callous-unemotional traits/psychopathy. Also, parents may be more likely to use negative parenting styles if they are high on callous-unemotional traits themselves. So, it would be worthwhile to examine parents' callous-unemotional traits in future studies. Being exposed to violence especially at home reinforce the possibility of becoming a home violence perpetrator in the future. Although some studies have investigated this, callous-unemotional traits were not considered. As discussed, it may matter whether or not the child is high on the traits, as they would react to parenting styles differently than their low callous-unemotional traits peers. Most importantly, considering callous-unemotional traits could help the parents to learn how to support the adolescents when they are experiencing a difficult period. That may then help to reduce the risk of abuse towards parents. Therefore, more research is needed to explore the mechanisms and risk factors of child-to-parent aggression.

Conclusion

This chapter intended to highlight the important risk factors of child-to-parent aggression and to encourage future research in this area to understand the mechanisms of aggression towards parents. This review contributed to a novel explanation for parent-directed aggression by taking into account the level of callous-unemotional traits of the perpetrators. As discussed throughout the article and also through the 'Trait-

Based Model', it is possible that youth with high callous-unemotional traits choose to abuse their parents for personal gain, or merely to dominate the household. It could also be that parents who use corporal punishment might have children who are more likely to use aggression based on social learning– it is argued that this applies to those low on callous-unemotional traits. Despite the lack of research to show whether young people's aggression at home is more reactive or proactive, Routt and Anderson (2015) claimed that based on their experience, young people use both styles. However, proactive or reactive aggression depend on the perpetrator's level of callous-unemotional traits. The 'Trait-Based Model' demonstrates that in order to reduce the risk and the prevalence of child-to-parent aggression, 'one size fits all' solutions cannot work. Instead, targeted intervention or treatment plans need to be implemented based on the type of perpetrator.

CHAPTER TWO

Adolescents as Perpetrators of Aggression within the Family

Chapter Summary

In Chapter One, review of studies on child-to-parent aggression were presented and a model was proposed to explain those incidences. The model suggested which group of young people were more likely to perpetrate aggression in general and who tend be the victim(s) of their aggression. Chapter Two explore the prevalence and the form of aggression perpetrated by adolescents from the forensic and clinical samples towards the family. Findings showed that forensic sample perpetrate more severe type of aggression at home which include the use of a weapon, compared to the clinical sample. Most importantly, both sample groups victimised their parents more than their siblings or other family members.

Introduction

Recently, perpetration of aggression towards family members by young people has been the focus of research which seeks to understand inter-sibling aggression (Khan & Cooke, 2013) and aggression towards parents (Izaskun Ibabe et al., 2009). Based on prevalence data, sibling aggression is the most common form of aggression at home (Eriksen & Jensen, 2006). In a previous study, about 60% to 80% of the study's participants were victims of inter-sibling aggression (Goodwin & Roscoe, 1990). In a college sample (Hoffman, Kiecolt, & Edwards, 2005), about 69% out of 928 students admitted to committing an aggressive act towards their similarly aged siblings. That is, 60% disclosed that they had pushed, shoved, or grabbed their siblings during a fight; 40% had threatened to hurt their siblings; 35% had hit their siblings with either their bare hands or an object; 5% had threatened their siblings with a weapon or used a weapon to hurt them; some had burned, choked, or beaten their siblings. The figures evidently show that aggression perpetrated by young people towards the family is an emerging problem.

Although family violence perpetrated by juveniles has been acknowledged as a potentially serious form of violence for over 30 years, scientific studies have been limited to examining the incidence and form of aggression against siblings (Purcell et al., 2014). Among a community sample from the UK Household Longitudinal Study, 35.6% (n=4,237) of youth between the ages of 10 to 15 perpetrated aggression towards their siblings. The most highly reported type of sibling aggression among the community sample was physical aggression (28.1%) and verbal aggression (26.5%) (Tippett & Wolke, 2014). If sibling violence is relatively common among community samples, it may be that family violence is more often perpetrated in the context of what may be viewed as 'child psychopathology' and criminal behaviour. A study conducted with youths who were detained for committing antisocial or aggressive behaviour found

that almost 90% (n=111) had admitted to committing severe aggression towards their siblings. About 80% forcefully punched their siblings, 72.9% forcefully kicked or bite their siblings, and 57.6% had thrown heavy or sharp objects at their siblings (Khan & Cooke, 2013). Thus, the most common type of aggression perpetrated towards siblings was physical.

Examining community and clinical samples, in contrast to detained or adjudicated youths can be worthwhile, because most live continuously with their family, possibly increasing the risk of conflict and subsequent aggression. There may be higher chances of aggression towards family members with whom one interacts with most often – siblings. Also, conflict may result because siblings compete for household resources and for parental attention. Thus, sibling aggression may be common for multiple reasons. However, some youths perpetrate aggression more generally in the household, essentially 'dominating' the household.

A particularly neglected area of research is the incidence and form of aggression that is perpetrated by youths towards their parents. Yet, existing research shows that parents have been the target of youth aggression at home. Mothers have a higher tendency to be victimised by their children as compared to fathers (Walsh & Krienert, 2007). Based on public prosecution files of 413 juveniles in Spain, 97% of the juveniles had victimised their mother (Izaskun Ibabe & Jaureguizar, 2010). Furthermore, a study that examined 438 family violence cases from court records showed that 85% of the abused victims were parents and about 64% of them were mothers. The remaining cases reported aggression towards siblings and other family members (Purcell et al., 2014). Another study that compared parent-reported aggression within community and clinical samples found that 28.3% of clinic-referred sample had perpetrated violence towards their mothers, as compared to 17.3% in the non-clinical sample (Kolko,

Kazdin, & Day, 1996). Therefore, child-to-parent aggression is prevalent and possibly more prevalent than sibling aggression.

As shown above, aggression perpetrated towards parents may differ among different sample groups. A prior study on 231 adolescents from the community (n = 125, non-offender) and prison (n = 106, offender) found that 16% and 73% of them, respectively, perpetrated physical aggression towards their parents (Ibabe, Arnoso, & Elgorriaga, 2014). A similar study which examined a sample of 606 clinic-referred adolescents reported that 12.2 % had perpetrated physical aggression towards one of their parents. A milder form of physical aggression was reported more frequently (e.g., pushing and grabbing) compared to more severe aggression (e.g., beating). However, no weapons were reportedly used by the clinic-referred sample (Nock & Kazdin, 2002). Among the incarcerated sample, about 67% committed both physical and verbal aggression; 29% committed only physical abuse, and 4% verbal abuse towards their parents (Izaskun Ibabe & Jaureguizar, 2010). Therefore, the type of sample one investigates may affect the incidence of parent aggression, with higher incidences among forensic sample.

However, it is unknown whether community and forensic samples differ in the target of aggression within the family. Forensic sample, for example, may be ‘generalists’ in their aggression, perpetrating violence equally towards their parents and siblings. They may be more likely to seek dominance in the household through the use of aggression and violence. Although a number of studies have been conducted on family aggression, family aggression perpetrated by adolescents may still be underestimated due to the concealed nature of such acts (Gebo, 2007). In some cases, parents may feel ashamed to report that they were victimised by their children or might mistake sibling aggression as normal sibling rivalry. In the past, sibling aggression was not recognised by the criminal justice system, because it was considered a part of the

typical growing-up process (Eriksen & Jensen, 2006). The court also tends to be more lenient towards family aggression offenders, particularly when they are children, compared to a non-family member who has committed similar crimes (Dawson, 2004; Gebo, 2007). In the UK, adolescent-to-parent aggression is not considered domestic violence if the perpetrator is under the age of 16 years. Therefore, to date, there are no collected data from the British Crime Survey on aggression towards a family member as perpetrated by youths (Condry & Miles, 2014), making it difficult to establish the prevalence of youth aggression towards parents and siblings (although such limitations are not restricted to the UK). For this reason, examining case files of clinic-referred and forensic samples may be necessary to start to uncover the prevalence. Yet, there are no existing studies, as far as the researchers are concern, which examine both child to parent and sibling aggression among clinical and forensic samples.

The present study examined the prevalence of aggression within the family perpetrated by youths drawn from clinic-referred and forensic samples. Two audits of case files were conducted to systematically document significant aggression by youths towards family members. The purpose of the first audit was fourfold: i) to identify the incidence perpetration of family aggression among clinical and forensic samples; ii) to identify whether there was any report of weapon use during aggressive episodes; iii) to identify the target of family aggression (parents or siblings); and iv) to identify the form of aggression perpetrated (i.e., verbal or physical). It was hypothesised that: i) the forensic sample would perpetrate more family aggression compared to the clinical sample; ii) weapon use would be more prevalent among the forensic sample as compared to the clinical sample; iii) parent aggression might be more prevalent than sibling aggression; and iv) physical aggression would be more prevalent as compared to verbal aggression. In addition to the first audit, three more objectives were added to the second audit to examine whether there were other factors that might explain the

findings. The objectives were: i) to determine if the clinical and forensic samples differed on indices of multiple deprivation; ii) to determine if the clinical and forensic samples differed with respect to diagnoses of disruptive behaviour disorders; and iii) to identify whether the samples differed if they reside with their biological parents. In this second audit, the researcher considered the possibility that the two groups would differ, with the expectation that the forensic sample might live in more deprived conditions, have more prevalence of disruptive behaviour disorders, and have many more in alternative care. These differences could then explain the forensic sample being more aggressive in the home. This was examined in the second audit.

Method

The cases analysed were obtained from a retrospective clinical audit of the electronic case notes of young people who had been referred to three different child and adolescent mental health service (CAMHS) teams within the National Health Service (NHS) mental health Trust in the North-East of England. The aim of the audit was to evaluate the documentation of aggression perpetrated by young people against family members in the family home.

CAMHS in England is organised based on a four-tiered model, with the severity and complexity of cases increasing from tier 1 through tier 4. Tier 1 (universal) services include general practitioners (family doctors) and schools, and have a general role in promoting the emotional and mental health needs of children and young people. Tier 2 (targeted) services include primary mental health workers and other mental health specialists working in universal services to provide treatment for children and young people with less severe mental health needs. Tier 3 (specialist) services are multidisciplinary teams of mental health professionals that provide assessment and treatment to children and young people with more severe and complex needs. Tier 4 services provide for children and young people with the most severe, complex, and

persistent needs. These include inpatient units, day units and highly specialised outpatient teams.

The CAMHS teams that were audited were:

1. Team A tier 3 CAMHS (for the first audit). The team provides specialised assessment and intervention for children and young people up to the age of 18 with mental health disorders. It serves a local population of approximately 42,000 under-18's (total population approximately 192,000).
2. Team B tier 2-3 CAMHS (for the second audit). The team provides targeted or specialised assessment and intervention for children and young people up to the age of 18 with mental health disorders, serving a local population of approximately 31,600 under-18's (total population approximately 138,744).
3. Forensic CAMHS team (for the first and second audit). This tier 4 services provide specialised assessment and intervention to children and young people aged between 10 and 17 with mental health disorders and a profile of serious offending (e.g., interpersonal violence, sexual offences, fire setting) and/or significant or increasing risk to others who reside in the conurbation. It represents a population of about 53,000 10-17 year-olds (approximately 120,000 under-18's & 558,000 total population). Referrals usually come from local CAMHS teams, youth offending teams, courts and social services.

The case notes were audited in two separate instances. The following section will discuss the methodology of the first and second audit.

First Audit

A sampling strategy was designed to audit the case notes of 25 recent Forensic CAMHS cases and 25 demographically similar Team A CAMHS cases. First, the Forensic CAMHS referrals log was used to select 25 most recent cases referred which met the pre-defined inclusion and exclusion criteria. The inclusion criterion was: 1)

cases where an assessment had been completed. The exclusion criteria were: 1) out-of-area referrals; 2) rejected referrals; and 3) failed or incomplete assessments e.g., due to non-attendance or cancellations. Second, the selected Forensic CAMHS cases were grouped by age and gender. Finally, the Team A CAMHS referrals log was used to select the 25 most recent cases which met the inclusion and exclusion criteria (as above) and also matched the Forensic CAMHS cases for gender and age.

Measures. An audit tool was devised, in order to ask a series of questions and a coding system was designed. For each included case, electronic case notes were used to answer the questions in the audit tool and the data was entered into a spreadsheet.

The questions included:

1. Age and gender
2. Team: Team A CAMHS or Forensic CAMHS
3. Aggression against family members: yes or no

If aggression was present, this led to questions on:

1. The quality of documentation: This was coded as inadequate, adequate or good.
2. The target of aggression: This was coded as parent or guardian, sibling, grandparent, other family member, or not documented. Multiple codes were used if necessary, for example aggression against parents and siblings.
3. The frequency of aggression
4. The type of aggression: This was coded as verbal, physical, other or not documented. It can be clarified that all physical aggression cases were accompanied by verbal aggression and all verbal aggression cases reported were solely verbal.
5. The severity of aggression

6. Use of a weapon: This was coded as yes or no. If ‘yes’, the type of weapon was specified as a free-text comment and there was a further question on whether the weapon was used as a threat or if actual injury was caused.
7. The health care professional’s actions in response to the reported aggression (e.g., advising the family to contact the police or social services) and the adequacy of this.

Formal ethical approval was not required for the study, since it was an audit done by internal staff. No patient-identifiable information was collected, in order to preserve confidentiality.

Procedure. All data was collected between August and September 2013. Included cases were referred between September 2012 and August 2013. A total of 70 sets of case notes were accessed, of which 50 met the inclusion and exclusion criteria (25 from Forensic CAMHS and 25 from Team A CAMHS). Aggression against family members was documented in 25 of the 50 cases (50%).

Characteristics of sample. Forty-eight of the 50 cases were male (96%). Among the Forensic CAMHS cases, 24 were male and one was female, so this was intentionally matched in the Team A CAMHS sample. The average age was 15.18 years (*SD* = 1.60, *Mdn* = 15, range 11-17 years).

Characteristics of aggression cases. All of the 25 aggression cases were male. The average age was 15.28 years (*SD* = 1.46, *Mdn* = 15, range 12-17 years). Sixteen of the 25 aggression cases (64%) were from the Forensic CAMHS team and the other eight (36%) were from the Team A CAMHS team.

Missing data/completeness of sample. Nine cases were deemed to have inadequate documentation due to data not being available on type, target, frequency and/or severity of aggression. As data was most commonly missing on severity and frequency, these variables were removed from analysis. Following this adjustment,

seven of the cases still had missing data for type and/or target of aggression. Three additional cases had missing data for target of aggression. For data analysis, denominators were adjusted as necessary for type and target of aggression.

Second Audit

For the second audit, the same sampling strategy was designed to audit the case notes of 35 recent Forensic CAMHS cases and 35 demographically similar Team B CAMHS cases. The inclusion and exclusion criteria were also replicated from that of the first audit.

Measure. The second audit also replicated the questions and coding system from the first audit. However, extra measures were added in the second audit to strengthen the findings.

The added questions when aggression was present were:

1. Index of Multiple Deprivation (IMD): The Index of Multiple Deprivation (IMD) is a government index for comparing deprivation level between families according to their residential area (organised using postcode). Calculation of the deprivation covers a broad range of issues and refers to unmet needs due to a lack of various resources. Since the aim of the IMD is to measure a broader concept of multiple deprivation, it measures several distinct dimensions or domains of deprivation (not just financial). In the latest English Indices of Deprivation in 2015, 37 separate indicators were organised across seven distinct domains of deprivation (Department for Communities and Local Government, 2015). The indicators and domains were combined using appropriate weights to calculate the Index of Multiple Deprivation.

2. Disruptive behaviour disorder symptoms: In this audit, the diagnoses were taken from the case notes as well as any indication of disruptive behaviour problems. The researcher classified those with disruptive behaviour disorders as those with

oppositional defiant disorder (ODD), attention deficit hyperactivity disorder (ADHD), callous-unemotional traits, conduct disorder (CD), bullying, or notable angry outbursts. This classification was done based on past studies which have categorised disruptive behaviour problems as ODD, ADHD, CD, lack of impulse control, or noncompliance (Byrd et al., 2012). These can also be classified within the class of behaviours called externalising symptoms[2] (Meins, Centifanti, Fernyhough, & Fishburn, 2013; Linares, 2006).

3. Number of biological and non-biological parents living in the same house
4. Number of siblings living in the same house
5. Number of older and younger siblings living in the same house
6. Number of male and female siblings living in the same house

Similar to the first audit, formal ethical approval was not required for the second audit. In order to preserve confidentiality, no patient-identifiable information was collected.

Procedure. Data for this second audit were collected between March and June 2015. The included cases were referred between February 2014 and March 2015. The Paris database was accessed to find case notes which met the inclusion and exclusion criteria of the study. As a result of the search, 70 cases met the criteria (35 from Forensic CAMHS and 35 from Team B CAMHS). Aggression against family members was documented in 39 of the 70 cases (55.7%).

Characteristics of sample. The majority of the cases were male (n = 62, 88.6%). Among the Forensic CAMHS cases, 31 were male and four were female and

[2] Internalising behaviour problem, on the other hand, includes diagnosis such as shyness, social withdrawal, depressive symptoms, and anxiety (Dadds et al., 2008; Meins et al., 2013). The groups were tested on the difference in internalising disorders, but was not discussed further since it was not included in the aim of this study.

this was intentionally matched in the Team B CAMHS sample. The average age was 15.18 years (*SD* = 1.60, *Mdn* = 15, range 11-17 years).

Characteristics of aggression cases. Out of the 39 documented aggression cases, 35 were male and four were female. The average age was 15.23 years (*SD* = 1.34, *Mdn* = 15, range 13-17 years). Twenty nine out of the 39 aggression cases (74.4%) were from the Forensic CAMHS team and the other 10 (25.6%) were from the Team B CAMHS team.

Missing data/completeness of sample. In this second audit, the data was carefully collected to ensure it is complete. Since the severity and frequency of aggression were excluded in the analysis of the first audit, they were also excluded from the second audit analysis. Out of the 70 cases, two had missing data for target of aggression and one for the type of aggression. Further, eight had missing data for whether they had older siblings, four for whether they had a male sibling, and three of the cases were missing the diagnosis.

Data Analyses

SPSS 20.0 was used to test the hypotheses of the present study. The assumptions of statistical test were examined before proceeding with the analysis. The data violated the main assumptions (i.e., linearity, normality, homogeneity of variance) for parametric analysis, therefore the non-parametric[3] or the 'assumption-free tests' (Field, 2013) was used. For the first audit, an ordinal (linear) chi-square was conducted to test whether the perpetration of family aggression and the use of a weapon differ by mental health unit (forensic and clinical). A related-samples McNemar test was used to: 1) examine whether the target of family aggression (parents or siblings) differ between the mental

[3] Non-parametric tests tend to be "often misunderstood as having less power (i.e., an increased chance of Type II error), but this is only true if the sampling distribution is normal" (meeting the assumptions for normality, linearity, and homogeneity of variance) (Field, 2013, p. 214).

health units (forensic and clinical); and 2) examine whether the type of aggression (verbal or physical) differ between the mental health units. In the second audit, the tests were repeated for the same variables and additional test of Mann-Whitney U which was used to examine whether the index of multiple deprivation differ between the mental health units. Chi-square test was used to: 1) examine whether there was a difference in disruptive behaviour problems between the mental health units; 2) examine whether the number of biological parents (living with the adolescent) may differentiate the level of family aggression perpetrated by the forensic and clinical samples; and 3) examine whether having a male and older sibling may differentiate family aggression perpetrated by the forensic and clinical samples.

Results

First Audit

Does prevalence of perpetration of family aggression differ by mental health unit/clinic sample? Based on prior research findings in which youths who attend mental health clinics and youths who attend forensic mental health units both show aggression in their relationships with peers, this study aimed to test if they also showed aggression towards parents and siblings. First, using ordinal (linear) chi-square, the clinic sample was examined to identify whether they differed in aggression towards family members from the forensic sample. The forensic sample had greater instances (n = 16; 64%) of family violence in their chart records than the clinic sample (n = 8; 32%), $\chi^2 = 5.03$, $p = .025$. Therefore, the forensic mental health sample was more aggressive towards family members.

Does use of a weapon differ by mental health unit/clinic sample? Next, it was examined whether the clinic sample differed from the forensic sample in the use of a weapon in the perpetration of aggression towards family members. The forensic sample, again, had greater instances (n = 9; 69%) of reported use of a weapon in their

charts, as compared to the clinic sample (n = 0), $\chi^2 = 9.23$, $p = .002$. Six of these were edged weapons (e.g., knives) and the rest were blunt objects (e.g., mug). Among the nine instances of weapon use, three involved sustained injury reported in the chart records. Thus, the forensic sample was more likely to have reports of using (or threatening to use) a weapon against family members.

Who was the target of abuse in perpetration of family aggression? To examine whether perpetration of family aggression was reported in chart records differentially towards siblings or parents, the difference in the distribution of instances of aggression towards siblings and parents was examined using a related-samples McNemar test. There were greater instances of aggression reported towards parents than siblings across the full sample, $p = .039$. Out of the 14 forensic cases with complete data, 13 had reports of aggression towards parents and six towards siblings; five perpetrated aggression towards both. Out of the four complete clinical sample cases, three had reports of aggression towards parents and two towards siblings, and one had targeted both. Thus, aggression perpetrated against parents was prevalent among clinical and forensic samples. Also aggression towards parents was more prevalent than aggression towards siblings.

How was the aggression perpetrated? To examine whether the type of aggression perpetrated was mainly verbal or physical, a related-samples McNemar test was conducted. There were no differences in the instances of verbal and physical aggression, $p = .289$. Out of 13 complete forensic cases, nine had reports of verbal aggression and all had reports of physical aggression – several of a moderate level of severity (e.g., broken fingers; punches to arms and torso). Out of the five clinical sample cases with complete data, three had reports of verbal and three were of physical aggression.

Second Audit

Does prevalence of family aggression differ by mental health unit/clinic sample? Chi-square tests were used to evaluate whether aggression towards family members was associated with the type of sample. The result was statistically significant, $\chi^2 = 20.9$, $p < .001$. The forensic sample was significantly more likely to be aggressive towards their family (n = 29, 82.9 %) than the clinical sample (n = 10, 28.6 %). In other words, the forensic mental health sample showed more instances of aggression within the family.

Does use of a weapon differ by mental health unit/clinic sample? Next, the study examined whether there was a significant difference between the use of a weapon in the perpetration of aggression towards family members. The forensic sample showed greater instances (n = 19, 65.5 %) of reported use of a weapon in their chart record than the clinical sample (n = 0), $\chi^2 = 11.79$, $p < .001$. Therefore, the forensic sample in the second audit was more likely to have a record of using a weapon (either to harm or as a threat) towards their family members.

Who was the target of abuse in perpetration of family aggression? Similar to the first audit, in the second audit the prevalence of aggression towards parents and siblings, and whether that differed between mental health groups (forensic or clinical) were examined. The result from the McNemar test showed that the forensic and clinical samples did not differ in targeting parents versus siblings. Out of the 29 aggressive forensic samples, 16 of them targeted parents, eight reported aggression towards siblings, and seven of them perpetrated towards both parents and siblings. Out of the 10 aggressive clinical samples, four perpetrated aggression towards parents, three towards siblings, and two perpetrated towards both.

How was the aggression perpetrated? A McNemar test was also conducted to examine whether the type of aggression perpetrated was verbal or physical. There were

significant differences in instances of verbal and physical aggression, $p < .05$. This shows that the forensic and clinical samples were more likely to perpetrate physical aggression rather than verbal aggression. Out of the 29 aggressive forensic cases, 19 perpetrated verbal and 26 perpetrated physical aggression. Out of the 10 aggressive clinical cases, five perpetrated verbal aggression and five perpetrated physical aggression.

Does index of multiple deprivation differ by mental health unit/clinic sample? A Mann-Whitney U test was used to compare the index of multiple deprivation between the clinical and forensic samples. Comparison of the forensic (*Mdn* = 9098) and clinical samples (*Mdn* = 2465) revealed significant differences between the groups, $U = 326.50$, $z = -3.36$, $p = .001$, $r = 0.4$. Therefore, the findings showed that the forensic sample was significantly more deprived compared to the clinical sample.

Does the presence of disruptive behaviour problems differ by mental health unit/clinic sample? Ordinal (linear) chi-square test was used to examine whether the clinical sample differed from the forensic sample in the prevalence of disruptive behaviour disorders. Among the aggressive samples, those from the forensic mental health unit were more likely to have disruptive behaviour disorders (n = 17, 48.6%) based on their chart record than those from the clinical mental health unit (n = 7, 21.9%), $\chi^2 = 5.182$, $p < .05$[4].

Does number of biological parents explain perpetration of family aggression? Additionally, the aim of this study was to examine whether the number of biological parents residing in the same household may explain the instances of aggression perpetrated by adolescents from forensic and clinical mental health unit. A

[4] Analysis was also conducted to see whether the two sample groups (clinical and forensic) differ in internalising behaviour disorders. Internalising disorders significantly differed between the two sample groups. Those from the clinical mental health unit were more likely to have diagnosis for internalising disorders (n = 21, 65.6%) than the forensic mental health unit (n = 1, 2.9%), $\chi^2 = 29.863$, $p < .001$.

chi-square test revealed no significant differences, $\chi^2 = 2.821$, $p = .244$. Therefore, among those who were aggressive, living with biological parents did not differentiate the forensic and clinical samples. Among the 29 forensic cases who were aggressive, eight did not reside with their biological parents, 16 resided with one of their biological parents, and five resided with both of their biological parents. Among the eight clinical sample cases (with complete data) who perpetrated aggression in the family, six resided with only one of their biological parents, while two resided with both biological parents.

Does having male siblings or older siblings explain perpetration of family aggression? It was examined whether having sibling(s), male sibling(s), or older sibling(s) would differ between samples. However, none of the chi-square tests conducted showed significant differences.

Discussion

The present study was the first to examine both aggression towards parents and siblings perpetrated by youths from within clinical and forensic mental health samples, both of which could pose a risk for perpetration of family aggression. Because specific audits were performed to examine the incidence, form, and target of family aggression, samples could be systematically matched and compared. Indeed, this level of control would be difficult to achieve with other study designs.

Based on both audits, as expected, a majority of the forensic sample perpetrated aggression towards their family members as compared to the clinical sample in which only about one-third perpetrated aggression. Also, a majority of the forensic sample used a weapon when they perpetrated aggression towards their family members. This study explored the incidence of the perpetration of aggression towards parents and siblings, which had not been examined previously. Examining those who perpetrated aggression in the family, almost all of the forensic and clinical samples had reports of parent aggression in their records, at a greater incidence than aggression towards

siblings (from the first audit). However, in the second audit no significant differences were found between the two sample groups, although the trend was in the same direction. Physical aggression was expected to be more prevalent compared to verbal aggression but significant differences were only found in the instances of verbal and physical aggression in the second audit, but not for the first audit. In the second audit, the forensic and clinical samples were found to be more likely to perpetrate physical aggression as compared to verbal aggression. Although there were no significant differences in the instances of verbal and physical aggression in the first audit, the results show that the entire forensic sample and the majority of the clinical sample perpetrated physical aggression towards family members.

In the second audit, the forensic sample was more deprived than the clinical sample. They were also more represented in disruptive behaviour disorder diagnoses, including callous-unemotional traits which have been included as "limited prosocial emotions" in the DSM-V (American Psychiatric Association, 2013) as a specifier of conduct disorder. These traits designate a group of children with conduct disorder who cause more harm and more severe aggression than those without these traits (Frick et al., 2003) and typically appear to do so for instrumental reasons (e.g., dominance; Pardini & Byrd, 2012).

The forensic sample was more aggressive than the clinical sample. A majority of them not only perpetrated aggression within the family, but would often use a weapon to cause harm or threaten their family members. Of importance, aggression cases that involved the use of a weapon were categorised as more severe in harm and were also reported to cause serious physical injuries compared to physical aggression perpetrated without a weapon (Tucker, Finkelhor, Turner, & Shattuck, 2013). Youths from the forensic mental health sample had a history of antisocial or aggressive behaviour (committing crimes such as fire-setting or interpersonal violence). Therefore, it is not

surprising to find that the forensic sample had a significantly higher prevalence of aggression and weapon use than the clinical sample. In addition, the sample seemed to generalise their aggression towards many family members.

The present study extended prior research findings (Izaskun Ibabe, Arnoso, & Elgorriaga, 2014; Khan & Cooke, 2013) by examining aggression perpetrated by two mental health samples and the use of weapons. Prior research that had examined family aggression among juvenile offenders found that the majority of the sample had used a weapon (i.e., heavy or sharp objects) to perpetrate aggression (Khan & Cooke, 2013), while research that examined clinic-referred youth found no weapon use (Nock & Kazdin, 2002). Consistent with prior research, the forensic sample, as compared to the clinic-referred sample was more aggressive and more likely to have weapon used documented in their case files.

Parent aggression was found to be more prevalent as compared to sibling aggression in the first audit of the forensic and clinic-referred samples, although the finding was not significant in the second audit. A majority of the sample in both audits targeted parents more often than they did siblings. One possible explanation is that this may reflect the parents and professionals (e.g., social worker, therapist) who are reluctant to share regarding sibling aggression due to being afraid of the possible implications. If there is a child in the house that could possibly harm other siblings, the Local Safeguarding Children Board may become involved. This may not be a preferred route by either parents or professionals working with the family. The findings in the present study are consistent with prior research using youths of a similar age to those in the present study. That is, prior research has found greater occurrence of aggression perpetrated towards parents than towards siblings (Purcell et al., 2014). In contrast, there are studies that have found sibling aggression to be more common in comparison to other types of violence within the household (Roscoe, Goodwin, & Kennedy, 1987;

Straus et al., 1980; Wiehe, 1996). Yet, this study is unique in examining both parent and sibling aggression within atypically developing youths.

Among the present study's clinical and forensic samples, the first audit could not confirm that physical aggression was more likely to be perpetrated as compared to verbal aggression, but the finding was significant in the second audit. The majority of the study sample had greater reports of physical aggression than verbal aggression. In support, a recent study also found more physical assault perpetrated by youths towards their family members as compared to verbal threats (Purcell et al., 2014). In contrast, a recent study found greater perpetration of verbal threats, such as name calling and teasing, as compared to physical threats, such as throwing object at the victim, hitting with a fist, or striking someone with an object (Goodwin & Roscoe, 1990). The main reason there were more physical aggression than verbal aggression is most likely due to the nature of the study sample, which was derived from an atypically developing sample. The non-significant effect in the first audit may have been due to a lack of power to detect this effect.

In explaining the differences between the forensic and clinical samples, findings from the second audit showed that the forensic sample was more likely to be living in a more deprived area. In the UK, the Index of Multiple Deprivation (IMD) is a government index used to compare the deprivation level between families based on the area in which they live. Within the aggressive samples, the forensic sample was more likely to have disruptive behaviour disorders compared to the clinical sample. Those with disruptive behaviour disorders may lack control over their emotions – including having difficulties in managing relationships with others, rule breaking, and experiencing angry outbursts, all of which may put them at risk of aggressive behaviour (Achenbach & Edelbrock, 1978). This was also supported by the results from a prior study where young people who were aggressive towards their parents displayed

externalising symptoms as well as antisocial and delinquent behaviours (Jaureguizar, Ibabe, & Straus, 2013).

Aggression towards parents/carers was not more frequent for those residing with non-biological parents in the present study. Prior research found that young people who reside with both biological parents have fewer behavioural problems as compared to those with single-parent, cohabiting stepfather/mother, and married stepfather/mother families (Booth, Scott, & King, 2010). However, prior research was concerned with family structures affecting behaviour problems and delinquency rather than incidences of family aggression. Research conducted by Williams et al. (2007) found that children who grew up with older brothers tend to be more aggressive over time (on average) as compared to those who had older sisters. Yet, the findings from the present study showed that the presence of siblings who were male or older did not significantly explain differences in aggression among the samples.

Some limitations should be considered when placing the results into the context of the broader research literature. Although differences were found in the incidences of aggression perpetrated by forensic and clinical samples towards their family members, specific information on the target of aggression was not obtained. Future research should differentiate between perpetration of aggression towards mothers or fathers instead of parents in general. Also, this study relied on case file records for the audit. No interviews were conducted on the families about their experience of family aggression, thus limiting the detail of available information. Although case files document all treatment notes during the psychotherapy process, and aggression is likely to be divulged through this therapeutic process, it was not known if some parents or children were reticent to speak about aggression that happened at home. Multiple methods (e.g., self-report, case files, court/police records) would be preferable. In addition, cases from tier 2 and tier 3 CAMHS were included in the second audit to represent the clinical

sample. As compared to tier 3, tier 2 could have less severe cases. This could have potential impact on the findings. Nevertheless, the findings are consistent in the first and second audit.

The present study has several strengths, which gives confidence in the results found. One of the strengths is the systematic sampling strategy to select cases from the clinical mental health records and matched on gender and age with the forensic mental health sample. This strategy enabled robustly comparison between the two sample groups, both of which were drawn from the National Health Service. In addition, the study contributed to the documentation of aggression towards family members by young people particularly in the UK which has been lacking due to age restrictions in UK law on domestic violence.

This research is important, because regardless of the source of aggression, experiencing aggression in the home can have a detrimental effect, particularly on young children. For instance, exposure to aggression perpetrated by siblings is more likely to lead to psychological and school dysfunctions (Linares, 2006). Additionally, research has found that individuals who were victims of family abuse or those who witnessed abuse when they were younger had a greater tendency to abuse others later in life. Moreover, youth who perpetrated aggression against their siblings showed a greater tendency to be aggressive in the future within their own family or with others outside the family (Mihalic & Elliott, 1997).

The results suggest that young people's aggression perpetration within the family is prevalent among clinical sample. In order to manage young people's aggressive behaviour within the home, there is a need to develop a more targeted intervention to equip parents with the skills to deal with aggressive children in the family. Non Violent Resistance (NVR) could be offered to parents with children who are aggressive towards family members. NVR is a method introduced by Omer (2004),

which offers parents knowledge to deal with their children in a diplomatic and non-violent way (e.g., delay responses, increase parental presence, de-escalate situations, and let trusted people know about the problem to gather social support in resisting violent and controlling behaviours) instead of trying to handle aggressive behaviour with further aggression (Omer, 2004). NVR is a method that has been proven effective and successful in several studies with parents with aggressive children (Omer, 2004; Weinblatt & Omer, 2008). It has also been used in the UK and is shown to be successful and cost-effective (Newman, Fagan, & Webb, 2014).

Practically, if young people offend at home they might be at risk of offending outside of the home. If perpetration outside of the home is identified early enough, intervention could be delivered through school, which can then be generalised to behaviour at home. Two longitudinal studies called "The High/Scope Perry Preschool study" (Schweinhart et al., 2005) and "The Cambridge Study in Delinquent Development" (Farrington et al., 2006) have followed up their samples for over 40 years. The earlier study found that those in quality preschool education programme had significantly lower arrests for crimes and were sentenced to fewer months in prison compared to those who did not receive the quality education (Schweinhart et al., 2005). The latter found that a majority of young people who were convicted at a younger age (10 to 13 years old or 14 to 16 years old) did not stop offending after their first crime but tended to violate the law for an average of 13 years. They also committed many more offences and had longer criminal careers than the late-onset (Farrington et al., 2006). This shows that the most prolific offenders start at an early age, so there is a need for preventing early-onset offending. Therefore, early intervention programmes in school that could reduce crime among young people can be cost-effective for society in the long run.

Mental health experts also relate family aggression with mental illness, where children and adolescents who experienced aggression at home tend to have poorer mental health outcomes (Tucker et al., 2013). Therefore, it would be encouraged for professionals who work within the child mental health system, particularly those who work with forensic-referred groups, to systematically collect reports of aggression perpetrated towards family members.

The occurrence of child-to-parent aggression and sibling aggression was prominent in the present study, with the majority of the youths being responsible for committing family aggression. Within the two well-matched, atypically developing samples, from both of the audits, the forensic sample was found to be more aggressive in the family than the clinical sample. The forensic sample, therefore, may be ‘generalists’ when it comes to the perpetration of family violence.

CHAPTER THREE

Callous-Unemotional Traits Predicts Peer and Family Aggression Among Young People

Chapter Summary

Chapter Two of this thesis found that most victims of aggression within the family were parents and the forms of aggression perpetrated were mainly physical and verbal. In line with the model presented in Chapter One and the findings in Chapter Two, the risk factors of aggression towards parents are examined and presented in Chapter Three. As well as Baumrind's parenting theory, Dodge et al.'s Social Information Processing theory, and Bandura's Social Learning theory which were discussed earlier, this chapter incorporates an additional developmental perspective on aggression among young people. Results show that young people with high callous-unemotional traits were more likely to perpetrate reactive and proactive peer aggression, and less likely to avoid conflict in social interaction, and had a greater tendency to perpetrate aggression towards parents. Reactive peer aggression was only related to verbal aggression towards mother, while both reactive and proactive peer aggression were related to physical aggression towards mother. Adolescents who received negative parenting (i.e., inconsistent discipline and corporal punishment) also reported aggression towards their father, but not towards their mother. This suggests that young people with elevated levels of callous-unemotional traits tend to be more aggressive towards both parents and peers, compared to those who are low on these traits. That is, they may be 'generalists' aggressors as per model hypothesised, evolved, and outlined in Chapter One.

Introduction

Aggression was defined by Parke et al. (1983) as " behaviour that is aimed at harming or injuring another person or persons" (p. 500) and by Loeber et al. (1998) as "those acts that inflict bodily or mental harm on others" (p. 242). Every child has shown at least some aggression during childhood, which changes in form and frequency over the years. For instance, longitudinal studies using random samples of new born followed the developmental of physical aggression from infancy and found children started using physical aggression during the first year of their life (Tremblay et al., 1999). At the age of two or three, children learn to throw things or hit one another when they are upset or frustrated. According to Bee et al. (2010), at this age children use physical aggression to achieve a goal, such as attaining a toy from another child. In other words, the type of aggression is also called 'instrumental aggression'. But once they have achieved the goal, the aggression stops.

Campbell et al. (2000) explained that the patterns of aggressive behaviour only become obvious when children enter school. Before this age, the behaviour tends to be normalised by the explanation of them going through 'the terrible twos', 'boys will be boys', 'she will grow out of it', or other similar euphemisms. This goes hand in hand with the proposition that when they become more verbally articulated, children move on to using verbal aggression such as teasing or name-calling. It becomes increasingly common for them to have the intention to hurt other's feelings rather than to cause physical harm. Physical aggression started to decrease steadily at elementary school and adolescence years and these young people learn to control anger and aggression. One of the earlier theory in explaining human aggression was developed by Lorenz (1966). According to Lorenz, aggression is not a learned behaviour but it is in every one of us since birth. Instead of having to learn how to be aggressive, we have to be taught to not be aggressive based on the set of rules imposed when we were younger – by parents and

school. Studies on the frequency of physical aggression during early childhood years also show that children learn to disguise physical aggression or to use other alternatives to resolve conflicts as they grow up (Bee & Boyd, 2010; Tremblay, 2012). Several developmental researchers also proposed that spontaneous act of physical aggression is school-aged children is highly unusual (Broidy et al., 2003; Nagin & Tremblay, 1999).

Despite the reassurance that children will 'outgrow' aggression with age, growing evidence suggests that a significant number of toddlers and pre-schoolers continue to have problems with aggression and defiance when they enter school (Campbell, Pierce, Moore, Marakowitz, & Newby, 1996; Shaw, Winslow, & Flanagan, 1999). Bandura (1973) argued that aggression is a learned behaviour. His 'Bobo Doll' experiment with nursery school children showed that they imitated adults who were physically and verbally aggressive towards the inflated dolls. Bandura concluded that the origin of human aggression was through 'social learning'. Perhaps, both theories could be combined to explain the origin of aggression. Even if children were born aggressive and it is not a learned behaviour, as children become older, they may become increasingly influenced by their environment, thus they tend to learn to use aggression from bad environmental influences, such as deviant family and peers and from the media (Farrington, 1998; McCord, 1991; Patterson, 1982).

Aggression Has Been a Concern Among Parents and Professionals

According to Keenan et al. (2000), aggressive behaviour is a problem behaviour that generally gets parents to refer their children to the clinic. There are also numerous studies being done to understand aggression. Why has aggression become a matter of concern compared with other problem behaviours such as stealing, truanting, or lack of interest in school? One reason may be that children who are aggressive tend to have difficulty in emotional regulation and are more likely to create problems, stress, and strain in school (Thomas, Bierman, & The Conduct Problems Prevention Research

Group, 2006; Dodge, Pepler, & Rubin, 1991). Parents are then contacted by school regarding this matter and when they could not make the behaviour stop, their last resort would be seeking help from professionals at the clinic.

Another reason why there is particular concern about this area is perhaps due to the comorbidity of aggression with other antisocial behaviour. Possibly, including aggression into the broader class of antisocial behaviour may enhance the understanding of the mechanisms and developmental course of aggression (Coie & Dodge, 1998). The concept of early and late onset of conduct disorder for children was introduced in DSM-IV (American Psychiatric Association, 1994). The early onset conduct disorder which occurs before 10 years old appears to be characterised by physical aggression (Lahey et al., 1998). Loeber et al. (1998) Pittsburgh longitudinal study on boys found that less than 5% of the boys had 'onset' of minor aggression before 5 years old while almost 40% of them had the onset by 13 years old. The findings strengthened the theory that children become increasingly aggressive as they grow older, which contrasts with the idea that aggression will 'go away' with age.

Furthermore, based on Pulkkinen and Pitkänen (1994) longitudinal study on Finnish sample, those who demonstrate antisocial behaviour before 10 years old and continue into adulthood has higher tendency to be involved in early-onset of alcohol abuse. In addition, Hamalainen and Pulkkinen (1995) found that young people who got their first arrest by 16 years old tend to start aggressing at eight years old compared to those who got arrested later in their life. Moffitt (1993)distinguished that despite 5% to 15% of men received their first conviction during adulthood, most of them had engaged in antisocial behaviour when they were younger. However, differential finding was evident in Kratzer and Hodgins (1996) study on Swedish sample, whereby adult-onset group was the largest (12.8% men and 3.5% women). It is worth noting that the age of

criminal responsibility is higher in the Scandinavia (15 years old) compared to United Kingdom (10 years of age).

An area of interest in studying aggression is identifying the risk factors for children to get involved with this type of antisocial behaviour. A well-known longitudinal study was conducted by Farrington (1978) with 408 inner London boys, who were categorised into violent offenders before the age of 21 (n = 27), non-violent delinquents (n = 98) and the general population (n = 283). The factors that best differentiated the violent and non-violent delinquents were harsh parenting, separation from parents at an early age, aggressiveness at school which begins at age 12-14, and low intelligent quotient (IQ). Adding to the list of risk towards aggressiveness were parental criminal history, poor parental monitoring, poor marital relationship, and fearlessness. Furthermore, both personal and family factors contributed to the increased risk for violent crime and non-violent crime, but those who were violent tended to show higher-risk features (Farrington, 1991; Lipsey & Derzon, 1998). Although Farrington's research confidently express that risk factors can reliably predict future offending and inform interventions adjusted to reduce risk, there are studies that found risk factor as an unreliable predictive tool. Pittsburgh study (Loeber et al., 2005) on predicting violence and homicide in 1,516 boys found 'false positive errors'. More specifically, about 86.6% of individuals classified as homicide offenders did not commit a homicide. It means, the correctly prediction power to identify homicide offenders were only 13.4%. Armstrong (2006) noted that "risk factor evidence is more suitable to make group generalisations rather than making predictions about individuals". Risk factor research may explain the increased probability of committing crime or being arrested by the criminal justice system among certain group of people who shared similar characteristics. Therefore, using risk factor analysis as a predictive tool may be limited in value and may create a high margin for error (Armstrong, 2006).

Despite the evidence that aggressive behaviour starts earlier in a child's life, the targeted age group for research on physical aggression or violence are adolescence, in particular late adolescence and early adulthood. Certainly, the risk of being arrested and prosecuted is heightened during these stages of life, compared to any other developmental stages (Tremblay, 2012). Which is why aggression, normally the physical form, became the main concern to parents. As discussed in Chapter One, if the children and adolescents are portraying aggression in school and towards peers, what are the chances that they are not being aggressive towards their family members?

Past studies found the mean age of 15 years old for those who abuse their parents within the criminal justice system (Gebo, 2007; Kethineni, 2004; Walsh & Krienert, 2007), which is similar to what was found in England and Wales (Youth Justice Board/ Ministry of Justice, 2011). Other researchers found that child-to-parent aggression begins in early adolescence (Cottrell, 2001; Paulson et al., 1990; Walsh & Krienert, 2007), whereas a review of past studies on parent-directed aggression found younger children to show highest frequency of aggression towards parents (Ulman & Straus, 2003). Longitudinal studies on the age of onset of antisocial behaviour and aggression suggested that the most severe aggressors start their aggressive behaviour earlier in life (5-6 years old). It could be possible that aggression directed towards parents begins when a child is younger, but parents may not take it seriously until it threatens their well-being (Cottrell, 2001).

Studies on Aggression and the Risk Factors

The criminal justice data suggested that young offenders of parent abuse were more likely to have experienced more behavioural issues and a lack of attendance in school as well as having a diagnosis of a specific mental health problem (Routt & Anderson, 2011). They tend to have learning difficulties, received psychological treatment, and have a record of hospitalisation due to psychiatric reasons (Izaskun Ibabe

& Jaureguizar, 2010; Kennedy et al., 2010). Pagani et al. (2004, 2009) conducted a longitudinal study on a community sample and they identified high level of substance use and histories of classroom violence as predictors of aggression towards mothers and fathers. It may well be that young people with antisocial behaviour may have been aggressive towards their parents at some point of their lives. The main thing that we should be concerned about is the fact that when these perpetrators are adolescents, the rise in testosterone level may increase their physical strength and their tendency towards physical aggression (Ellis & Coontz, 1990). Living under the same roof with an aggressive child may not spare parents from being victimised by their own child. This highlights the importance of conducting studies on aggression towards parents.

The risk factors of child-to-parent aggression, as presented and explained in Chapter One, include the different background characteristics and the argument that certain factors may increase the chance of parent-directed aggression. However, it was argued that depending on the young people's level of callous-unemotional traits, the risk factors may affect the child differently. Perenc et al. (2014) found that young people with psychopathic traits are significantly more aggressive and persistent in their aggressive behaviour. In particular, among young people, the term 'callous-unemotional traits' or 'callous-lack of empathy' (as it is called in the DSM-V) tend to be used to describe psychopathic traits. Callous-unemotional traits can be specified as being disregardful and unconcerned about other people's feelings. Individuals who are high on these traits are more concerned about the outcome of their actions on themselves rather than the effects on others, even when that result in significant harm to others (American Psychiatric Association, 2013). Those with an elevated level of callous-unemotional traits tend to show a preference for novel, exciting, and dangerous activities and decreased sensitivity to punishment cues, especially when reward oriented response set was in the picture (Frick et al., 2003). In this study, reward could be getting

money from parents or making parents give them what they want. If they are high in callous-unemotional traits, in their adolescence stage, and perpetrate aggression towards parents, they may cause more severe harm or injuries. Thus, in order to accurately describe family experiences with child-to-parent aggression, it is crucial to take into account the level of callous-unemotional traits of the perpetrator.

In addition, the background characteristics will be explained in detail to add to further understanding of the study. While some studies show boys are more inclined to perpetrate aggression towards parents than girls (Agnew & Huguley, 1989; Evans & Warren-Sohlberg, 1988; Walsh & Krienert, 2007), others find that both genders are equally engaged in terms of the frequency of such behaviour, which suggested that this 'gender gap' is narrowing (Strom, Warner, Tichavsky, & Zahn, 2014). Boys are physically aggressive towards parents (e.g., pushing, grabbing, biting) (Boxer et al., 2009) whereas girls exhibit psychological and verbal aggression (e.g., yelling, swearing, and using verbal threat) towards parents (Boxer et al., 2009; Calvete et al., 2013). Findings also suggested difference in the use of weapon between boys and girls: boys are more likely to use physical weapons (guns – especially in the US, or knife) whereas girls tend to use personal weapons (hand or feet) (Strom et al., 2014; Walsh & Krienert, 2007). This may relate to why boys tend to cause more harm.

Having a diagnosis of a 'neurodevelopmental disorders' may be associated with an increase in the risk of perpetrating aggression. A study conducted using audit data of clinical records found that young people with the curious 'diagnosis' of 'disruptive behaviour' disorders tended to exhibit aggression towards parents (see Chapter Two for the findings). It is important to take into account whether or not the young people have been diagnosed with the disorders which are commonly referred to in other child-to-parent aggression studies.

Most studies found that mothers tend to be the victims of child-to-parent

aggression for both verbal and physical aggression, in comparison to fathers. Though, the trend seems to change depending on the age. Evidently, older males (17-18 years old) tend to victimise their fathers (Agnew & Huguley, 1989). Based on UK sample, aggression towards father also tend to be more severe, from kicking, beating, and threatening with a weapon (knife) (Browne & Hamilton, 1998). Contrastingly, study on US sample found that mothers were more likely to be victims of more severe physical aggression (Cornell & Gelles, 1982). Adding to that, criminal justice data recorded most offences were against mothers (between 72% and 85%) (Evans & Warren-Sohlberg, 1988; Gebo, 2007; Izaskun Ibabe & Jaureguizar, 2010; Kethineni, 2004). Moreover, physical aggression targeted towards mothers tend to result in police arrest than those targeted towards fathers (Strom et al., 2014). The disproportionate number of mothers being targeted was evident in clinical data (Nock & Kazdin, 2002) and community-based support programmes that works with parents (Cottrell, 2001).

Although most studies found that mothers were more frequently the victims of child aggression, Routt et al. (2011) emphasised that this finding should be interpreted with caution because most single-parent families were headed by mothers. Mothers may be victimised simply because they are present (Cottrell & Monk, 2004). Young people who grew up in a single parent household were more likely to exhibit aggression towards parents compared to those from two-parent families (Agnew & Huguley, 1989; Cottrell & Monk, 2004). Changes in family dynamics by parental separation, divorce, or remarriage pose a risk for aggression towards mother (Pagani, Larocque, Vitaro, & Tremblay, 2003). This could be explained by custody conflicts, lack of social support, or financial difficulties which deteriorate the relationship between parents and children. Besides, some findings suggested that single parents tend to seek support for parent abuse compared to two-parent families (Parentline Plus, 2010). These findings, however, were inconclusive because there were survey and clinical data which found no

relations between family structure and child-to-parent aggression (Agnew & Huguley, 1989; Boxer et al., 2009). Thus, relating single parent with increased risk of child-to-parent aggression is multifaceted and questionable.

Finally, socioeconomic status of the perpetrator may be critical as a background characteristic that could increase the risk of child-to-parent aggression. Condry et al. (2014) found that almost half of the victimised parents were unemployed, which means the families have lower socioeconomic status. However, their sample was derived from cases reported to the police, which may likely represent those from lower socioeconomic groups. There are also reports which show affluence as a risk factor of parent-directed aggression (Pagani et al., 2004; Paulson, Coombs, & Landsverk, 1990). Due to contrasting findings in past studies, the socioeconomic status of the participants will also be noted in this study.

The Present Study

In Chapter One of this dissertation, the 'Trait-Based Model' was proposed to explain aggression among those with or without elevated level of callous-unemotional traits. Although studies on peer aggression have found that children with high callous-unemotional traits may be more aggressive compared to their peers who are low on these traits, this has not been researched in the context of child-to-parent aggression. As discussed earlier, there is an array of risk factors that could increase the risk of young people perpetrating aggression towards their peers, however, there is limited work on aggression directed towards parents. The aim of this study is to fill in this gap by examining the mechanisms of child-to-parent aggression. The study participants were selected from young people within the special school population. These young people are more inclined to engage in antisocial behaviour than the normal population, but not as serious as those with criminal charges (Michael & Frederickson, 2013; Zigmond, 2006). Questions on the possible mechanisms which may relate to their aggression

towards parents were included in the survey. Therefore, in specific, this study aims to examine whether young people who are high on callous-unemotional traits, who perpetrate peer aggression, and receive poor parenting are more likely to perpetrate aggression towards both parents. Aggression towards father and mother are examined separately as the mechanisms may differ, as suggested by past studies. Ultimately, this study examines whether young people who are high on callous-unemotional traits have more tendency to perpetrate aggression towards both parents and peers, in comparison to their peers who are low on callous-unemotional traits.

The hypotheses proposed are as follows: 1) adolescents who are older, from single-parent and lower income family, with the diagnosis of neurodevelopmental disorder, with police contact and lower verbal ability are more likely to perpetrate aggression towards their parents and peers; 2) young people who are high on callous-unemotional traits will show higher level of both proactive and reactive peer aggression, more likely to choose antisocial goals, and perpetrate aggression towards father and mother; 3) young people high on peer aggression (proactive and reactive aggression), choosing antisocial goals (dominance and revenge) in social interaction, and receive poor parenting (negative parenting and poor monitoring) are more likely to perpetrate aggression towards their father and mother; and 4) the combination of variables could discriminate the young people into two groups: ‘generalists’ in aggression – who perpetrate aggression towards peers and parents, and ‘specialists’ – who only target their aggression on either their peers or parents.

Method

Participants

The participants for the present study were recruited from two special schools for Social, Emotional, and Behavioural Difficulties within the North East of England.

They were selected using opportunity sampling due to limited numbers of potential participants. The study was approved by the University of Durham Institutional Review Board. Permission to conduct the study in school was obtained from the head teachers of the schools respectively. Parents/guardians were contacted by phone and parental consent was obtained to include the child in the study and to view the school record. Forty-eight adolescents (42 males, 6 females) aged between 11 to 16 years old (M = 14 years, SD = 18 months) received parental consent to participate in the study. The 42 young people who agreed to take part in the study scored an average of 89 on verbal abilities that were measured using the British Picture Vocabulary Scale (BPVS-III) (Dunn, Dunn, Styles, & Sewell, 2009). This means that all of them have the verbal ability to understand the survey questions, so none of them were excluded from the study. Almost all of the adolescents (with parental consent) have a statement of special needs (n = 46) and a diagnosis of neurodevelopmental disorder[5] (Attention Deficit Hyperactivity Disorder (ADHD), n = 25; Autism Spectrum Disorder (ASD), n = 4; ASD and ADHD, n = 4; Learning Disability, n = 7). The parents/carers were later contacted for a phone interview. Thirty-three parents/guardians took part in answering the questionnaire through the phone (23 mothers, seven fathers, three others). Most parents who participated were unemployed (n = 21). From the available data, almost half of the adolescents came from single parent families (n = 14) while those living with both biological parents numbered less (n = 12). More than a quarter of the families (n = 11) earned a gross annual household income of between £18000 and £23988, which is lower than the average salary in the UK which was £27600 for the 2015 tax year (Office for National Statistics, 2015). All young people reportedly perpetrated both proactive and reactive aggression towards peers (n = 48). About 86% of them reported aggression

[5] e.g., Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Learning Disability

towards their father (verbal, 85%, n = 31; physical, 20%, n=6). While 95% perpetrated aggression towards their mother (verbal, 95%, n = 40; physical, 40%, n = 17).

Measures

Aggression towards parents. Aggression towards parents was measured using the Conflict Tactics Scales (CTS) (Straus, Gelles, & Steinmetz, 2006). CTS is a widely used measure for conflict management within the family. Tactics of conflict management was measured using the three scales: reasoning, usage of verbal aggression, and violence (physical aggression) (Straus, 1979). The 62-items are rated on a 7-point Likert scale from 1 (not in the past and not previously, never) to 7 (21 or more times in the past year). In the present study, both self-report and parent-report data were obtained. Only the verbal aggression and physical aggression subscales were included in this studies. The scores were summed to made up an aggression towards parent's score. Similarly, a previous study also used self-reported data for CTS on children aged between 6 to 13 years old (Kolko et al., 1996) and another study used parent-report data on children between the ages of 2 to 17 years old (Eriksen & Jensen, 2006). The scale showed high internal consistency in the past studies. Although this measure has not been used within the UK to measure the incidences of child-to-parent aggression, similar items were used to measure inter-sibling violence in a study in the UK (Khan & Cooke, 2013). The study sample yielded a Cronbach's alpha between .670 and .878 for self-reported aggression towards father and mother and between .787 and .911 for parent-reported aggression towards father and mother.

Callous-unemotional traits. The Inventory of Callous-Unemotional Traits (ICU) (Frick, 2004) was used to measure adolescent's callous-unemotional traits. The 24-item inventory is rated on a 4-point Likert scale from 0 (not at all true) to 3 (definitely true). The ICU consisted of three behavioural dimensions – uncaring, callousness, and unemotional (Essau, Sasagawa, & Frick, 2006; Kimonis et al., 2008) ,

but in the present study, only the total score is being used and not the sub-dimensions. Teacher-reports for ICU was obtained in this study. Teacher-reported data for ICU has also been used in previous studies on children aged between 10 to 16 years old (e.g., Lockwood et al., 2013) and showed high internal consistency. Likewise, the inter-item reliability for the scale in the present study was α = .889. The same measure was used in studies that were conducted within the UK and showed good internal consistencies. However, the questions were self-reported (Wolf & Centifanti, 2014) or reported by parents (Muñoz, Qualter, & Padgett, 2011).

Peer aggression. Aggression towards peers was measured using The Teacher Rating Scale for Reactive and Proactive Aggression (RPA) (Dodge & Coie, 1987). The 6-item teacher-report questionnaire measures proactive aggression and reactive aggression. Each item was scored on a 5-point Likert scale ranging from 1 (never true) to 5 (almost always true). The scale was shown to be high in internal consistency for use in measuring aggression in children and adolescents (Xu, Raine, Yu, & Krieg, 2014) and has been previously used on a Continental European sample (Gremigni, Damasio, & Bors, 2013). The Cronbach's alpha for the scales for the present study sample were between .818 to .873.

Social goals. Social goals in adolescents were measured using the Social Goal Measure (SGM) (Lochman et al., 1993). The four hypothetical vignettes were designed to assess youth's social goals in benign conflict situations (e.g., A new guy/girl at school accidently bumps into your shoulder and knocked your books to the floor. How important would these goals be to you in this situation?). Each hypothetical vignette was followed by five potential goals (i.e., Avoiding conflict - Avoid problems with the guy/girl, get away from the situation as soon as possible; Dominance - Let the guy/girl know who is in charge or who's boss; Seek revenge - Get back at him/her; Forcing respect - Make him/her show you some respect; Reconciliation - Work things out with

the guy/girl so you could possibly be friends) which are rated on 4-point Likert scale ranging from 1 (not important) to 4 (very important). The scale was self-reported by youth aged between 11 to 18 years old in a past study and showed acceptable internal consistency among a US sample (Pardini, 2011). Cronbach's alpha for the subscales/goals in the present study ranged from .695 to .817.

Parenting. The Alabama Parenting Questionnaire (APQ) (Frick, 1991) was used to measure parenting behaviour. The 42-item scale is rated with a 5-point Likert scale ranging from 1 (never) to 5 (always). There are five subscales from the questionnaire, which are monitoring and supervision, inconsistent punishment, corporal punishment, positive parenting, and involvement. An item from the corporal punishment subscale which asked about "you hit your child with a belt, switch, or other object when he/she has done something wrong" was removed from the scale for the present study[6]. Seven additional items which measured specific discipline practices were included (i.e., other discipline practices subscale) to reduce the negative bias towards corporal punishment questions (Shelton, Frick, & Wootton, 1996). The subscales were combined into three composites, which excludes the other discipline subscale – positive parenting composite (parental involvement and positive parenting scales), negative parenting composite (inconsistent discipline and corporal punishment scales), and other composite (poor monitoring/supervision scale). The APQ has been used in previous studies within the UK and showed broadly satisfactory internal consistencies (Psychogiou, Daley, Thompson, & Sonuga-Barke, 2007; Scott, Doolan, Harry, & Cartwright, 2012). The Cronbach's alpha for the composites in this study range between .735 to .914.

[6] The item was deleted from the questionnaire for this study to preserve the sensitivity of questions for parents as this type of punishment is illegal in the UK.

Procedure

Head teachers were contacted through email or visits to the schools to seek permission to conduct the study in the schools and make arrangements for the study. To obtain parental consent, the support staff in the special schools contacted the parents to inform them about the study and to gauge interest in participation. Parents who showed interest were passed on to the researcher who then briefly explained the study and obtained recorded phone consent. Upon parental consent, the researcher made several visits to the school during school hours to obtain child consent and to proceed with data collection. Each student who gave their assent had a one-to-one session with the researcher in a separate room. The British Picture Vocabulary Scale (BPVS-III) was administered at the beginning of the session and was followed by the questionnaires. During the session, the questions from the Conflict Tactics Scales and Social Goals Measure, were read out loud to each participant. The administration time for each student was on average 30 minutes.

Class teachers were provided with the Inventory of Callous-unemotional Traits and the Rating Scale for Reactive and Proactive Aggression to complete during their free time. Data on delinquency and educational statement of special needs of the adolescents with parental consent was obtained from their school record in consultation with the head administrative staff to ensure confidentiality of the information. Parents who gave consent for their child to take part in the study were contacted for a phone interview. They answered the Conflict Tactics Scales and the Alabama Parenting Questionnaire via a 20-minute phone call.

Data Analyses

Data was analysed using SPSS 20.0 to test the hypotheses of this study. The assumptions for normality (e.g., homogeneity of variance, no multicollinearity, no

outliers[7]) were tested using the Exploratory Data Analysis on SPSS and the assumptions were met. First, Pearson correlation analysis was conducted to examine the association between the study variables. Specifically, these relations were tested: 1) the correlation between the background characteristics and the main study variables; 2) the correlation between reactive-proactive aggression towards peers, social goals in peer relationship, and parenting styles with aggression towards father and mother; and 3) the correlation between callous-unemotional traits with proactive and reactive aggression, social goals, and parenting styles. Second, Multivariate Analysis of Variance (MANOVA) was conducted to analyse the differences between young people who are high and low on callous-unemotional traits with respect to the reactive-proactive aggression in peer relationships and aggression towards parents. A median split[8] was applied on callous-unemotional traits and the predictor variable was the level of callous-unemotional traits while the dependent variables were proactive aggression, reactive aggression, aggression towards father, and aggression towards mother. Effect sizes (partial eta-squared [η_p^2] are reported to indicate percentage of variance explained by the effect, which ranges from small (.01), medium (.06), and large (.14) (Cohen, 1988, p.22). Significant MANOVA results lead to the next step of analysis, which was the discriminant function analysis. A discriminant function analysis was conducted to examine whether the combination of aggression towards peers and parents could discriminate the young people into two distinct groups: high and low on callous-unemotional traits.

[7] The outliers were transformed to the next highest/lowest (non-outlier) number 'plus' one unit increment to meet the assumptions of 'no-outliers' (Miller, 2017, p.225).

[8] Median split (using median as a cut-off point) was conducted on the score for callous-unemotional traits because the author intended to examine whether the study sample differ on the variables based on their level of callous-unemotional traits.

Results

Correlation between the Background Characteristics and the Main Study Variables

Table 1 shows the zero order correlations of the variables. The analyses were conducted to examine whether the background characteristics of the study sample were associated with the outcome variables. Age was negatively correlated with self-reported aggression towards father and parent-reported aggression towards mother, but not correlated with peer aggression. Family income, single-parent family, and verbal ability were also not correlated with aggression towards parents and peers. Having a diagnosis of neurodevelopmental disorder correlated with low level of reactive peer aggression, but not correlated with proactive aggression and aggression towards parents. Having a police contact was positively related to proactive aggression.

Correlation between Callous-unemotional Traits with Peer Aggression, Social Goals in Peer Relationship, and Parenting Styles

Higher levels of callous-unemotional traits were significantly correlated to higher levels of reactive and proactive peer aggression, and self-reported aggression towards father and mother. Callous-unemotional traits were also negatively related to avoiding conflict in peer relationship. There were no significant relationships between callous-unemotional traits with other social goals in peer relationships.

Table 1. Correlations between background characteristics and main study variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Background Characteristics																					
1. Age	-																				
2. Family income	-.103	-																			
3. Single parent	.316	.240	-																		
4. Diagnosis	.199	-.116	-.043	-																	
5. Police contact	**.344*****	-.074	.014	-.060	-																
6. Verbal ability	.080	-.257	-.108	-.026	**-.459****	-															
Other Variables																					
7. Avoidance	**-.229*****	**-.393***	.015	**-.315***	**-.475***	**.378***	-														
8. Dominance	**.223*****	.300	.248	**-.331***	**.359***	**-.396****	**-.539*****	-													
9. Revenge	**.140***	.330	.076	**.448****	**.375***	**-.337***	**-.648*****	**.760*****	-												
10. Forced respect	**.189*****	,268	**.401***	.088	.256	**-.361***	**-.413****	**.767*****	**.552*****	-											
11. Reconciliation	-.025	-.266	.176	-.296	-.293	**.500*****	**.669*****	**-.395****	**-.556*****	-.259	-										
12. Po. parenting	-.087	**.381***	**.551***	-.160	**-.397***	.114	**.403***	-.121	-.235	-.039	.143	-									
13. Ne. parenting	.065	-.130	**-.578***	.078	.318	.022	-.350	.048	.294	-.113	-.236	**-.647*****	-								
14. Oth. parenting	**.255*****	**-.345***	**-.602****	.157	**.555****	.019	-.320	.131	.290	-.068	-.199	**-.722*****	**.604*****	-							
Main Variables																					
15. CU traits	.063	.155	.000	-.077	**.297***	-.005	**-.340***	.030	.118	.182	-.191	-.122	.286	.119	-						
16. Reactive	-.033	.133	-.250	**-.290***	.223	.006	-.195	.089	-.011	.304	-.110	-.176	.081	.161	**.532*****	-					
17. Proactive	.048	.002	-.094	-.211	**.292***	-.029	-.252	.062	.055	.167	-.023	-.256	.232	.250	**.638*****	**.609*****	-				
18. Agg to fa-SR	**-.164****	.016	-.127	.157	-.134	.280	-.166	-.111	.053	-.160	-.061	-.109	**.486****	.075	**.486****	.073	.167	-			
19. Agg to mo-SR	.015	.325	-.128	-.144	.117	.088	**-.409****	.174	**.331***	.116	-.149	-.010	.208	.128	**.356***	**.356***	**.355***	**.477****	-		
20. Agg to fa-PR	-.071	-.080	-.556	.243	-.195	.097	.137	**-.493***	-.161	**-.504***	.009	.051	.104	.230	.077	-.170	-.337	.425	.124	-	
21. Agg to mo-PR	**-.161****	.104	-.064	-.016	-.190	.021	.033	-.087	.061	-.125	.051	.124	.085	.008	-.013	.074	-.052	.265	**.588*****	**.751*****	-
Mean	14.04	-	-	-	-	88.95	8.79	9.90	9.74	11.31	8.00	62.09	16.64	19.97	34.81	10.08	7.44	3.61	4.14	5.65	7.31
SD	1.47	-	-	-	-	13.08	3.54	3.67	4.08	3.34	3.19	10.75	4.61	9.21	9.79	2.74	3.18	3.15	3.55	4.91	5.13

Note. Agg to fa – SR Aggression towards father – Self-report, *Agg to mo – SR* Aggression towards mother – Self-report, *Agg to fa – PR* Aggression towards father – Parent-report, *Agg to mo – PR* Aggression towards mother – Parent-report, *Po parenting* Positive parenting, *Ne parenting* Negative parenting, *Oth parenting* Poor monitoring/supervision *CU Traits* Callous-unemotional Traits. Single parent, Diagnosis of neurodevelopmental disorder (1=Yes), and Police contact (1=Yes). * $p \leq 0.05$, ** $p \leq 0.01$, ***$p \leq 0.001$.

Correlation between Peer Aggression, Social Goals in Peer Relationship, Parenting Styles, and Aggression towards Parents

Correlations between reactive-proactive aggression, social goals, and parenting styles with aggression towards parents are displayed in Table 2 and Table 3.

Self-report child-to-parent aggression. Based on adolescents self-reported child-to-parent aggression shown in Table 2, higher levels of reactive and proactive peer aggression were positively associated with aggression towards mother, specifically verbal aggression. Proactive peer aggression was associated with physical aggression towards mother and not towards father. There were no significant relations between reactive aggression and physical aggression towards both father and mother.

Higher score on the goal to avoid conflict was related to low score on aggression towards mother and physical aggression towards mother. Avoiding conflict was correlated to lower score of physical aggression towards mother. No significant correlations were found for other social goals with aggression towards parents. There were significant relations between negative parenting with both verbal aggression and physical aggression towards father, but not towards mother. Positive parenting and poor parental supervision were not related to aggression towards parents from the present study.

Parent-report child-to-parent aggression. Examining parent-reported child-to-parent aggression (as shown in Table 3), there were no significant relations between reactive and proactive peer aggression and aggression towards parents. Higher score in the goal to forced respect from peers significantly correlated to lower aggression towards fathers, especially verbal aggression. There were negative relations between the goal to dominate in peer relationship with verbal aggression towards father. Parenting styles also did not correlate with aggression towards parents.

Table 2. Correlations between Predictor and Outcome Variables (Self-Report Child-to-Parent Aggression)

Variables	Total		Verbal		Physical	
	Fa	Mo	Fa	Mo	Fa	Mo
N	36	42	36	42	36	42
Callous-unemotional Traits						
Total CU	**.486****	.243	**.483****	**.327***	.316	.122
Reactive-Proactive Aggression						
Reactive	.073	**.346***	.032	**.327***	.148	.300
Proactive	.132	**.350***	.120	**.330***	.114	**.305***
Social Goals						
Avoidance	-.166	**-.355***	-.117	-.292	-.226	**-.347***
Dominance	-.111	.140	-.080	.044	-.148	.201
Revenge	.053	.222	.053	.227	.035	.176
Forced Res	-.160	.064	-.137	.015	-.159	.097
Reconcile	-.061	-.149	-.036	-.078	-.102	-.186
Parenting Styles						
Po Parent	.028	.119	.073	.116	-.080	.105
Ne Parent	**.512****	.208	**.446***	.249	**.511****	.146
Poor Superv	.117	-.009	.105	.029	.110	-.039

Table 3. Correlations between Predictor and Outcome Variables (Parent-Report Child-to-Parent Aggression)

Variables	Total		Verbal		Physical	
	Fa	Mo	Fa	Mo	Fa	Mo
N	20	32	20	32	20	32
Callous-unemotional Traits						
Total CU	.103	-.013	.143	.099	.053	-.087
Reactive-Proactive Aggression						
Reactive	-.082	.074	-.267	.016	.098	.104
Proactive	-.322	-.046	-.309	.051	-.290	-.106
Social Goals						
Avoidance	.141	.033	.153	.048	.113	.020
Dominance	-.421	-.087	**-.575***	-.258	-.228	.037
Revenge	-.088	.061	-.215	-.065	.039	.138
Forced Res	**-.473***	-.125	**-.547***	-.189	-.347	-.067
Reconcile	-.004	.051	.022	.113	-.028	.004
Parenting Styles						
Po Parent	.017	.239	-.050	.210	.076	.233
Ne Parent	.066	.103	.149	.094	-.019	.097
Poor Superv	.345	-.025	.341	-.043	.303	-.010

Note. CU Callous-unemotional traits, *Fa* Father, *Mo* Mother, *RPA* Reactive and Proactive Aggression, *Forced Res* Forced Respect, *Reconcile* Reconciliation, *Po Parent* Positive Parenting, *Ne Parent* Negative Parenting *Poor Superv* Poor Supervision. Correlations in the body of the tables are zero-order correlations. * $p \leq 0.05$, ** $p \leq 0.01$, ***$p \leq 0.001$.

The Group Differences and Young People's Aggression

Table 1 shows the correlations between the main study variables which were considered in order to select the most appropriate variables for entering into a Multivariate Analysis of Variance (MANOVA) with callous-unemotional traits. The power of MANOVA depends on the combination of the correlation between dependent variables and the effect size to be detected (Cole, Maxwell, Arvey, & Salas, 1994). This analysis was conducted in the present study as part of the requirement to run a MANOVA. As discussed in the previous section, callous-unemotional traits were related to reactive and proactive peer aggression and aggression towards father and mother. Avoiding conflict was also associated with callous-unemotional traits. Overall, only four variables were significantly correlated with callous-unemotional traits. Therefore, only these variables[9] were included in the MANOVA analysis – reactive and proactive aggression, and self-reported aggression towards father and mother.

Table 4 shows the result from MANOVA analysis that examined whether there were differences in aggression between young people who were high and low on callous-unemotional traits. In this analysis, callous-unemotional traits were the independent variable and the median split with the cut-off point of 34[10] was used for the callous-unemotional traits (i.e., split into two groups of young people who scored low, between 16-34, and high, between 35-63 on CU traits). The mean scores for each of the predictor variables are presented for those who scored low and high on callous-unemotional traits. The table also indicates whether those in the low callous-unemotional group have mean scores that are significantly different from those in the high callous-unemotional group. For all the predictor variables, the low callous-

[9] Avoidance goal was not included in the MANOVA analysis although it significantly correlated with callous-unemotional traits.

[10] Jones et al. (2010) used the median of 32 (as a cut-off point) to split their sample into two – anyone from 0-31 were clustered as low callous-unemotional traits and 32 and above were grouped as elevated callous-unemotional traits.

unemotional group was statistically different from the high callous-unemotional group. This also gave the indication that these predictor variables were discriminating between the two groups. For instance, young people with high callous-unemotional traits were more aggressive towards both parents (father and mother) compared to young people who scored low on callous-unemotional traits. Besides, those from high callous-unemotional group were also significantly more reactively and proactively aggressive than their low callous-unemotional peers. MANOVA also showed there was a significant multivariate effect of high and low levels of callous-unemotional traits on aggression towards parents and peers, Wilks' $\Lambda = .50$, $F\ (4, 31) = 7.76$, $p < .001$, $\eta_p^2 = .50$. In line with the hypothesis, young people from the high callous-unemotional traits group showed significantly higher levels of both proactive and reactive aggression, perpetrated significantly more aggression towards both mother and father. Of note, the effect size of group differences was largest for proactive aggression and aggression towards mother, each explaining 37% and 23% of the variance respectively.

Table 4. The Interactive Effect of Callous-Unemotional (CU) Traits, Reactive-Proactive Aggression, and Aggression Towards Parents

Predictor Variables	**Mean (SD)**				
	Low CU	**High CU**	***F***	**Df**	η_p^2
Reactive-Proactive Aggression	n = 19	n = 17			
Reactive	9.05 (2.84)	11.18 (2.13)	**6.33***	1, 34	.16
Proactive	5.57 (2.09)	9.41 (3.00)	**20.12*****	1, 34	.37
Aggression Towards Parents (SR)					
Father	2.37 (1.64)	5.00 (3.84)	**7.43****	1, 34	.18
Mother	2.58 (1.39)	5.35 (3.48)	**10.27*****	1, 34	.23

Note. ηp^2 Partial Eta-Squared. The results are from MANOVA predicting reactive-proactive aggression, and aggression towards parents which show significant interactions (Wilks' $\Lambda = .50$, F (4, 31) = 7.76, $p < .001$, $\eta_p^2 = .50$). * $p \leq 0.05$, ** $p \leq 0.01$, ***$p \leq 0.001$. Means and Standard Deviations noted in parentheses.

The MANOVA was followed up with discriminant analysis, which revealed one discriminant function. Table 5 shows the result from a discriminant function analysis where the group membership of young people was examined based on a combination of their aggression towards peers and parents. A discriminant function analysis was carried out using four predictors i) proactive aggression, ii) reactive aggression, iii) aggression towards father, and iv) aggression towards mother. The grouping variable was the levels of callous-unemotional traits (high and low). The same variables as those in the MANOVA were used, but for this analysis, the dependent variables became the independent variables, which also means callous-unemotional traits were the dependent variable in this analysis. In MANOVA, a set of outcome measures were predicted from a grouping variable, while here, a grouping variable was predicted from a set of outcome measures.

One discriminant function significantly differentiated these conditions effectively and accounted fully for the variance; $\Lambda = .50$, X^2 (4) = 22.2, $p < .001$. Based on structure matrix and coefficient table, proactive aggression and aggression towards father seem to be the best predictors of group membership. Other variables have less but fairly strong predictability. Finally, the table gives an idea of how accurately the predictor model was able to predict the actual result. From the percentage, young people with low callous-unemotional traits were cross-validated with those who were predicted to be low on callous-unemotional traits. The value shows that we were able to predict 89.5% of them, using the predictor variables. Likewise, the discriminant function showed that it was able to correctly predict 77% of those who were high on callous-unemotional traits using the predictor variables. In terms of prediction rate, this model was fairly accurate and statistically significant using the four predictor variables, with proactive aggression and aggression towards father as the strongest predictors of callous-unemotional traits. It was also a statistically significant model that was able to predict group membership. Based on this result, the study sample can be discriminated into two groups: 1) those who were high on callous-unemotional traits who had higher tendency to perpetrate aggression towards peers and parents, and 2) those who were low on callous-unemotional traits and had lower tendency to perpetrate both types of aggression, in comparison to those high on callous-unemotional traits.

Table 5. Results of The Discriminant Functions Analysis

Group (condition)	Discriminant function 1	
	Standardised Coefficients	**Structure Matrix**
Reactive-Proactive Aggression		
Reactive	.114	.769
Proactive	.791	.549
Aggression Towards Parents (SR)		
Father	.570	.467
Mother	.140	.431
Actual group	**Predicted group**	
	Low CU (n)	**High CU (n)**
Low CU	17 (89.5)	2 (10.5)
High CU	4 (23.5)	13 (76.5)

Note. The results shown are from discriminant functions analysis which examine the combination of adolescent aggression variables that best discriminates between different levels of callous-unemotional traits (percentage in parentheses), which is significant, X_2 (4) = 22.2, $p < .001$.

Discussion

Correlation between the Background Characteristics and the Main Study Variables

The results from the present study revealed that younger adolescents were more likely to report aggression towards their father but tend to be reported by parents as being aggressive towards their mother. This may indicate that as they grow older, adolescents became less keen towards perpetrating aggression towards their parents, which contrasted with past findings. For instance, Preddy and Fite (2012) found older children were more likely to exhibit higher levels of aggression in comparison to their younger counterparts. There were possibilities that adolescents in the present study may have under-reported their aggression towards their mother. Most of the participants were

boys and might want to hide the truth that they were aggressive towards their mother, which may relate to the belief that 'boys must not hit girls'. Studies on dating violence also found similar patterns, whereby men shared that they would not hit girls or women (Foshee, Bauman, Linder, Rice, & Wilcher, 2007; Mills, 2007). However, parents may have reported a significant amount of child aggression towards mother but not towards father. This may be due to most parents who participate in the present study were single mothers and they may not be aware of their child's aggression towards the father as the incidents may not have happened within the same household. Age, however, was not related to peer aggression. Farmer et al. (2015) and Preddy et al. (2012) found older age to be related to complex aggressive behaviour. But some studies on non-typically developing young people (autism spectrum) did not find a relationship between age and aggression (Farmer & Aman, 2011; Lecavalier, 2006), which supports the findings of present study that was also conducted on a similar population.

Young people with the diagnosis of neurodevelopmental disorder were less likely to perpetrate reactive peer aggression but no significant finding was evident for proactive aggression. In this study, neurodevelopmental disorder comprised those with attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), and learning difficulties (LD). According to Shaw et al. (2014), consistent elevation in aggressive behaviour was found in young people with ADHD compared to non-ADHD population. They also found emotional dysregulation can be provoked among those with ADHD using frustration induced model. In addition, children with ADHD show more negative affect and anger outbursts during challenging tasks, which may reflect reactive aggression. Although children with ASD did engage in more aggressive behaviour compared to typically developing children, they reportedly show more reactive than proactive aggression (Bronsard, Botbol, & Tordjman, 2011; Farmer et al.,

2015). Thus, finding from the present study was in line with findings from the past studies.

Those with police contact were more likely to score higher on callous-unemotional traits. Findings from a four-year follow-up study found high callous-unemotional traits to designate a group of students who exhibited higher rates of delinquency throughout that period (Frick, Stickle, Dandreaux, Farrell, & Kimonis, 2005), which was in line with present findings. Young people with police contact also tend to perpetrate proactive peer aggression. In support to that, Raine et al., (2006) proposed delinquency to be strongly associated with proactive but not reactive aggression, which was in line with earlier findings by Pulkkinen (1996) and Vitaro et al. (1998).

Correlation between Callous-unemotional Traits with Peer Aggression, Social Goals in Peer Relationship, and Parenting Styles

The present study also found that young people with high levels of callous-unemotional traits scored higher on reactive and proactive peer aggression and aggression towards both father and mother. The result indicates that young people with elevated callous-unemotional traits tend to perpetrate both peer and parent aggression. Although callous-unemotional traits have been previously explored on peer aggression, it has never been explored in the context of aggression towards parents. Evidently, past studies have consistently found evidence for the significant relation between callous-unemotional traits and peer aggression (Fanti et al., 2009; Kimonis et al., 2008). Adolescents who scored higher on callous-unemotional traits were less likely to avoid conflict in peer relationships, which is in line with Pardini's (2011) findings that they tend to endorse antisocial goals including dominance, revenge, and forced respect over building relationship and avoiding conflict with peers. However, the present study did

not find significant relationship between callous-unemotional traits with the other social goals, which may be due to lack of power to detect this effect.

Correlation between Peer Aggression, Social Goals in Peer Relationship, Parenting Styles, and Aggression towards Parents

Correlations showed that peer reactive aggression was associated with verbal aggression towards mother. However, high level of proactive aggression was correlated to both verbal and physical aggression. The findings indicate that those who were high on reactive peer aggression were less aggressive than those who were proactively aggressive, as they only perpetrate verbal but not physical aggression towards their mother. The correlations between peer aggression and child-to-parent aggression were also not clear from past literature. However, according to Brendgen et al. (2001), proactive aggression may occur without provocation; it is also described as more goal-directed, 'cold-blooded', predatory, and offensive, in contrast to reactive aggression which is more defensive and predictable. Thus, proactive peer aggression may also predict a more severe aggression towards parents, which was evident from the results.

Young people who received negative parenting tend to report perpetrating verbal aggression and physical aggression towards father. Straus et al. (1980) and Ulman et al. (2003) also found parents who used hostility and aggression in parenting were at a higher risk of being assaulted by their child compared to parents who do not practice these styles. However, no significant findings were found between negative parenting and aggression towards mother. This can also be explained by possibilities that adolescents feel it was normal to report aggression towards father, thus they tend to reveal it more willingly. No relationships were found between positive parenting and poor parental supervision with aggression towards parents. However, Holt (2013) argued that parental permissiveness may intensify the commission of parent-directed aggression by being submissive which increases the child's threats and demands. It was

also proposed in Chapter One of this thesis that permissive parenting may increase the risk of aggression towards parent, especially when the child is high on callous-unemotional traits. Possibly, the levels of callous-unemotional traits among the study sample were not high enough to correlate with poor parental supervision.

Young people who scored higher on the goal to avoid conflict with peers were less likely to report aggression towards mother, especially physical aggression. The result show that adolescents who choose prosocial goals in peer relationship were also more prosocial with their mothers, which is in line with findings in peer relationship (Pardini, 2011). No significant correlations were found for other social goals with aggression towards parents. The reasons will be further explained next.

For parent-reported aggression, young people who scored higher in the goal to forced respect from peers had a lower tendency to perpetrate aggression towards their fathers, and were less likely to use verbal aggression. The finding contrasted with the hypothesis of the study as well as what was found in the self-report aggression towards parents. Past studies revealed that aggression towards parents had the tendency to be under-reported, especially by parents themselves. Kennair et al. (2007) explained that due to feeling of embarrassment, victims of child-to-parent aggression were less likely to report the incidents, while some parents were afraid of the child's reaction (Perez & Pereira, 2006). In this study, several reasons may explain the under-report. One reason, as discussed previously, is that most parent participants were mothers who reported their child's aggression towards the father. Second reason might be due parents either normalising their child's aggressive behaviour (Gallagher, 2008) or their intention to hide the truth due to feeling of shame or responsible towards the behaviour (Margolin & Baucom, 2014). Third reason could be goals in peer relationship differ with goals in relationship with parents. Thus, future studies might want to look into directly measuring goals in parent-child relationship.

The Group Differences and Young People's Aggression

Results indicated that young people with high callous-unemotional traits have higher tendency to perpetrate aggression towards both parents and peers. In line with the well-established link between callous-unemotional traits and adolescent aggression (Fanti et al., 2009; Frick & White, 2008; Kimonis, Frick, Munoz, & Aucoin, 2008), the present study found a significant correlation between the two variables and also found significant multivariate effect of low and high levels of callous-unemotional traits. This confirmed that callous-unemotional traits do have an effect on aggression towards parents in addition to peer aggression. Further analysis managed to discriminate the study sample into two distinct groups. The first group of young people are more reactively and proactively aggressive and tend to perpetrate aggression towards father and mother. They belong to the first group who were high on callous-unemotional traits. The second group, in contrast, were less likely to perpetrate peer or parent aggression and they belong to the low callous-unemotional group. In other words, as proposed in the 'Trait-Based Model' in Chapter One, those high on callous-unemotional traits may be 'generalists' in aggression, perpetrating aggression indiscriminately towards both parents and peers. However, due to the small sample size, these findings have to be interpreted with caution.

Strengths, Limitations, and Suggestions for Future Studies

This study has several limitations that provide opportunities for future studies. One of them is the small number of participants, which may have reduced the power to detect more significant findings. This can potentially be overcome by using larger samples of adolescents and their parents. Despite this, the findings from this study is still reliable by using multiple informants (i.e., adolescent, parent, teacher). Still, future studies should aim to draw a bigger sample size which will enable the researcher to use a more robust data analysis method. A second limitation is that majority of participants

were boys, so findings may be more biased. However, since the participants were recruited from a special population with boys as the majority, and also support from past studies that boys perpetrate more aggression within the family, this appears to be acceptable. Future studies could extend the study to mainstream schools, which may help to get a balance number of male and female participants for comparative purpose. Although the present study found that young people high on callous-unemotional traits to be more inclined to perpetrating aggression in general, this study only examined young people from special schools who were more likely to possess higher callous-unemotional traits, consequently have higher risks towards perpetrating aggression.

The present study also found high callous-unemotional young people would perpetrate aggression to achieve their goals, mainly to dominate the other person. What if parents could intervene their child from developing aggressive behaviour? As suggested by the research on maternal mind-mindedness, parental sensitivity to children's psychological needs are more valuable than physical needs (Meins, Fernyhough, Fradley, & Tuckey, 2001). So, having a close relationship and understanding a child's psychological needs may reduce externalising problems or specifically aggression towards parents, as how it worked on younger children as shown by longitudinal studies. For this reason, it will be suggested for future studies to examine the protective factors among young people which may refrain them from using aggression towards parents.

Conclusion

This study contributes to our present knowledge on child aggression towards parents by exploring callous-unemotional traits and peer aggression. In this study, the author argued that young people with elevated level of callous-unemotional traits tend to be more aggressive towards both parents and peers. Therefore, they were what may be termed as 'generalist aggressors'. Targeted, tailored intervention work can be carried

out based on these two groups of ‘generalists’ and ‘specialists’ in aggression, factoring in these differences in callous-unemotional traits. Thus, it is strongly suggested for future research to include measures of callous-unemotional traits when studying child-to-parent aggression to fully explore these potential outcomes.

CHAPTER FOUR

Adolescents Aggression towards Parents: The Predictors and Suggestions for Intervention

Chapter Summary

The results in Chapter Three were consistent with the idea proposed in Chapter One, which specified that adolescents with high level of callous-unemotional traits tend to perpetrate aggression towards multiple people (in this case, towards both peers and parents). Based on the findings as presented in earlier chapters, in Chapter Four, the author investigates the mechanisms of parent-directed aggression at different levels of callous-unemotional traits. Callous-unemotional traits play both mediating and moderating roles from the evidence in this study. Stressful life events increase the levels of callous-unemotional traits among young people which in turn increase their aggression towards both mother and father. Although the moderation interaction is not significant for the relationship between motivation for aggression and aggression towards parents, the regression model at different levels of callous-unemotional traits found that at low level of callous-unemotional traits, impulsive motivation tends to be related to aggression towards mother. Contrastingly, at high levels of callous-unemotional traits, aggression towards the mother in the family relates to goal-oriented motivations. Similarly, for parenting styles, harsh parenting was only related to aggression towards both parents at lower levels of callous-unemotional traits. In contrast, poor parental monitoring was only related to aggression towards the mother when callous-unemotional traits were higher. This study confirmed that callous-unemotional traits predict whether or not young people would use aggression towards their parents. This highlighted the importance of including callous-unemotional traits in future research on parent-directed aggression and even in studies on domestic violence in general. That would aid in developing effective treatment programmes that are tailored according to the levels of callous-unemotional traits, which would be more useful to reduce the risk for serious antisocial behaviour, especially aggression.

Introduction

Domestic violence is defined as "any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence and abuse between those aged 16 or over, who are or have been, intimate partners or family members regardless of gender or sexuality" (Gov.UK Home Office, 2016). However, the incidences of aggression or violence within the family that are more commonly referred to in the literature is spousal or partner abuse. Although the occurrence of family abuse by young people is not a new phenomenon (Purcell et al., 2014), to date, available studies are somewhat limited. Due to the complexity of parent-directed aggression cases, no one factor is likely to explain such behaviour. For example, among the factors identified are; substance abuse, parenting styles, mental health issues, peer influence, poverty, and gender (i.e., male viewing themselves as more dominant than female; female viewing their mother as being weak and powerless, thus using aggressive behaviour as a way to distant themselves from the image of female vulnerability; fathers were viewed as being strong and intimidating, which decreased the possibility of abused against them) as contributors to the commission of parent abuse (Cottrell & Monk, 2004).

In terms of background characteristics, it appears that boys are more likely to assault both of their parents, as compared to girls (Boxer, Gullan, & Mahoney, 2009; Gallagher, 2008; Kennedy, Edmonds, Dann, & Burnett, 2010; Routt & Anderson, 2011), although a study on a community sample (n = 3000, 15–16 years of age) found both genders to have a similar share (male perpetrators = 56%) of parent-assault (Pagani et al., 2009). In addition, studies on clinical and forensics sample found that mothers were more likely to experience aggression from their children compared to fathers (Kethineni, 2004; Nock & Kazdin, 2002). However, among the community sample, fathers were slightly more likely to experience aggression from their children compared to mothers (Cornell & Gelles, 1982). It was proposed that the higher prevalence rate of

mothers as victims of child-to-parent aggression (among the clinical and forensics sample) compared to fathers could be due to mothers being more willing to disclose their experiences of being victimised by their children (Walsh & Krienert, 2009).

Recently, Routt and Anderson (2015) attempted to explain adolescent's violence in the home by including additional factors such as biological factors, trauma (i.e., bullying and neglect), clinical diagnosis, and most importantly, they highlighted that harsh parenting over any other parenting styles is the best predictor of child aggression. In addition to the factors thought to have contributed to adolescent children's aggression towards parents, experiences of stressful life events may also increase the risk of such aggression (Tolan, 1988; Vaux & Ruggerio, 1983). Little empirical work has focused on the well-being of the perpetrator of aggression, although it was evident that negative life events (e.g., getting bad grades, being disliked) may trigger a process that leads to aggression (Neuman & Baron, 2005). It has been argued that when such young people experience high levels of stress from life events, they may also be more likely to apparently 'turn-off' their emotions to cope with stressful situations or traumatic experiences, which may lead to reduced experiences of feelings which may relate to them being more aggressive via reduced empathy (Porter, 1996). Individuals who experienced direct victimisation or traumatic life experiences may trigger what has been termed 'survival coping' (Ford et al., 2006). The 'coping strategy' may resemble psychopathic-like traits where the adolescents experience a lack of empathy, remorse, or guilt (Ford et al., 2006; Weiler & Widom, 1996).

It is now empirically established that negative life events can predict increases in symptoms of 'child and adolescent psychopathology' (Grant, Compas, Thurm, McMahon, & Gipson, 2004) and also callous-unemotional traits (Kimonis, Centifanti, Allen, & Frick, 2014). Experiencing stressful negative life events during the normal course of a child's development may increase negative behaviour among children,

especially peer aggression (Dipierro & Brown, 2016; Herts, McLaughlin, & Hatzenbuehler, 2012). Thus, from past findings, it is evident that experiencing more stressful life events may relate to a person being more callous and unemotional, which contribute to elevated level of aggression (towards peers). The Social Information Processing Model (Crick & Dodge, 1994) also proposed that information processing differ between individuals. In the model, individuals who are able to make proper use of information are; 1) accustomed to making reasonable judgements; 2) able to make prompt rational decision despite facing stressful life events; and 3) will be able to avoid making destructive behaviour choices. However, youths who experienced stressful life events to the extent that it increases their level of callous-unemotional traits, may not be able to use and process the correct information to help them make sensible decisions. As discussed in Chapter One, callous-unemotional traits may influence how favourably youths view aggression (Fontaine & Dodge, 2006). Therefore, high callous-unemotional young people might not be able to perform cognitive functions in a normal way and orderly fashion in distressed situations. Prior research supported the notion of the theory by showing that youths became more callous, uncaring, and unemotional if they experience more stressful life events (Kimonis et al., 2014). Since stressful life events may contribute to increased level of callous-unemotional traits, which may then result in aggression among young people, studies on child-to-parent aggression should examine callous-unemotional traits.

Although negative life events were proposed as a main factor in determining the increase of callous-unemotional traits in an individual, it should be noted that other factors (although not examined in this study) may also contribute to the development of this traits. The factors can be explained using the ‘structure or agency’ debate in shaping individual’s behaviour (Barker, 2005). In other words, this paradigm suggests considering the cause and effect of the social world. Among the factors that can be

included as the ‘structure’ (cause) for callous-unemotional traits, in addition to negative life events, are trauma, potential abuse from parents or witnessing domestic violence, and social inequality. In relation to life events that was discussed above, young people who went through traumatic experiences might deliberately cultivate emotional detachment as a way of coping with overwhelming distress (Kerig & Becker, 2010). Earlier studies have indicated that callous–unemotional traits were not related with unfavourable childhood experiences. However, recent studies do suggest a relation between early trauma and callous–unemotional traits among adolescents (Krischer & Sevecke, 2008; Poythress, Skeem, & Lilienfeld, 2006). Porter (1996) proposed in his paper on ‘aetiology of psychopathy’ that some individuals with severe trauma or disappointed by loved ones might learn to ‘turn off’ their emotions to cope with those experiences, which later might emerge psychopathic personality disorder. In his theory, he suggested “youth who experienced trauma might acquire a façade of callousness through emotional numbing”. Allwood et al. (2011) found post-trauma emotional numbing (of fear and sadness) to associate with adolescent’s aggression, which lent support to Porter’s theory. The emotional detachment will intensify if the trauma came from someone who are close to the young person, as explained by Freyd (1996) through ‘betrayal trauma theory’. Interpersonal trauma through betrayal of trust on someone that the young person has emotional dependency (i.e., parents, caregiver) is particularly wounding. Consequently, experiencing ‘betrayal trauma’ from trusted figures such as parents, may bring impact towards increasing callous-unemotional traits. Most prominent incidences that may lead to these trauma, perhaps, are experiencing or witnessing abuse at home, which will be discussed next.

Child abuse comes in different types, but the most common types are physical abuse, psychological abuse, sexual abuse, and neglect. Physical abuse such as striking, hitting, beating, pushing, slapping, or kicking, inflicted by an adult may result in non-

accidental injury on the body, physical pain, or impairment (Kelly, 1983; Shackman & Pollak, 2014). Strauss (1979) defined psychological abuse towards children as "verbal and nonverbal acts which symbolically hurt the other, or threaten to hurt the other". Examples of psychological abuse are name calling, verbal insult, or yelling. In addition, threatening to take away something that is important to the child is also an extreme form of abuse (Allen, 2011; Tracy, 2016). Sexual abuse towards a child include tempting or forcing the child to take part in sexual activities (including prostitution), with or without the child's consent. The examples of sexual abuse (include penetrative and non-penetrative acts) are kissing, touching or caressing, vaginal or anal intercourse or oral sex, or non-contact activities (i.e., making the young person looking at pornographic material or watching sexual activities, encouraging the young person to behave in sexually inappropriate ways) (NSPCC, 2009). Child neglect happens when parents or carer who are legally responsible towards the young person fail to provide shelter, food, clothing, medical care, or supervision, to the point that it harms the young person's well-being, health, and safety (Child Welfare Information Gateway, 2016). On the other hand, witnessing abuse refers to the young person's experience of being exposed to the abuse and violence that was not directed towards them. In this case, the child may be physically present during the incident of domestic violence and witness a hostile verbal argument, physical aggression, or seeing the aftermath of the abuse (i.e., seeing injuries/bruises on one of the parent, disordered furniture and things around the house). Experiencing indirect or direct abuse will lead to betrayal of trust from the young person towards the parents or carer. Mikulincer et al. (2003) suggested that an individual may block their emotions as a method to distance themselves and to reduce disappointment that is caused by others' selfishness, rejection, or betrayal. In this case, the disappointment came from the experience of abuse by a person they trusted the most – the parents. The emotional pain inflicted by this betrayal trauma (from the abuse) might

trigger ‘survival coping’, which resulted the young person to withdraw their emotions, resulting in the development of callous-unemotional traits (Ford et al., 2006; Kerig, Bennett, Thompson, & Becker, 2012).

Callous-unemotional traits may also be a resulting outcome from social inequality. Social inequality can be defined as “the existence of unequal opportunities and rewards for different positions or statuses within a group or society” (Hurst, Gibbon, & Nurse, 2017). There are different forms of social inequality, which are: i) class, income, and wealth; ii) poverty and welfare; iii) status inequality; iv) political inequality; v) sex and gender inequality; and vi) racial and ethnic inequality as outlined by Hurst et al. (2017). Limited numbers of past studies have examined the broader social factors, such as low socioeconomic status as important predictors of callous-unemotional traits, particularly among pre-adolescents (Barker, Oliver, Viding, Salekin, & Maughan, 2011; Waller et al., 2015). From early childhood, the pathway for the lower, middle, and upper class seems to have been already determined. For instance, the middle and upper class parents have prepared their children with the skills and values that are needed to succeed and to maintain their higher position in the social hierarchy (Hurst et al, 2017). On the other hand, the experiences in school for the working and lower classes, coupled with the general outlook and specific attitudes they acquired due to their class background, lead them to believe that they have lower chances to succeed in school, thus having lower motivations to do so (McLeod, 2008). Poverty tend to be associated with a number of negative outcomes for children, especially in physical, mental, emotional and behavioural health, language and cognitive development, academic achievement and educational attainment (Edwards & Bromfield, 2010; Yoshikawa, Aber, & Beardslee, 2012). Poverty can expose children to living in distressed neighbourhoods, enrolling in low-performing schools, and not receiving enough nutritious food. Exposure to these poverty-related risks tend to be used as an

explanation to why those who lives in poverty tend to develop poor health. In fact, these causal-effect relationship is well established (Akee, Copeland, Keeler, Angold, & Costello, 2010; Kling, Liebman, & Katz, 2007). Living in a socio-economically disadvantaged neighbourhood can intensify family stress and conflict, which have negative impact on parenting (e.g., parenting style, monitoring, and supervision). This may then lead parents to experience reduce empathetic awareness for the needs of the children and lack of warmth, which increase the risk of children developing callous and unemotional behaviour (Waller, Gardner, & Hyde, 2013; Rebecca Waller et al., 2015).

As outlined in Chapters One and Three of this dissertation, callous-unemotional traits may serve to explain the callousness, lack of empathy, remorse towards others, shallow effect, insensitivity towards the feelings of others, or what has been termed, 'hyper regulated emotions' (Mcdonald et al., 2017). Callous-unemotional traits are not only evident in children and adolescents (Frick & Marsee, 2006), but they are relatively stable across these developmental stages (i.e., based on studies that examined young people over 1, 2, and 5 year periods among children aged 7 to 17 years, Burke, Loeber, & Lahey, 2007; Frick et al., 2003; Lynam et al., 2009). Not only are callous-unemotional traits and aggression in children and adolescents are correlated (Rebecca Waller, Hyde, Baskin-sommers, & Olson, 2017), callous-unemotional traits also characterise a group of young people who are more aggressive and have severe antisocial behaviour (Edens, Skopp, & Cahill, 2008; Frick & White, 2008). Such traits appear to predict a diagnosis of psychopathy into adulthood (Burke et al., 2007; Lynam, Caspi, Moffitt, Loeber, & Stouthamer-Loeber, 2007). More importantly, Cleckley's original concept of psychopathy is comparable with callous-unemotional traits (Viding, Fontaine, & McCrory, 2012). In Hare's (2003) Four-factor Model of Psychopathy, he proposed four inter-correlated factors that differentiate an individual with psychopathic traits from those who do not possess these traits, which are arrogant and deceitful

interpersonal style, deficient affective experience, irresponsible behavioural style, and antisocial behaviour. Consistent with Hare's model, callous-unemotional traits were demonstrated to be an important predictor of severe levels of antisocial and aggressive behaviour among youth (Frick & Hare, 2001). There was evidence that callous-unemotional traits in general showed similar associations with general measures of aggression and violence as compared to other dimensions of psychopathy (Dadds et al., 2005; Kruh, Frick, & Clements, 2005).

During middle childhood, individuals' lack of empathy and compassion towards others might relate to their egocentric behaviour and higher tendency to lie, threaten, and be cruel towards their siblings and friends. As they move into adolescence, they continue to show violence at school and also towards their parents (Estévez & Góngora, 2009; Garrido, 2005). A study conducted on 9,415 Polish adolescents found that those with high levels of callous-unemotional traits were significantly more aggressive and persistent in their aggressive behaviour compared to their peers who did not possess these traits (Perenc & Radochonski, 2014). Furthermore, adolescents high on callous-unemotional traits displayed the most severe and violent offences and they engaged in the most intentional and predatory forms of aggression (Frick & Marsee, 2006; Frick et al., 2003). They are also more prone to repeat their violence offence (Harris, 1995). Consequently, aggressive behaviour are more stable among youth with high callous-unemotional traits (Byrd et al., 2012; Frick & White, 2008; Munoz & Frick, 2007).

As thoroughly explained in Chapter One of this dissertation, adolescents are not only influenced by their own characteristics and life experiences, but their aggressive behaviour may have been transmitted from their parents through different parenting practices. According to Kashahu (2014), "The process of a child's growth is based on the creation of reports and agreements between parent and child, where parents in most cases decide the best way to treat a child, maintaining a balance between freedom and

coercion" (in Kashahu, Dibra, Osmanaga, & Bushati, 2014). In line with that, Paulson et al., (1990) found that non-abusive children tend to have the chance to discuss any issues including personal problems with parents, which may have helped to resolve parent-child conflicts using reasoning, rather than resorting to aggressive approach. In addition, paternal and maternal positive parenting practices were negatively associated with relational aggression, while paternal and maternal negative, harsh, uninvolved, and controlling parenting practices were positively associated with relational aggression (Kawabata, Alink, Tseng, van Ijzendoorn, & Crick, 2011). Failing to acknowledge their children's good behaviour also increase the chance of child-to-parent aggression (Jablonski, 2007). From their studies, it was clear parents who used physical punishment on the child will increase the chance of their child perpetrating aggression towards them.

Parental permissiveness at home also predicted child-to-parent aggression (Cottrell & Monk, 2004; Paulson et al., 1990). This permissive parenting style tends to lead to the reversal of power between parent and the child (Harbin & Maddin, 1979), where the child sees no serious consequences even if he/she were to show negative behaviour (Hong et al., 2012; Omer, 2000; Pagani et al., 2003). It is just a matter of time for the child to realise that being aggressive could successfully make their parents comply with their wishes. Despite this finding, it is worth bearing in mind that adolescents who are high on callous-unemotional traits are less responsive to punishment but are likely to be more responsive to reward-based discipline techniques (Hawes & Dadds, 2005). Referring to the 'Trait-Based Model' proposed in Chapter One, it is possible that harsh parenting per se is not related to child-to-parent aggression, and this may be especially evident when the young person is high on callous-unemotional traits. On the other hand, it may be that for the high callous-unemotional young people, they experience and associate their parent's compliance as a result of

their aggression. This may be rewarding and perhaps typically leads them to repeat their behaviour. This shows that it is important to examine whether the level of callous-unemotional traits would moderate the effect of parenting styles on child-to-parent aggression.

There are several reasons why individuals high on callous-unemotional traits are more likely to perpetrate aggression compared to those who are low on these traits. For instance, juveniles with elevated callous-unemotional traits believe that using aggression in a conflict situation will give them a positive outcome (Pardini, 2011; Perry, Perry, & Rasmussen, 1986). Some will use aggression to achieve a secondary or instrumental goal, i.e., attaining 'respect' or getting money (Pardini, Lochman, & Frick, 2003). They are callously unresponsive to information that is not directly and immediately related to their goal (Hare, 2003). It is also less likely that they will notice the suffering of their victims, which leads to continuous violent behaviour (Pardini, 2011). Despite knowing that causing harm and pain on other people is wrong, they tend to justify their actions as necessary (i.e., blaming the victims for leaving them with no other choice) (Hare, 1999). Indeed, Hare (2003) explained in his model that people who are high in psychopathic traits are manipulative, lacking emotions, irresponsible, and possess antisocial characteristics. For that reason, social goals/motivation is an important aspect to measure to better understand aggressive behaviour in adolescents. Although previous studies have linked motivation or goals with aggression, to date there has not been a particular study which directly addresses this issue within the child-to-parent aggression context. The closest study of this type was conducted by Purcell et al. (2014). In their research on aggression within the family, most perpetrators had repeated the offence for months or years prior to the parent's application for a court order. More than 10% of the perpetrators committed instrumental aggression to scare a sibling or to obtain material benefit from the parents (i.e., money or alcohol). Only 8% of the cases

occurred after being provoked by the victim. Moreover, Calvete et al. (2014) interviewed children from the support group and received responses indicating they have learnt that aggression was necessary in order to take control of their parents, and most importantly, as they saw it, to gain respect. The findings showed that aggressive behaviour was related to how people view aggression as a tool to bring them closer to their goals. As speculated in the earlier chapter, it is possible that adolescents, especially those high on callous-unemotional traits may choose to abuse their parents for personal gain, or it might be due to wanting to get revenge whether implicitly or explicitly, as a response towards harsh parenting (see Chapter One). Thus, young people who are high on callous-unemotional traits may be motivated to perpetrate aggression towards parents, as a result of permissive parenting. Also, those with low callous-unemotional traits could perpetrate aggression to retaliate or seek revenge towards harsh parenting. Callous-unemotional traits may be moderating responses linked to parental styles.

The Present Study

In an effort to fill the gap in the literature of studies on child-to-parent aggression, most past studies were conducted on various populations which included adjudicated, clinical, special, and general populations. However, it can be convincingly argued that most of such studies did not take into account the risk factors that may well have contributed to this antisocial behaviour. In view of the above, two studies which involved an audit of clinical case notes (see Chapter Two) and young people from the Special School for Social, Emotional, and Behavioural Difficulties (see Chapter Three) were conducted. The participation from parents in these previous studies was limited due to the nature of the study, which was viewed as ethically potentially intrusive and sensitive to be conducted face-to-face or via telephone interview. For instance, some parents declined to proceed with the interview as they were unsure of the level of confidentiality. Thus, this present study was planned in line with the British

Psychological Society (BPS) Code of Human Research Ethics (British Psychological Society, 2010) and the Ethics Guidelines for Internet Mediated Research (British Psychological Society, 2013). In the BPS guidelines, one of the main principle is 'respecting the autonomy, privacy, and dignity of individuals and communities'. Thus, the key points in the present study are adapted accordingly so as to respect parental privacy to make sure parents could preserve their anonymity while answering the survey questions on their experience of being bullied by their teenage children. This study used anonymised parent-reported data in explaining the motivations for aggression among young people to offer a unique understanding of aggression in adolescents – particularly towards parents. Although past studies have given explanations of youth's aggressive behaviour against peers, there have been no studies to date that examine the possible explanations for the relationship between callous-unemotional traits and aggression perpetrated by youth towards parents.

Thus, the present study aimed to explore the relationship of background characteristics with the main study variables, e.g., target of aggression, motivation of aggression (i.e., goal-oriented vs impulsivity), experiences of life events (i.e., negative and positive life events), parenting styles, callous-unemotional traits, and child aggression towards parents. In specific, the first aim was to examine the mediating effect of callous-unemotional traits on the relationship between stressful life events and aggression towards parents. The second aim was to examine whether callous-unemotional traits moderate the relationship between motivation for aggression and aggression towards parents. The final aim was to examine the moderating effect of callous-unemotional traits on the relationship between parenting practices and child-to-parent aggression. Ultimately, this study aimed to interpret the findings and suggest interventions for this scenario based on the findings.

Boys tend to perpetrate more aggression than girls, but when it comes to aggression within the family using a community sample, the difference was not significant (Pagani et al., 2009), thus this was also hypothesised in the present study. Since past studies found the negative life events relate to callous-unemotional traits (Dipierro & Brown, 2016; Herts et al., 2012), this present study also hypothesised significant correlation between these two variables. Previous study found high callous-unemotional traits escalate conflict (Marsee et al., 2014). Thus, callous-unemotional traits were expected to mediate the relation between negative life events and aggression towards parents. Additionally, callous-unemotional traits were hypothesised to moderate the relationship between motivation of aggression and parent-directed aggression, and also the relationship between parenting styles and child aggression towards parents. The hypotheses of this study were derived from findings from previous studies which have separately explained the relations between those variables, but not within the area of family aggression or using callous-unemotional traits as a moderator variable.

Method

Participants

Sixty parents of children (31 boys, 29 girls) aged between 11 to 17 years old (M_{age} = 14, *SD* = 1.8) who were residing in the UK (n = 48), USA (n = 10), or Canada (n = 2) during the data collection period took part in answering an online survey. Thirty-five of the parents found the link for the survey on social network (i.e., Facebook and Twitter), 13 from parenting blog (i.e., Mumsnet, Netmums, etc.), and 12 received the link through email or text messages (i.e., Whatsapp). Parents were aged between 28 to 60 (M_{age} = 42, *SD* = 6.7) with an annual household income between $15,000 to

$150,000 (*M* = $45,000, *SD* = $22,500)[11]. The majority of the respondents were the biological mothers of the young person (n = 53) and the others were the biological father (n = 5) or others (n = 2). Forty-six of the young people were living with both parents. Nearly half of the parents (n = 28) rated their child as aggressive on the survey question 'does your child show aggressive behaviour?'. Out of those who were aggressive, eight targeted parents only, 16 targeted parents and others (i.e., siblings, peers), and four did not target parents (but do so towards others). About 92% (n = 55) and 85% (n = 51) of the parents reported that their child perpetrated verbal aggression towards their mother and father respectively. Nearly 43% (n = 26) of parents had reported physical aggression towards mother and 38% (n = 23) were towards father. Data was inspected for face validity and responses that seemed inaccurate or incomplete were removed from analysis. Full information was given in the recruitment letter about the type of questions that will be asked in the survey.

Procedure

The study obtained approval from the University of Durham Institutional Review Board. The survey was posted using a secure internal server (of Department of Psychology, University of Durham) to ensure security of the data. Full consent was taken before they could proceed with the survey (participants ticked the consent box in order to proceed with the survey). All server-side data is anonymous and no Internet Protocol (IP) address is collected from the survey. Each participant was given a 6-digit randomly generated alphanumeric code at the beginning of the survey. The 6-digit code were only known to the particular participant. The rationale of including this 6-digit code was to ensure that the participants can withdraw from the study after submitting their answers (see Appendix H for the Participant Information Sheet). The participants

[11] Or between £11,323.50 to £113,235 (*M* = £33,975, *SD* = £16,987.50).

only revealed this code to the researcher if they would like to withdraw their data from the study. However, none of the participants contacted the researcher with this request. There was no direct contact between the researcher and participants throughout the study, which helps in preserving the participants' identity and as explained by Birnbaum (2001) as "fewer opportunity for bias due to researcher's interactions with the participants". This may also help the participants to share the information willingly, due to what they may perceive as the "feeling of anonymity" (McBride, 2016). In addition, it was considered to be convenient for the participants as they were able to answer the survey questions at their own time and pace (McBride, 2016). No identifiable information (i.e., names, contact number, address, etc.) were collected through the online survey. A few background questions were included in the survey for analysis purposes (i.e., age of the child and parent, socioeconomic status of the family). The administration time for each participants was on average 15 minutes.

Measures

All measures have been specifically selected to be appropriate, valid, and reliable to be reported by parents. In the following section, explanations about the measures that were used in this study are given.

Aggression towards parents. Aggression towards parents was measured using the Conflict Tactics Scales (CTS) (Straus et al., 2006). The CTS is a widely used measure for conflict management within the family. Tactics of conflict management was measured using the three scales: reasoning, usage of verbal aggression, and violence (physical aggression) (Straus, 1979). The 62-items are rated on a 7-point Likert scale from 1 (not in the past and not previously, never) to 7 (21 or more times in the past year). In the present study, parent-report data was obtained. Similarly, a previous study also used parent-report data on children between the ages of 2 to 17 years old (Eriksen & Jensen, 2006). The scale showed high internal consistency in the past

studies. Although this measure has not been used within the UK to measure the incidences of parent-directed aggression, similar items were used to measure inter-sibling violence in a study in the UK (Khan & Cooke, 2013). There are three subscales in CTS, which measures verbal and physical aggression and using reasoning in resolving conflict with parents. The verbal and physical aggression subscales were combined in this study to form parent-directed aggression subscale (i.e., separately, towards mother and father). Each subscale had high reliabilities, with the Cronbach's alphas as follows – father: reasoning, α = .86; verbal aggression, α = .91; physical aggression, α = .97; total aggression, α = .96; and mother: reasoning, α = .80; verbal aggression, α = .89; physical aggression, α = .95; total aggression, α = .95.

Life events. The life events in youth were assessed using the Life Events Checklist (LEC) (Johnson & McCutcheon, 1980). The 46-item scale is made up of two subscales which measure positive and negative life events. Parents scored the items with a 'Yes' or 'No', depending on whether or not an event has happened in their child's life in the past 12 months. Both positive and negative life events subscales were used in the present study. However, only the negative life events subscale was included in the mediation analysis.

Callous-unemotional traits. The Inventory of Callous-Unemotional Traits (ICU) (Frick, 2004) was used to measure adolescent's callous-unemotional traits. The 24-item inventory is rated on a 4-point Likert scale from 0 (not at all true) to 3 (definitely true). The ICU consists of three behavioural dimensions – uncaring, callousness, and unemotional (Essau, Sasagawa, & Frick, 2006a; Kimonis et al., 2008), but in the present study, only the total score was being used and not the sub-dimensions. Parent-reports for ICU were obtained in this study. Parent report on ICU was used in studies that were conducted within the UK and showed good internal consistencies

(Muñoz, Qualter, et al., 2011). The scale has high reliability with the study sample with Cronbach's α = .883.

Motivation for aggression. Parents choose a statement from the list which best describes what they perceive to be the motivation of their child's aggression. The list was created based on Hunt's (1993) five types of aggression. The items have been modified to fit the context of violence within the home and for parents to answer.

Parenting. The Alabama Parenting Questionnaire (APQ) (Frick, 1991) was used to measure parenting behaviour. The 42-item scale is rated with a 5-point Likert scale ranging from 1 (never) to 5 (always). There are five subscales from the questionnaire, which are monitoring and supervision, inconsistent punishment, corporal punishment, positive parenting, and involvement. Seven additional items which measured specific discipline practices were included (i.e., other discipline practices subscale) to reduce the negative bias towards corporal punishment questions (Shelton et al., 1996). The APQ has been used in previous studies within the UK and showed broadly satisfactory internal consistencies (Psychogiou et al., 2007; Scott et al., 2012). Parental involvement, positive parenting, poor monitoring (permissive parenting), inconsistent discipline, corporal punishment (harsh parenting), with Cronbach's alphas of .912, .864, .703, .742, and .671 respectively.

Data Analyses

Data analysis was conducted using SPSS version 20.0 to test the hypotheses of this study. Before the hypotheses were tested, normality test was conducted to determine the distribution of the data. The outliers were transformed to meet the assumption of normality (no outliers). The other assumptions have been met. First, descriptive statistics were conducted to examine the background characteristics of the study sample and to examine whether parents were more likely to experience verbal aggression or physical aggression. Second, Pearson correlation analysis was conducted

to examine the association between the study variables. In specific, these relations were tested: 1) the association between callous-unemotional traits and aggression towards father/mother, 2) the association between parental involvement and aggression towards father/mother, 3) the association between stressful life events and aggression towards father/mother, 4) the association between motivation of aggression and aggression towards father/mother, 5) the association between parental involvement and callous-unemotional traits, 6) the association between stressful life events and callous-unemotional traits, and 7) the association between motivation of aggression and callous-unemotional traits. Third, a regression model was constructed using the SPSS PROCESS macro with bootstrapping (Hayes, 2013) in order to test the degree of indirect effects of callous-unemotional traits with regards to the relationship between stressful life events and aggression towards parents. Preacher and Kelley (2011) introduce and recommend the use of κ^2 effect size which is defined as "the magnitude of the indirect effect relative to the maximum possible indirect effect" (p. 104). Cohen's effect sizes are .01 for small, .09 for medium, and .25 for large (Cohen, 1988, p. 79-81), which applies similarly to κ^2. Lastly, callous-unemotional traits were tested as the moderator of the association between motivation for aggression and child-to-parent aggression, and association between parenting styles and child-to-parent aggression. The first model tested for the direct effects of motivation (goal oriented and impulsivity) on aggression towards parents, and the second model tested for the direct effects of parenting practices (corporal punishment and poor monitoring) on aggression towards parents.

Results

This section presents the results of the present study. The results are presented in two main sections: 1) descriptive and correlational analysis and; 2) the moderation and mediation analysis.

Correlations Among Main Study Variables

This section presents the correlational analysis result based on Table 6. The relationship between background characteristics (i.e., parent's age, household income, child's age, child's gender, family structure) with aggression towards parents (i.e., father and mother) were tested and the findings discussed. The results showed older parents were more likely to be more involved with their children, while younger parents were more likely to practice poor parental monitoring as compared to older parents. Boys were more likely to experience more negative life events as compared to girls.

Adolescents who targeted their aggression towards more people were more likely to be both impulsive and goal-oriented when perpetrating aggression. They were also more likely to have experienced negative life events, and had higher level of callous-unemotional traits. Parents who were less involved and practice less positive parenting, practice more inconsistent discipline, poor monitoring, and corporal punishment tend to have children who perpetrate aggression towards multiple people. Young people who targeted their aggression towards multiple people also had higher tendency to target their aggression towards both father and mother.

Young people with goal-oriented motive of aggression were more likely to experienced more negative life events, had higher level of callous-unemotional traits, experienced less parental involvement and positive parenting, more likely to have experienced poor monitoring from parents, and also more likely to perpetrate aggression towards father and mother. Adolescents who experienced more negative life events tend to have higher level of callous-unemotional traits, received less parental involvement and positive parenting, and more likely to received corporal punishment from parents, and tend to perpetrate aggression towards both parents.

Young people who scored higher level of callous-unemotional traits tend to experienced less involvement from parents and positive parenting, but more inconsistent

parenting and poor parental monitoring from parents. They were also more likely to perpetrate aggression towards both parents. Young people who experienced more involvement from parents were less likely to perpetrate aggression towards their parents. Parents who practiced positive parenting were also less likely to have experienced aggression from their children. Parents who practiced inconsistent discipline, poor monitoring, and corporal punishment were more likely to have children who were aggressive towards them.

Table 6. Correlations between background characteristics and main study variables

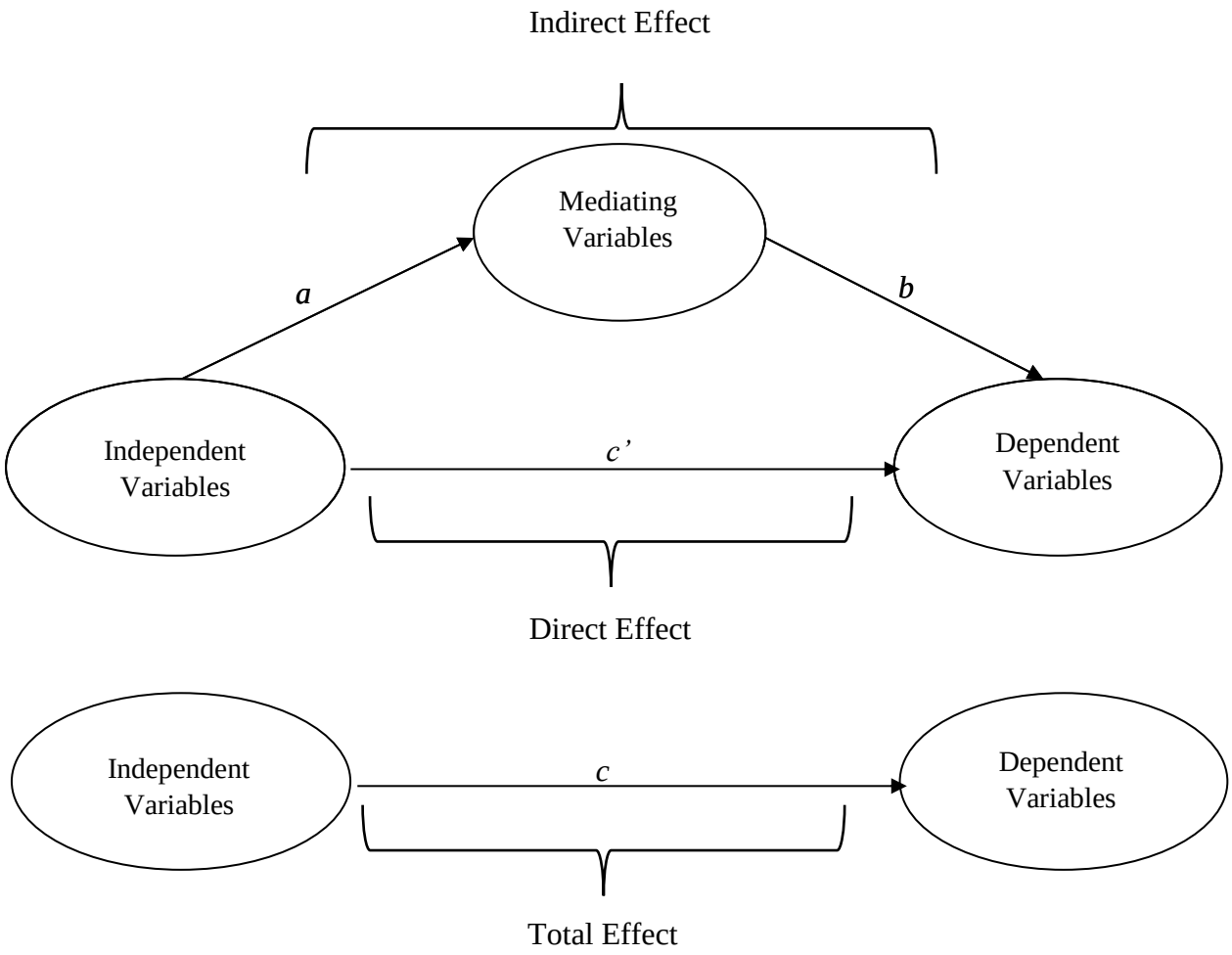
Variables	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
Background Characteristics																	
1. Parent age	-																
2. Household income	**.370****	-															
3. Child's age	**.280***	-.211	-														
4. Child's gender (0 = Male, 1 = Female)	.156	-.070	.150	-													
5. Live with both parents (0 = No, 1 = Yes)	**.289***	**.303***	.022	.200	-												
6. Target	-.178	-.149	-.043	-.179	.106	-											
Main Study Variables																	
7. Impulsive aggression	.005	-.073	-.158	-.157	-.089	**.290***	-										
8. Goal-oriented aggression	-.252	-.005	-.013	-.133	.188	**.409*****	**-.352****	-									
9. Positive life events	.027	.062	.044	-.107	.050	.039	.004	.075	-								
10. Negative life events	-.128	-.109	.137	**-.256***	.003	**.673*****	.118	**.456*****	.230	-							
11. Callous-unemotional traits	-.208	-.031	-.031	-.115	.083	**.552*****	-.025	**.582*****	-.136	**.527*****	-						
12. Parental involvement	**.326***	.163	.011	-.009	.015	**-.492*****	.019	**-.455*****	.122	**-.459*****	**-.582*****	-					
13. Positive parenting	.101	.040	-.076	-.097	-.271	-.466	.138	-.509	.060	-.399	**-.481*****	**.810*****	-				
14. Inconsistent discipline	-.203	-.126	-.076	-.108	.120	**.453*****	.206	-.221	-.137	.233	**.390*****	**-.262***	**-.255***	-			
15. Poor monitoring	**-.339****	-.090	-.025	-.040	.134	**.407*****	.086	**.392****	.005	.208	**.396****	**-.359****	**-.408*****	**.486*****	-		
16. Corporal punishment	-.063	-.107	-.003	.024	-.078	**.296***	.205	.038	-.216	**.257***	.075	-.236	**-.335****	.137	.170	-	
17. Aggression towards father	.013	.076	.125	-.231	.142	**.611*****	.159	**.414*****	-.023	**.494*****	**.508*****	**-.433*****	**-.432*****	**.377****	**.386****	**.336****	-
18. Aggression towards mother	-.134	-.091	.125	-.141	.104	**.712*****	.119	.559	.021	**.588*****	**.612*****	**-.572*****	**-.519*****	**.459*****	**.516*****	**.280***	**.851*****
Mean	42.87	-	14.00	-	-	-	.95	.32	1.85	2.80	27.37	17.54	10.54	18.75	2.85	5.42	6.05
SD	6.68	-	1.79	-	-	-	1.19	.73	1.51	2.56	14.42	4.60	2.60	3.27	.49	6.95	6.79

Note: *Correlation is significant at $p \leq 0.05$, **Correlation is significant at $p \leq 0.01$, *** Correlation is significant at $p \leq 0.001$

The Mediating Effect of Callous-unemotional Traits

This section presents the introduction of mediation and the result of the mediation analysis conducted using 'Process' (Hayes, 2013) plug-in on SPSS. This analysis was used to test the mediation effect of callous-unemotional traits on the relationship between negative live events and aggression towards parents (i.e., aggression towards father and mother). Previous research largely made use of the Baron and Kenny's (1986) method for testing mediation (McCartney, Burchinal, & Bub, 2006). This method indicated that mediation can be shown via regression analysis if a series of conditions are met.

Figure 2. Theoretical mediation model for independent variables, mediating variables, and dependent variables (Diagram of a mediation model from Field (2013, p. 408).



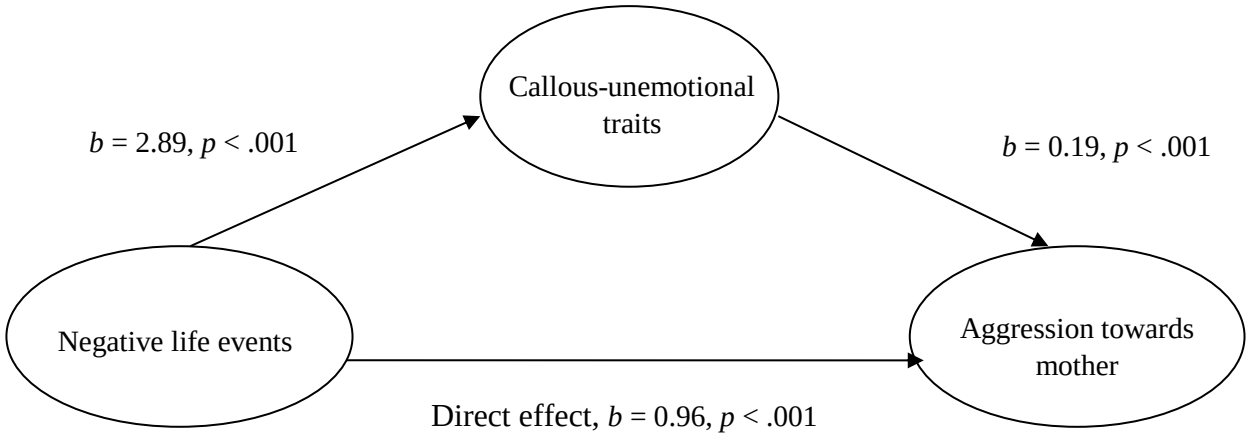
As the first condition, the Independent Variables must be significantly correlated with the Mediating Variables (i.e., Path *a*) (See Figure 2). The second condition requires the Mediating Variables to be significantly correlated with the Dependent Variables (i.e., Path *b*). The third condition requires the Independent Variables to be significantly correlated with the Dependent Variables (i.e., Path *c*). In the fourth condition, the relationship between the Independent Variables and the Dependent Variables must be reduced while Mediating Variable is controlled (i.e., Path *c'*). Figure 2 also shows the indirect, direct, and total effect of mediation. The total effect is the effect of the predictor on the outcome without the mediator in the model. In the linear systems, the total effect is equal to the sum of the direct and indirect effects (path *c* + path *ab* in the figure).

In addition to Baron and Kenny's (1986) method, McCartney et al. (2006) highlighted the importance of including the usage of Sobel test to test whether a mediator carries the influence of an independent variable to a dependent variable. The Sobel test provides a method to determine whether the reduction in the effect of the independent variables, after including the mediating variable in the model, is a significant reduction, and therefore whether the mediation effect is statistically significant (Sobel, 1982, 1986). However, Field (2013) encouraged the usage of bootstrap confidence intervals than formal tests of significance (i.e., as done by Sobel test), especially with smaller sample size, which was the case in the present study.

Do callous-unemotional traits mediate the relationship between negative life events and aggression towards mother? Figure 3 shows the result of the simple regression of callous-unemotional traits predicted from negative life events (i.e., path *a* in Figure 2), $b = 2.89$, $t = 4.67$, $p = .001$. The R^2 value informed that negative life events explained 27% of the variance in callous-unemotional traits. Since *b*-value is positive, the relations between negative life events and callous-unemotional traits were also

positive. An increased in the experiences of negative life events also increased the levels of callous-unemotional traits.

Figure 3. Model of negative life events as a predictor of aggression towards mother, mediated by callous-unemotional traits. The confidence interval (CI) for the indirect effect is a bias-corrected and accelerated (BCa) bootstrapped CI based on 1000 samples.

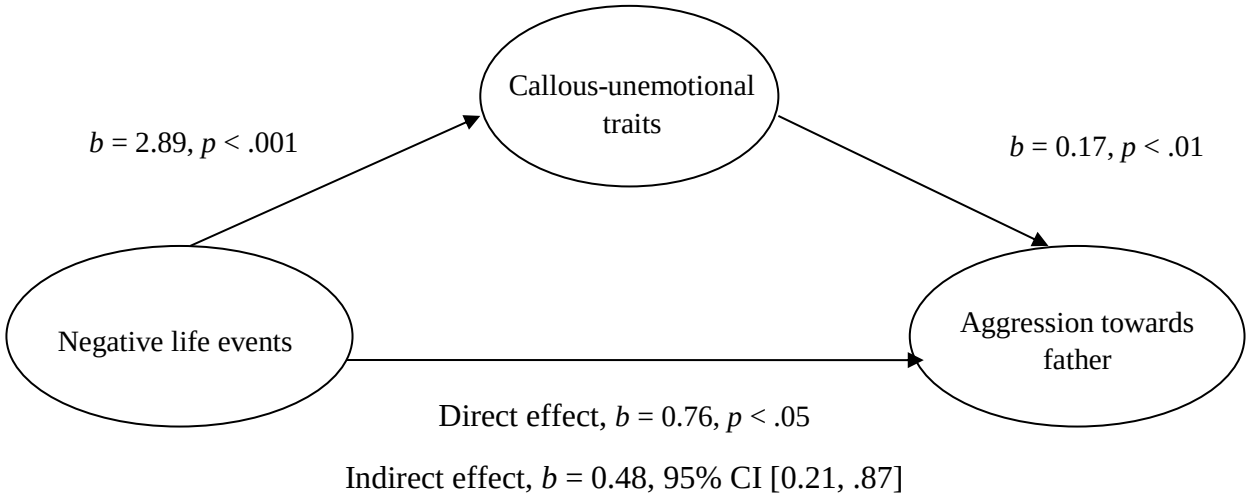


The figure also shows the results of the regression analysis of mother-directed aggression as predicted from both negative life events (i.e., path *c*' in Figure 2) and callous-unemotional traits (i.e., path *b* in Figure 2). Results showed negative life events significantly predict aggression towards mother even with callous-unemotional traits in the model, $b = .96$, $t = 3.61$, $p < .001$; callous-unemotional traits also significantly predict aggression towards mother, $b = .19$, $t = 3.90$, $p < .001$. The R^2 value showed that the model explained 51% of the variance in aggression towards mother. The positive values for callous-unemotional traits and negative life events showed that as callous-unemotional traits increased, aggression towards mother also increased. In addition, an increase in negative life events also increased aggression towards mother, and vice versa.

The total effect is the effect of the predictor on the outcome when the mediator is not present in the model – in other words, path *c* in Figure 2 ($b = 1.49$, $t = 5.94$, $p < .001$). The indirect effect of negative life events on aggression towards mother (path *c'* in Figure 2) has an estimate of $b = .542$ as well as a bootstrapped standard error (.207) and confidence interval is 0.203 and 1.021. A 95% confidence interval is equivalent to a two-tail test of hypotheses of alpha = .05. Zero falls outside the 95% confidence interval, which means the null hypothesis of 'no mediation effect' is rejected. There was a significant indirect effect of experiencing negative life events on aggression towards mother, $b = .542$, BCa CI [.203, 1.021]. This represented a medium effect, $\kappa^2 = .240$, 95% BCa CI [.096, .401]. Therefore, callous-unemotional traits were a mediator of the relationship between negative life events and aggression towards mother.

Do callous-unemotional traits mediate the relationship between negative life events and aggression towards father? Similar to what was explained previously, the results in Figure 4 show that negative life events predict callous-unemotional traits, $b = 2.89$, $t = 4.67$, $p = .001$, $R^2 = 27\%$. The result indicated an increase in the experiences of negative life events also increased the levels of callous-unemotional traits.

Figure 4. Model of negative life events as a predictor of aggression towards father, mediated by callous unemotional traits. The confidence interval for the indirect effect is a BCa bootstrapped CI based on 1000 samples.



The figure also shows the results of the regression analysis of father-directed aggression as predicted from both negative life events (i.e., path *c*' in Figure 2) and callous-unemotional traits (i.e., path *b* in Figure 2). Results showed that negative life events significantly predict aggression towards father even with callous-unemotional traits in the model, $b = .76$, $t = 2.49$, $p < .05$; callous-unemotional traits also significantly predict aggression towards father, $b = .17$, $t = 3.02$, $p < .01$. The R^2 value showed that the model explains 36% of the variance in aggression towards father. The positive values for callous-unemotional traits and negative life events showed that as callous-unemotional traits increase, aggression towards father increases. In addition, an increase in negative life events also increased aggression towards father, and vice versa.

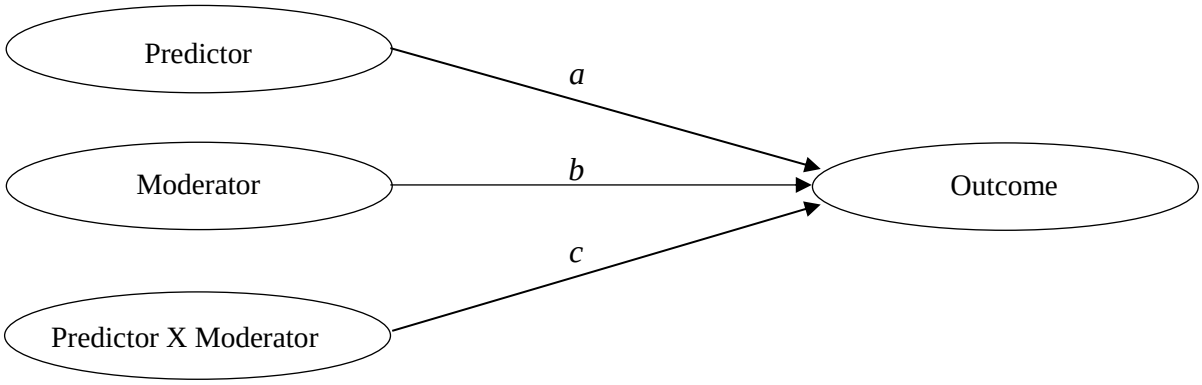
The equation for the total effect (path *c* in Figure 2) is $b = 1.25$, $t = 4.47$, $p < .001$. The indirect effect of negative life events of aggression towards father has an estimate of $b = .485$ as well as a bootstrapped standard error (.174) and confidence interval 0.210 and 0.867. Similar to what was found in the mediation model presented in Figure 3., zero also falls outside the 95% confidence interval in this model, which

means the null hypothesis of 'no mediation effect' is rejected. To put it simply, callous-unemotional traits were a mediator of the relationship between negative life events and aggression towards father. There was a significant indirect effect of experiencing negative life events on aggression towards father, b = .485, BCa CI [.209, .867]. This represents a medium effect, κ^2 = .195, 95% BCa CI [.083, .331]. Therefore, callous-unemotional traits were a mediator of the relationship between negative life events and aggression towards father.

The Moderating Effect of Callous-unemotional Traits

In this section, the moderating variable will be explicated, which includes the result of data analysis using 'Process' plug-in (Hayes, 2013) on SPSS. According to Baron and Kenny (1986), a moderator is a variable that affects the direction or strength of the relation between an independent or predictor variable and a dependent variable or outcome variable. In specific, within a correlational analysis framework, a moderator is a third variable that affects the zero-order correlation between two other variables. A moderator effect could occur when the direction of the correlation changes. It could also occur if a relation is reduced substantially instead of being reversed. Figure 5 shows the statistical moderation model. The model has three causal paths: path *a* is the relation between predictor variable and the outcome variable, path *b* is the relation between moderator and the outcome variable, and most importantly, path *c* is the interaction between predictor and moderator variable and their relation with the outcome variable. The moderator hypothesis is supported if path *c* is significant.

Figure 5. Diagram of the statistical moderation model



Do callous-unemotional traits moderate the relationship between motivation for aggression (impulsive) and aggression towards mother? Table 7 is the linear model of predictors of aggression towards mother. First, callous-unemotional traits predicted aggression towards mother, b = .27, 95% CI [.17, .37], t = 5.25, p = .001 (i.e., path *a* in Figure 5). Second, impulsive motivation for aggression did not predict aggression towards mother, b = .70, 95% CI [-.46, 1.86], t = 1.20, p = .234 (i.e., path *b* in Figure 5). Third, the interaction effect was not significant, b = .05, 95% CI [-.16, 0.29], t = -1.39, p = .17, (i.e., path *c* in Figure 5) which indicated that the relationship between impulsive motivation for aggression and aggression towards mother was not moderated by callous-unemotional traits. Finally, the R^2 value showed that the model explained 41% of the variance in aggression towards mother.

Table 7. Linear model of predictors of aggression towards mother (impulsive), with 95% bias corrected and accelerated confidence intervals reported in parentheses. Confidence intervals and standard errors based on 1000 bootstrap samples

	b	***SE B***	***t***	***p***
Constant	6.02	.69	8.73	.001
	(4.64, 7.40)			
CU traits	.27	.05	5.25	.001
	(.17, .37)			
Motivation	.70	.58	1.20	.234
(Impulsive)	(-.46, 1.86)			
CU traits x	-.07	.05	-1.395	.169
Motivation	(-.16, .03)			
(Impulsive)				

Note. R^2 = .548

The results below show the regressions at three levels of callous-unemotional traits. The models are presented below:

i) When callous-unemotional traits were low, there was non-significant positive relationship between impulsive motivation for aggression and aggression towards mother, *b* = 1.651, 95% CI [-.074=5, 3.378], *t* = 1.92, *p* = .060.

ii) At the mean value of callous-unemotional traits, there was a non-significant positive relationship between motivation for aggression and aggression towards mother, *b* =.700, 95% CI [-.465, 1.865], *t* = 1.20, *p* = .234.

iii) When callous-unemotional traits were high, there was a non-significant positive relationship between -motivation for aggression and aggression towards mother, *b* = -.252, 95% CI [-2.113, 1.610], *t* = -.27, *p* = .788.

These results indicated that there was no significant relationship between impulsive motivation for aggression and aggression towards mother at any level of callous-unemotional traits.

Do callous-unemotional traits moderate the relationship between motivation for aggression (impulsive) and aggression towards father? Table 8 is the linear model of predictors of aggression towards father. First, callous-unemotional traits predicted aggression towards father, b = .25, 95% CI [.13, .36], t = .06, p = .001 (i.e., path *a* in Figure 5). Second, impulsive motivation for aggression did not significantly predict aggression towards father, b = .99, 95% CI [-.31, 2.31], t = 1.53, p = .133 (i.e., path *b* in Figure 5). Third, the interaction effect was also not significant, b = .002, 95% CI [-.10, .11], t = .04, p = .967, (i.e., path *c* in Figure 5) which indicated that the relationship between motivation for aggression and aggression towards parents was not moderated by callous-unemotional traits. Finally, the R^2 value showed that the model explained 29% of the variance in aggression towards father.

Table 8. Linear model of predictors of aggression towards father (impulsive), with 95% bias corrected and accelerated confidence intervals reported in parentheses. Confidence intervals and standard errors based on 1000 bootstrap samples

	b	***SE B***	***t***	***p***
Constant	5.42	.77	6.97	.001
	(3.86, 6.97)			
CU traits	.25	.06	4.32	.001
	(.13, .36)			
Motivation	.99	.66	1.53	.133
(Impulsive)	(-.31, 2.31)			
CU traits x	.002	.05	.04	.967

Motivation (Impulsive)	(-.10, .11)

Note. R^2 = .548

The results below are the results of regressions at three different levels of callous-unemotional traits:

i) When callous-unemotional traits were low, there was no significant relationship between motivation for aggression and aggression towards father, *b* = .968, 95% CI [-.978, 2.914], *t* = .997, *p* = .323.

ii) At the mean value of callous-unemotional traits, there was no significant relationship between motivation for aggression and aggression towards father, *b* = .999, 95% CI [-.313, 2.312], *t* = 1.53, *p* = .133.

iii) When callous-unemotional traits were high, there was no significant relationship between motivation for aggression and aggression towards father, *b* = 1.031, 95% CI [-1.067, 3.130], *t* = .98, *p* = .329.

These results indicated that the relationship between impulsive motivation for aggression and aggression towards father did not emerge at any levels of callous-unemotional traits.

Do callous-unemotional traits moderate the relationship between motivation for aggression (goal-oriented) and aggression towards mother? Based on the results from the moderation analysis presented in Table 9, first, callous-unemotional traits predicted aggression towards mother, *b* = .19, 95% CI [.07, .31], *t* = 3.25, *p* = .002. Second, the motivation for aggression did not significantly predict aggression towards mother, *b* = 1.18, 95% CI [-1.19, 4.75], *t* = 1.15, *p* = .253. Third, the interaction between callous-unemotional traits and motivation for aggression were not significant, *b* = .08, 95% CI [-.06, .21], *t* = 1.15, *p* = .253. Theoretically, this means that

moderation was not present in this model. The R^2 value showed that the model explains 45% of the variance in aggression towards mother. Although the figures in the table showed no significant interaction between callous-unemotional traits and motivation for aggression, it is worth noting that the relationship between motivation for aggression and aggression towards mother was present (significant) at different levels of callous-unemotional traits.

Table 9. Linear model of predictors of aggression towards mother (goal-oriented) with 95% bias corrected and accelerated confidence intervals reported in parentheses. Confidence intervals and standard errors based on 1000 bootstrap samples

	b	***SE B***	***t***	***P***
Constant	5.59	.78	7.17	.001
	(4.02, 7.14)			
CU traits	.19	.06	3.25	.002
	(.07, .31)			
Motivation	1.18	1.48	1.20	.236
(Goal-oriented)	(-1.19, 4.75)			
CU traits x	.08	.07	1.15	.253
Motivation (Goal-	(-.06,.21)			
oriented)				

Note. R^2 = .366

Three models of regressions based on the levels of callous-unemotional traits are presented below:

i) When callous-unemotional traits were low, there was a non-significant relationship between goal-oriented motivation for aggression and aggression towards mother, b = .658, 95% CI [-3.805, 5.121], t = .30, p = .769.

ii) At the mean value of callous-unemotional traits, no significant relationship was found between motivation for aggression and aggression towards mother, *b* = 1.777, 95% CI [-1.192, 4.745], *t* = 1.20, *p* = .236.

iii) When callous-unemotional traits were high, there is a significant positive relationship between motivation for aggression and aggression towards mother, *b* = 2.895, 95% CI [.606, 5.184], *t* = 2.53, *p* = .014.

These results indicated that the relationship between goal-oriented motivation for aggression and aggression towards mother emerges when the young person had higher level of callous-unemotional traits, but not when the young person had lower level of callous-unemotional traits. Adolescents with low and average level of callous-unemotional traits were less likely to perpetrate premeditated aggression and aggression towards mother, compared to their peers with high callous-unemotional traits.

Do callous-unemotional traits moderate the relationship between motivation for aggression (goal-oriented) and aggression towards father? Based on the results from the moderation analysis presented in Table 10, first, callous-unemotional traits predicted aggression towards father, *b* = .19, 95% CI [.05, .33], *t* = 2.79, *p* = .007. Second, the motivation for aggression did not predict aggression towards father, *b* = 1.47, 95% CI [-.2.00, 4.94], *t* = .85, *p* = .400. Third, the interaction between callous-unemotional traits and motivation for aggression was not significant, *b* = .02, 95% CI [-.14, .18], *t* = .23, *p* = .822. Theoretically, this means that moderation was not present in this model. The R^2 value showed that the model explained 28% of the variance in aggression towards mother.

Table 10. Linear model of predictors of aggression towards father (goal-oriented) with 95% bias corrected and accelerated confidence intervals reported in parentheses. Confidence intervals and standard errors based on 1000 bootstrap samples

	b	***SE B***	***t***	***p***
Constant	5.31	.91	5.82	.001
	(3.48, 7.14)			
CU traits	.19	.07	2.79	.007
	(.05, .33)			
Motivation	1.47	1.73	.85	.400
(Goal-oriented)	(-2.00, 4.94)			
CU traits x	.02	.08	.23	.822
Motivation (Goal-	(-.14, .18)			
oriented)				

Note. R^2 = .366

The models below show the results of three different regressions based on the levels of callous-unemotional traits:

i) When callous-unemotional traits were low, there was no significant relationship between motivation for aggression and aggression towards father, *b* = 1.214, 95% CI [-4.009, 6.436], *t* = .47, *p* = .643.

ii) At the mean value of callous-unemotional traits, there was no significant relationship between motivation for aggression and aggression towards father, *b* = 1.469, 95% CI [-2.004, 4.944], *t* = .85, *p* = .400.

iii) When callous-unemotional traits were high, there was no significant relationship between motivation for aggression and aggression towards father, *b* = 1.730, 95% CI [-.954, 4.405], *t* = 1.29, *p* = .202.

These results indicated that there was no significant relationship between goal-oriented motivation for aggression and aggression towards father at any levels of callous-unemotional traits.

Do callous-unemotional traits moderate the relationship between corporal punishment and aggression towards mother? Table 11 is the linear model of predictors of aggression towards mother. First, callous-unemotional traits predicted aggression towards mother, b = .27, 95% CI [.16, .37], t = 5.10, p = .001 (i.e., path *a* in Figure 5). Second, parental corporal punishment predicted aggression towards mother, b = 3.52, 95% CI [.27, 6.77], t = 2.17, p = .034 (i.e., path *b* in Figure 5). Third, the interaction effect was not significant, b = -.13, 95% CI [-.31, .04], t = -1.50, p = .138, (i.e., path *c* in Figure 5) which indicated that the relationship between parental corporal punishment and aggression towards parents was not moderated by callous-unemotional traits. However, the moderation was present at different levels of callous-unemotional traits, as presented next. The R^2 value showed that the model explained 47% of the variance in aggression towards mother.

Table 11. Linear model of predictors of aggression towards mother (corporal punishment) with 95% bias corrected and accelerated confidence intervals reported in parentheses. Confidence intervals and standard errors based on 1000 bootstrap samples

	b	***SE B***	***t***	***p***
Constant	5.88	.63	9.26	.001
	(4.61, 7.15)			
CU traits	.27	.05	5.10	.001
	(.16, .37)			
Corporal punishment	3.52	1.62	2.17	.034
	(.27, 6.77)			

CU traits x Corporal punishment	-.13 (-.31, .04)	.09	-1.50	.138

Note. R^2 = .474

The models below show the results of regressions at three different levels of callous-unemotional traits:

i) When callous-unemotional traits were low, there was a significant positive relationship between parental corporal punishment and aggression towards mother, b = 5.418, 95% CI [.257, 10.579], t = 2.10, p = .040.

ii) At the mean value of callous-unemotional traits, there was a significant positive relationship between parental corporal punishment and aggression towards mother, b = 3.519, 95% CI [.272, 6.767], t = 2.17, p = .034.

iii) When callous-unemotional traits were high, there was a non-significant relationship between parental corporal punishment and aggression towards mother, b = 1.619, 95% CI [-1.075, 4.314], t = 1.20, p = .236.

These results indicated that the relationship between parental corporal punishment and aggression towards mother emerged when the young person had low or average levels of callous-unemotional traits. The relationship disappeared when the young person had high level of callous-unemotional traits. In other words, young people with high levels of callous-unemotional traits were less likely to perpetrate aggression towards their mother despite experiencing corporal punishment from their parents, which was in line with what was hypothesised for the study.

Do callous-unemotional traits moderate the relationship between corporal punishment and aggression towards father? Based on the results from the moderation analysis presented in Table 12, first, callous-unemotional traits predicted aggression towards father, b = .22, 95% CI [.12, .34], t = 4.07, p = .001. Second,

parental corporal punishment predicted aggression towards father, b = 4.01, 95% CI [.25, 7.76], t = 2.14, p = .037. Third, the interaction between callous-unemotional traits and parental corporal punishment was not significant, b = -.09, 95% CI [-.31, .13], t = -.85, p = .401. Theoretically, this means that moderation was not present in this model. The R^2 value shows that the model explained 40% of the variance in aggression towards father. Although there was no moderation present in Table 12, the relationship between parental corporal punishment and aggression towards father was present (significant) at different levels of callous-unemotional traits and this is presented next.

Table 12. Linear model of predictors of aggression towards father (corporal punishment) with 95% bias corrected and accelerated confidence intervals reported in parentheses. Confidence intervals and standard errors based on 1000 bootstrap samples

	b	***SE B***	***t***	***p***
Constant	5.27	.71	7.44	.001
	(3.85, 6.68)			
CU traits	.22	.06	4.07	.001
	(.12, .34)			
Corporal punishment	4.01	1.87	2.14	.037
	(.25, 7.76)			
CU traits x Corporal punishment	-.09	.11	-.85	.401
	(-.31, .13)			

Note. R^2 = .395

Three models are presented below to explain regressions based on the different levels of callous-unemotional traits:

i) When callous-unemotional traits were low, there was a non-significant positive relationship between parental corporal punishment and aggression towards father, b = 5.307, 95% CI [-.684, 11.299], t = 1.77, p = .08.

ii) At the mean value of callous-unemotional traits, there was a significant positive relationship between parental corporal punishment and aggression towards father, b = 4.005, 95% CI [.253, 7.756], t = 2.14, p = .037.

iii) When CU traits were high, there was a non-significant positive relationship between parental corporal punishment and aggression towards father, b = 2.702, 95% CI [-.659, 6.063], t = 1.61, p = .113.

These results indicated that the relationship between parental corporal punishment and aggression towards father emerged when the young person scored average level of callous-unemotional traits, but not when the young person scored low or high levels of callous-unemotional traits. This means adolescents with low and high levels of callous-unemotional traits were less likely to display aggression towards their father despite experiencing corporal punishment from parents.

Do callous-unemotional traits moderate the relationship between poor monitoring and aggression towards mother? Table 13 is the linear model of predictors of aggression towards mother. First, callous-unemotional traits predicted aggression towards mother, b = .18, 95% CI [.06, .31], t = 2.92, p = .005 (i.e., path *a* in Figure 5). Second, poor parental monitoring predicted aggression towards mother, b = .64, 95% CI [.09, 1.19], t = 2.35, p = .022 (i.e., path *b* in Figure 5). Third, the interaction effect was also significant, b = .03, 95% CI [.001, .06], t = 2.09, p = .001, (i.e., path *c* in Figure 5) which indicated that the relationship between poor parental monitoring and aggression towards mother was moderated by callous-unemotional traits. Finally, the R^2 value showed that the model explained 50% of the variance in aggression towards mother.

Table 13. Linear model of predictors of aggression towards mother (poor monitoring) with 95% bias corrected and accelerated confidence intervals reported in parentheses. Confidence intervals and standard errors based on 1000 bootstrap samples

	b	***SE B***	***t***	***p***
Constant	5.35	.78	6.86	.001
	(3.79, 6.92)			
CU traits	.18	.06	2.92	.005
	(.06, .31)			
Poor monitoring	.64	.27	2.35	.022
	(.09, 1.19)			
CU traits x Poor	.03	.01	2.09	.001
Monitoring	(.001, .06)			

Note. R^2 = .495

The results of regressions at three different levels of callous-unemotional traits are presented below:

i) When callous-unemotional traits were low, there was no significant relationship between poor parental monitoring and aggression towards mother, *b* = .207, 95% CI [-.480, .893], *t* = .603, *p* = .549.

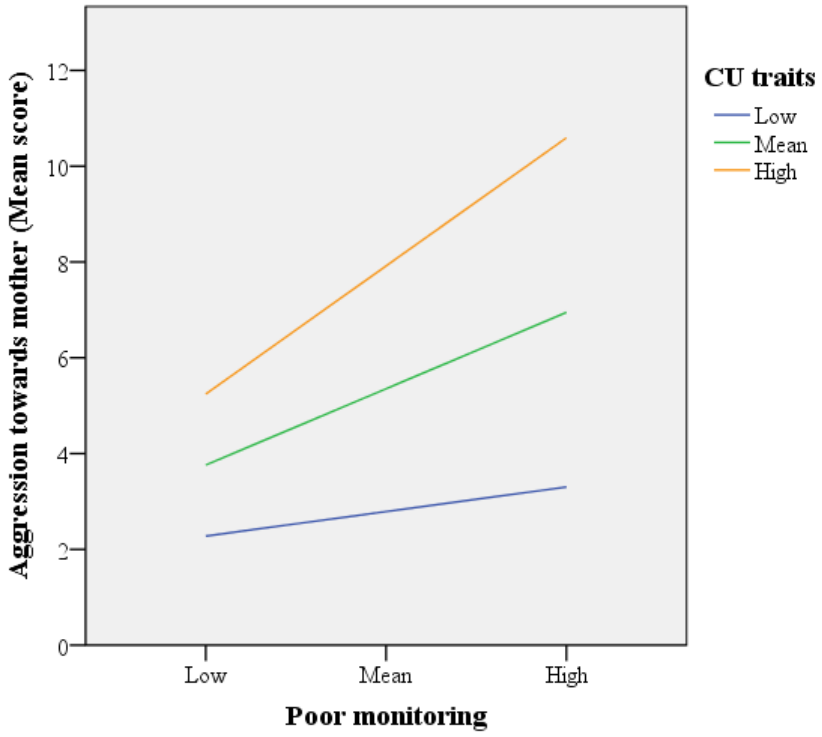
ii) At the mean value of callous-unemotional traits, there was a significant positive relationship between poor parental monitoring and aggression towards mother, *b* = .643, 95% CI [.095, 1.192], *t* = 2.35, *p* = .022.

iii) When callous-unemotional traits were high, there was a significant positive relationship between poor parental monitoring and aggression towards mother, *b* = 1.079, 95% CI [.389, 1.770], *t* = 3.13, *p* = .003.

These results indicated that the relationship between poor parental monitoring and aggression towards mother only emerged when the young person had average or high levels of callous-unemotional traits. The relationship was not significant when the young person had low level of callous-unemotional traits. In other words, young people with average and high levels of callous-unemotional traits were more likely to perpetrate aggression towards their mother if they experience poor monitoring from their parents, which was in line with what was hypothesised for the study. But this was not the case for those who were low on callous-unemotional traits, which seemed to be unaffected by poor parental monitoring.

Since moderation was found in the model, simple slopes analysis is presented in Figure 6. The blue line shows when callous-unemotional traits were low, there was a weak relationship between poor parental monitoring and aggression towards mother. At the mean value of callous-unemotional traits (green line), the relationship between poor parental monitoring and aggression towards mother increased, and this relationship became stronger at high levels of callous-unemotional traits (orange line).

Figure 6. Simple slopes equations of the regression of aggression on poor monitoring (towards mother) at three levels of callous unemotional traits



Do callous-unemotional traits moderate the relationship between poor monitoring and aggression towards father? Based on the results from the moderation analysis presented in Table 14, first, callous-unemotional traits predicted aggression towards father, b = .20, 95% CI [.08, .32], t =3.39, p = .001. Second, poor parental monitoring did not significantly predict aggression towards father, b = .50, 95% CI [-.18, 1.19], t = 1.47, p = .149. Third, the interaction between callous-unemotional traits and poor parental monitoring was also not significant, b = .001, 95% CI [-.06, .06], t = .04, p = .965. By theory, this means that moderation was not present in this model. The R^2 value showed that the model explains 32% of the variance in aggression towards father. Although the figures in the table showed no significant interaction between callous-unemotional traits and poor parental monitoring, the relationship between poor parental monitoring and aggression towards father was tested to see whether there was

any significant relationship at different levels of callous-unemotional traits and this is presented next.

Table 14. Linear model of predictors of aggression towards father (poor monitoring) with 95% bias corrected and accelerated confidence intervals reported in parentheses. Confidence intervals and standard errors based on 1000 bootstrap samples

	b	***SE B***	***t***	***p***
Constant	5.21	.84	6.21	.001
	(3.53, 6.89)			
CU traits	.20	.06	3.39	.001
	(.08, .32)			
Poor monitoring	.50	.34	1.47	.149
	(-.18, 1.19)			
CU traits x Poor	.001	.03	.04	.965
monitoring	(-.06, .06)			

Note. R^2 = .321

The models below show the results of three different regressions based on the levels of callous-unemotional traits:

i) When callous-unemotional traits were low, there was non-significant positive relationship between poor parental monitoring and aggression towards father, b = .484, 95% CI [-.435, 1.403], t = 1.05, p = .296.

ii) At the mean value of callous-unemotional traits, there was a non-significant positive relationship between poor parental monitoring and aggression towards father, b = .502, 95% CI [-.184, 1.188], t = 1.47, p = .149.

iii) When callous-unemotional traits were high, there was also no significant relationship between poor parental monitoring and aggression towards father, *b* = .520, 95% CI [-.690, 1.730], *t* = .86, *p* = .393.

These results indicated that there was no linear relationship between poor parental monitoring and aggression towards father even at different levels of callous-unemotional traits.

Discussion

In the present study, in addition to investigating the mediation and moderation effect of callous-unemotional traits, the association between the background characteristics with the main study variables were also investigated. The findings suggested that gender of the child did not correlate with aggression towards either father or mother. This is in line with a past study conducted on community sample of adolescents that showed the number of male and female perpetrators did not show much difference (Pagani et al., 2009). Thus, gender may not correlate to aggression towards parents in the community sample, probably because the occurrences did not differ between male and female perpetrators.

The present study also found the experience of negative life events and callous-unemotional traits to correlate with young people targeting their aggression towards more people. Although there may not have been any studies that directly examined or found that experiencing negative life events would increase the chance of young people targeting their aggression towards multiple people, experiencing several life events as such were associated with a range of adjustment problems that include delinquency (Tolan, 1988; Vaux & Ruggerio, 1983). Again, past studies have not directly examined whether young people high on callous-unemotional traits are more likely to target their aggressive behaviour towards multiple people, but it designates a group of young people

who are more aggressive and have severe and stable pattern of antisocial behaviour (Frick & White, 2008). Young people who have received poor parenting styles were found to target their aggression towards multiple people. Parenting styles have been found to relate to children's aggressive behaviour (Jablonski, 2007; Paulson et al., 1990; Peek, Fischer, & Kidwell, 1985). It can be applied in this case where young people who experienced poor parenting styles are more likely to portray aggression, more than what may be found in those who received more parental warmth. Thus, it is more likely for them to target their aggression towards multiple people, in and outside the home.

Instrumental aggression is associated with having high callous-unemotional traits, which is evident from the present study and also supported by past study (Pardini et al., 2003). Parents who rated their children's aggression as goal-oriented also rated them as being aggressive towards both parents, however this is not evident among children who were more impulsive in their aggression. As argued in Chapter One, during adolescence, some young people not only want to gain independence from their parents, but they might do so by perpetrating aggression so that they could overpower/gain control over their parents to get what they want. This idea has been partly supported by assumptions from Routt and Anderson (2015) based on their experience as mental health practitioners that young people tend to use instrumental and reactive aggression, which is context dependent.

Those who experienced more negative life events were reported having higher level of callous-unemotional traits. This is supported by Kimonis et al. (2014) longitudinal study on a community-based sample where they also found negative life events to be correlated with callous-unemotional traits. Although past studies found negative life events to be related to peer aggression (Herts et al., 2012), the findings of this study extend the literature by discovering that it also applies to aggression towards parents. To further support this idea, Dipierro and Brown (2016) revealed that stressful

life events that occur during the normal course of a child's development may increase negative behaviour among children.

As hypothesised, this study found high callous-unemotional traits to be related to aggression towards both father and mother. Psychopathic traits have been related to severe antisocial behaviour in youth, such as conduct problems, aggression and delinquency (Edens et al., 2008; Frick & White, 2008). In addition, a recent study by Waller et al. (2017) found correlation between callous-unemotional traits and aggression in children and adolescents. Despite the lack of evidence from past studies to directly support findings from the present study, a study conducted by Calvete et al. (2014) found that child-to-parent aggression is more proactive in nature, which is a characteristic normally found with those high on callous-unemotional traits.

Parents who were more involved with their children were less likely to experience aggression from their children. Paulson et al. (1990) supported this finding where they also found that non-abusive children tend to discuss any issues including personal problems with parents, which may have helped to resolve any parent-child conflicts using reasoning rather than an aggressive approach. This study also examined whether positive parenting relates to aggression towards parents and found consistent finding with Kawabata et al. (2011). In their study, Kawabata et al. found paternal and maternal positive parenting practices were negatively associated with relational aggression, while paternal and maternal negative, harsh, uninvolved, and controlling parenting practices were positively associated with relational aggression. Inconsistent parenting was found to be correlated to parental assault, which was in line with past findings (Jablonski, 2007; Peek et al., 1985). Poor monitoring or permissive parenting was linked to higher levels of parent abuse. This finding was supported by Paulson et al. (1990), who found parents of assaultive children were more permissive in their discipline than parents of non-assaultive children. Parents who failed to acknowledge

their children's good behaviour also increased the chance of experiencing aggression from their children (Jablonski, 2007).

In addition to correlational relationships, mediating effects were evident between the study variables. For instance, callous-unemotional traits mediated the relationship between negative life events and aggression towards both father and mother. As far as the researcher is concerned, there has not been a study that examines callous-unemotional traits as a mediator in studies on child-to-parent aggression. But Tatar et al. (2012) found young people with high callous-unemotional traits were more likely to have experienced more negative life events. Furthermore, the Kimonis et al. (2014) longitudinal study on school-aged children found the lack of empathy for others, attachment difficulties, disinterest or even malevolent intent in relationship building suggest that youth with callous-unemotional traits may not only create but potentially escalate and prolong conflict - thereby limiting youth's ability to develop and maintain close family, romantic, and peer relationships. Thus, it can be claimed that negative life events may increase the level of callous-unemotional traits in young people, which in turn increase the risk of perpetrating aggression towards others, or in this case, parents.

Although the study hypothesised the moderating role of callous-unemotional traits on the relationship between motivation of aggression and aggression towards parents, no moderation interaction was evident from four of the models. In the first model which tested the relationship between impulsive motivation and aggression towards mother, although the interaction was not significant, the moderating effect was evident at low and mean level of callous-unemotional traits. For the third model, the moderation effect of callous-unemotional traits was tested on the relationship between goal-directed motivation and aggression towards mother. Despite not having significant interaction, the moderation effect was evident when callous-unemotional traits were high. The finding indicates that if a young person is low on callous-unemotional traits,

impulsive motivation is related to aggression towards mother and contrastingly; if the level of callous-unemotional traits is high, goal directed motivation is related to aggression towards mother. These findings, however, were not evident for aggression towards the father. Past studies have separately examined these variables; Routt and Anderson (2015) proposed that young people tend to perpetrate instrumental (goal-directed) and reactive (impulsive) aggression towards parents, which is context dependent. The present study has added to this knowledge by demonstrating the significance of callous-unemotional traits in explaining child-to-parent aggression. In addition, Patrick et al. (2005) (in Porter and Woodworth (2006) explained the factor of callous-unemotional to be associated with low anxiety and negative emotional reactivity, thrill seeking, and use of proactive (i.e., motivated by instrumental goal) aggression. While a number of researchers have also proposed that those with psychopathic traits were more likely to exhibit more severe aggressive acts (Frick et al., 2003; Kruh et al., 2005; Pardini, Obradovic, & Loeber, 2006; Pardini, 2006). Therefore, it can be concluded that goal-directed motivation is related to aggression towards parents, but only among those with elevated levels of callous-unemotional traits, while impulsive motivation is related to aggression towards parents when callous-unemotional traits is low.

As hypothesised, this study found that if a young person is high on callous-unemotional traits, ineffective parenting (in this case, corporal punishment) is not related to the child's aggression towards their mother and father. This finding is supported by the Wootton et al. (1997) study with young people from the clinical sample and Oxford et al. (2003) with community sample, where they found ineffective parenting to be less related to conduct problems or externalising problems in youth high on callous-unemotional traits. Young people high on callous-unemotional traits may take the advantage of permissive parents to take control of the parents by perpetrating

aggression towards them. As discussed earlier in this section, poor monitoring was linked to higher levels of parent abuse and this is supported by past finding (Paulson et al., 1990). But this finding should be interpreted with caution because it may be viewed as 'unfair' and 'inaccurate' by some researchers – since parents who experienced abuse from one child may not have the same problem with their other children, and it may also be possible that the child only targeted aggression at home but not anywhere else (Holt, 2013a). In this sense, it is fair to include callous-unemotional traits into the picture, which may supplement the explanation of why one child is different from the other, although parented the same way.

The findings that children respond differently towards parenting styles based on their level of callous-unemotional traits can also be explained by 'differential susceptibility' (Belsky, Bakermans-kranenburg, & Van Ijzendoorn, 2007). These young people may be differentially susceptible to positive and negative rearing effect based on their level of callous-unemotional traits. Furthermore, callous-unemotional traits determine how and how much parenting influences each child. Pluess and Belsky (2010) provided evidence of differential susceptibility by their findings of infant/child temperamental difficulty as a moderator between the relationship of parenting and child care quality. The findings of the present study extend the finding of differential susceptibility study and children's outcome whereby callous-unemotional traits is what causing the differential susceptibility of the child, which moderates the relationship between parenting styles and children's aggression towards parents.

Strengths, Limitations, and Future Directions

The present study is unique by examining parent-directed aggression by taking into consideration the level of callous-unemotional traits among the perpetrators, which is a limited study area. Adding to that, it was examined how different levels of callous-

unemotional traits may influence the relationship between negative parenting styles and aggression towards parents. All these were examined through an internet-mediated study in the general population, thus the participants did not disclose information directly to another person (researcher). This may have helped the participants to share the information willingly and enable them to complete to survey questions at their own time and pace (McBride, 2016). To strengthen that, the survey questions were posted using an internal server, to increase the safety of the data. This study only involves parents, so having parents to answer questions based on their experience and on behalf of their child could be a strength, however, the study may have faced issue with under-reporting by parents. A limitation of the current study was its cross-sectional nature. Additional time points of measurement would have allowed the investigation of trajectories of change over time (Muthén & Muthén, 2017). Thus, future research should consider investigating how callous-unemotional traits relate to changes in aggressive behaviour, and linking callous-unemotional traits to aggressive behaviour during adolescence and adulthood. Furthermore, the sample size is smaller than expected, thus the effect size may be rather weak. However, data that seems invalid (i.e., answering same answer for all questions) was deleted to control for false data. Yet, future studies should consider replication this study by recruiting a bigger sample size to increase the power. Finally, the list of items used to measure negative life events among the study sample could be a potential limitation to the findings. The items included on the existing list were on general life events. Including items related to experiencing parental domestic abuse and child abuse may render interesting findings for studies on child-to-parent aggression. Thus, future studies should consider adding these items when replicating the present study.

Conclusion

To conclude, findings from the present study support the association between callous-unemotional traits and child aggression towards parents, which is a new finding and contribution to the literature. This study not only found the relations between the two variables, but also found young people with higher levels of callous-unemotional traits to be more likely to target their aggression towards multiple people, not only toward a specific person (in this case, towards parents). This study also confirmed high callous-unemotional young people to be more goal-oriented in perpetrating aggression, which is a new discovery in the area of child-to-parent aggression. Most importantly, the level of callous-unemotional traits determines whether or not young people would use aggression towards their parents even if their parents use harsh or permissive parenting. This highlighted the importance of including callous-unemotional traits in future research on parent-directed aggression and even in studies on domestic violence in general. That would aid in developing effective treatment programmes that are tailored according to the levels of callous-unemotional traits, which would be more useful to reduce the risk for serious antisocial behaviour, especially aggression (Fanti, Frick, & Georgiou, 2009; Frick, 2006). Above all, knowing the level of callous-unemotional traits has the potential to help parents to in effect to some degree, customise their parenting styles to suit the ‘needs’ of each child. Finally, the findings supported the prediction from the first chapter of this dissertation that high callous-unemotional young people are ‘generalists’ aggressors, perpetrating more serious and purposeful aggression towards multiple people, with the goal to be in control of their parents.

CHAPTER FIVE

A Qualitative Study on Child-to-Parent Aggression: Listening to the Voice of the Parents

Chapter Summary

Findings from Chapter Four indicated that the different levels of callous-unemotional traits play important roles in predicting aggression towards parents. Together with Chapter Three, both studies found that mothers tend to be the victims of child-to-parent aggression and that verbal aggression was more likely to be recorded compared to physical aggression among the special school and general sample. Based on findings presented in Chapter Two, however, it shows that the forensic sample perpetrate more physical aggression and some use a weapon either to threaten or harm their parents. These findings showed the severity of aggression perpetrated by the forensic sample, which increase the rationale of conducting a study on this particular sample group. In order to have a thorough understanding of the incidences of child-to-parent aggression among the forensic sample, this chapter presented findings from in depth qualitative interviews conducted with parents who experienced aggression from their children. Three of the participants' children met the somewhat arbitrary, diagnostic threshold of limited prosocial emotions, which were considered in the thematic analysis. The thematic analysis resulted in four developed main themes. All parents in the present study disclosed experiencing verbal aggression and lashing-out on objects rather than direct physical aggression from their children. Almost all mothers experienced physical violence and controlling from their children and some revealed that their children would keep demanding money despite their limited financial means. Most parents revealed that they did not know where to seek help when they first encountered abuse from their children. Despite the availability of support (at least from the perspective of health and social care professionals) for these parents, those services are not widely known. This could be due to the fact that most people do not see children as family aggression perpetrators compared to adults. It is crucial that the health and social care service

providers be equipped with the values and knowledge on how to provide appropriate support and help with such cases.

Introduction

Most parents will seek to spend quality time with their children doing fun activities (e.g., playing board games, baking, or watching movies) together at home. For some, that sounds like a scenario in a 'typical' household. However, there are families that do not have the luxury of calmness in the household, and that problem may come from one single person, 'a domestic abuser'. Within the year of 2015, there were over 90,000 convictions for domestic abuse within England and Wales (Office for National Statistics, 2016). This is just the 'tip of the iceberg' of actual offending rates due to very low levels of reporting. Although only a minority of those convicted (6.1% or 5,641) are women, this figure has tripled in comparison to what it was in 2006 (1,850). Under UK law, domestic violence and abuse is defined as "incidents of controlling, coercive, threatening behaviour, violence or abuse between people who are or have been intimate partners or family members" (Gov.UK, 2016). The form of abuse can include psychological, physical, sexual, financial or emotional, and can occur between partners, spouses, and parents with their adolescent children. Domestic violence perpetrators could include women abusing male romantic partners, female romantic partners, or adolescents abusing their parents. In 2013, the law was altered to include people under the age of 18 (16 and 17 years old) as well as incidents of coercive control. Thus, domestic abuse is no longer as depicted in a traditional and well-researched area of domestic violence, with male perpetrators, women as the victims, and children as the witness (Howard, 2011). Women and children (i.e., adolescents) could in law, perpetrate aggression and violence towards a family member as well.

Out of the limited number of studies among child aggression perpetrators, studies have been confined to examining the incidence and form of home violence perpetration against siblings (Khan & Cooke, 2008; Purcell et al., 2014). A particularly neglected area of research is the incidence and form of aggression that adolescents may

perpetrate against their parents. Parents are less likely to hand-in their child to the authority despite being victimised (Estévez & Góngora, 2009). This has recently become more topical in view of the terrorist attack at Charlottesville, Virginia from a white supremacist. In particular, the 20-year-old suspect, James Fields had reportedly abused his mother when he was a teenager. Fields' mother had called the police on three different occasions after he physically abused her. Although, this case is extreme in its occurrence and not all family abusers turn out to be murderers, an analysis of criminal offenders in Washington state found that a more serious (felony) domestic violence conviction highly predicts future violent crimes (Barnoski & Drake, 2007) which may include murder.

The rates of child-to-parent aggression may well be significantly under-estimated since there are highly likely to be cases which go unreported due to some have argued, shame and guilt ridden parents (Hastie, 1998; Kennair & Mellor, 2007). Fear of the child and a lack of confidence or awareness of service providers may also be a factor. Some parents do not seek help because they fear judgement for being 'bad parents'. This has parallels with those subject to sexual violence more generally, where feelings of guilt and shame may prevent victim survivors from disclosing or reporting their experiences (Sable, Danis, Mauzy, & Gallagher, 2006). Again, concerns such as being a 'bad parent' have parallels with 'being drunk' or 'wearing the wrong clothes' as victim blaming statements in relation to sexual violence. Also, parents of abusive youth may well tend to deny or minimise the violence they are experiencing. In other words, parents tend to make their experiences of child aggression seem less severe. This attitude is further reinforced by the lack of support from service providers and children's justice system that are not well equipped to respond in an effective way to complaints of parent-directed aggression cases (Holt, 2016; Routt & Anderson, 2015).

Past studies, which include only a limited number of available studies, indicate a gap in the literature, which this project focuses on, namely, aggression and violence within the family by adolescent perpetrators. In the previous chapters of this dissertation, the findings and results from quantitative studies from the project were presented. There were some unexpected findings, which informed the further development and design of this qualitative study, with the goal to obtain a rich data set.

Child-to-parent aggression is likely to involve both physical and non-physical forms of abuse. Usually, it includes exercise of control, due to the fact that parents do not feel able to do anything about it (Holt, 2013). Often, children who are victims of abuse have little or no practical choice to leave the perpetrators, especially those who are underage (i.e., below 18 years old) (Stanley & Humphreys, 2015). Parents are legally responsible for these children (Holt, 2013). If children who are underage (i.e., under 16 years old) are abusing their parents, what should the parents do? In a case study conducted by Routt and Anderson (2015), a mother who experienced abuse from her child was forced to contact Child Protection Services. However, she was informed that they could only serve abused children, not parents. The mother's attempt to call the police made it even worse (from her perspective) when the police told her she should discipline her child more strictly and suggested that she try corporal punishment, in other words, assault on her child. It is not surprising that parents who seek help are often left frustrated as they are not taken seriously (Dahlitz, 2015). This is due to lack of awareness about these cases among the health and criminal justice staff.

The area of parent-directed domestic abuse is still at an infancy stage (Holt, 2013). To tackle the complex and multifaceted issue, Cottrell and Monk (2004) designed a 'nested ecological model' to explain the contributing factors of child-to-parent aggression. In their model, the factors are identified as substance misuse, mental health issues, parenting styles, peer influence, poverty, and the socialisation of male

power. Despite these useful information, there are other areas that have yet to be covered by the model or in the available studies. For instance, the specific area of psychopathology needs extra attention, as explained in the introduction chapter of this dissertation, using the newly developed 'Trait-Based Model' (see Chapter One). This model was proposed to complement the available model of parent abuse by taking into account the level of callous-unemotional traits.

In relation to that, numerous studies suggested that adolescents' emotional and interpersonal style can critically influence their psychological and social adjustment (Calvete, Orue, & Gamez-Guadix, 2013; Muñoz & Anastassiou-Hadjicharalambous, 2011). Particularly, it could influence them to act in ways that violate the rights of others (e.g., being aggressive towards others; destroying other's properties) or even to violate major age appropriate norms (e.g., lying and deceiving others; running away from home; skipping school) (Frick, 2013). The latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V; American Psychiatric Association, 2013) included a specifier labelled 'With Limited Prosocial Emotions' to designate individuals who meet the criteria for a diagnosis of 'Conduct Disorder' and also display significant levels of callous and unemotional traits. The key features include: a lack of remorse or guilt, a callous-lack of empathy, a lack of concern about performance in important activities, and a shallow or deficient affect. Yet, these features must be shown consistently in all occasions, which includes school, while playing sports, with peers, with siblings, with law enforcement professionals and other occasions. Those features should also have been displayed over an extended period of time (i.e., for at least a year or longer). Young people with the features of limited prosocial emotions are significantly more aggressive and persistent in their aggressive behaviour (Perenc & Radochonski, 2014). Individuals who are high on these traits are more concerned about the outcome of their actions on themselves rather than the effects on others, even when

that result in significant harm to others (American Psychiatric Association, 2013). If they have limited prosocial emotions, in their adolescence stage, and perpetrate aggression towards parents, they may cause more severe harm or injury. Thus, in order to accurately describe family experiences with parent-directed aggression, it is crucial to take into account the level of prosocial emotions of the perpetrator.

Witnessing one parent abusing the other parent would likely bring trauma to a child. Children may also suffer as the effect of witnessing their parents being abused by their siblings (Routt & Anderson, 2011). In studies on spousal abuse, victims who were interviewed claimed that their children were showing changes in their behaviour as an impact of witnessing violence. The younger children became clingier when the perpetrator was around, while the older ones (i.e., adolescents) acted more aggressively, almost portraying the behaviour of the abuser. This highlights the importance of including questions to explore the effect of child-to-parent aggression on others within the family.

The majority of parents who were interviewed by Routt et al. (2015) do appreciate having someone to talk to about what they have been through. Thus, analysing incidences of aggression experienced by these parents is important as it gives a platform for these parents to share their experience. Johnson et al. (2000) proposed using in-depth interviews with people who are involved in violence to "elicit their interpretations of the psychological and interpersonal cues of specific incidents or patterns of control with the goal of going beyond the behavioural cataloguing of particular acts to developing a narrative of each incident's meaning and development". In other words, knowing the 'story' in an in-depth manner would help the researcher and most importantly for the practitioner to understand where the issue may come from and how to best intervene. In this study, parents were mainly asked about their 'lived experiences', the type of aggression experienced from the child, what triggers the

behaviour, and what have they tried to do to stop the behaviour (i.e., which includes calling the police, referring their children to the Forensic CAMHS, turning to school teachers, or even calling the social services). It is not surprising to find parents not knowing the existence of a potentially very helpful parent helpline (e.g., 'Family Lives' which was previously known as 'Parentline', and 'YoungMinds') that is available 24 hours a day, all week (ParentlinePlus, 2010). Those who have contacted the helpline have received help and their feedback was almost always positive and life changing. A key reason why people are suffering in silence is because they are not seeking help, and mostly because they do not know where to go to for help (Condry & Miles, 2014). More studies are needed in order to improve our knowledge in this field of family aggression.

Therefore, this study aims to explore the 'lived experiences' of parents who are victimised by their children who attend the Forensic CAMHS in the North-East of England.

The specific objectives are:

i) To conduct semi-structured interview with parents using the interview schedule to explore parent's experiences of aggression from children.

ii) To conduct semi-structured interview with parents using the Clinical Assessment of Prosocial Emotions (CAPE) to explore the level of callous-unemotional traits among the perpetrators of child-to-parent aggression.

Method

Participant Recruitment

Parents of five adolescents (aged between 13-16 years old) who were referred to the Forensic CAMHS and who fitted the inclusion and exclusion criteria were recruited. All parents who took part were mothers and one of the interviews was joined by the

father. The mothers were all unemployed in terms of paid work at the time of the interview. The inclusion criteria for the qualitative study were the cases referred for assessment by the Forensic CAMHS team, only the parents of those who reported child-to-parent aggression perpetration based on the newly referred cases, and parents who consented for the interview. The exclusion criteria were rejected referrals and parents of children aged below 10 or above 18. Parents who were unable to provide reliable consent were excluded from the study (e.g., significant active substance abuse/dependence; were currently receiving psychiatry/psychological therapy; or were experiencing severe medical illness).

In order to identify participants who fit the inclusion criteria, the team manager[12] accessed the patients' case notes (medical records). The team manager then screened the newly-referred patients for any record of aggression towards parents based on the referral letters. The researcher (the author) was informed regarding the potential participants and checked with the clinician (who was in charge of conducting the initial assessment with the particular patient) to confirm that the patients/parents meet the inclusion criteria for the study. The researcher then passed the recruitment pack (participant information sheet, participant invitation letter, a reply form, and a pre-paid self-addressed envelope) to the clinician. The parents attended the appointment at the NHS site as usual and at the end of the session, the clinician explained the study to the patients and their parents. The clinician also provided the parents with the recruitment pack to take home, read through, and respond. Parents with children who were not within the specified age range or express via their reply form that they do not wish to be contacted or receive further information were not approached.

[12] The team manager has a nursing degree and Masters of Science in nursing. He specialised in child and adolescent mental health and is experienced in working with both young people and their parents.

The researcher contacted the parents who returned the reply form to set a date to meet. During the first meeting, the researcher introduced herself and gave a briefing about the study, which includes verbal explanation about the study and provide the parents with written information sheets and consent forms. Participant consent was sought at this stage and the interview was conducted on the same day. Participants were informed and reminded about their rights to withdraw at any time before, during, or after the interview (see Appendix I and J for the Participant Information Sheet and Consent Form). Participant's travel costs to the hospital for the interview and to return to review the transcripts (if they choose to do so) were reimbursed. A gift card[13] (with the option of different shops) with £20 credit were given to each parent for completing the interview and to compensate for their time.

Measures

Each parent who participated in the study was interviewed using an interview schedule that contains semi-structured questions. The parents and clinician were interviewed using the Clinical Assessment of Prosocial Emotions (CAPE; Frick, 2013), which also contains semi-structured questions.

Interview schedule. The qualitative questions for the interview schedule were prepared by the researcher based on samples from previous studies. The semi-structured questions were specially designed based on Seidman's (1998) guidelines and some questions were adapted from the Project Mirabal (Kelly & Westmarland, 2015). Similar questions were used in previous semi-structured interview on domestic violence (Alderson, 2015) and child-to-parent aggression (Haw, 2010). The interview schedule was reviewed by a professor in Criminology (School of Applied Social Sciences,

[13] In previous studies conducted within the university, participants will receive cash voucher or gift cards to compensate for their time spent on the study. The amount of the gift card (£20) is reasonable and will not encourage parents to take part in the study against their better judgement.

Durham University) who is an expert in the field of Domestic Violence. It was also reviewed by the researcher's academic advisors (Dr. Centifanti[14] and Dr. Tiffin[15]) and was revised accordingly.

Clinical assessment of prosocial emotions. Clinical Assessment of Prosocial Emotions (CAPE; Frick, 2013) is a semi-structured interview questionnaire. It was developed based on the Inventory of Callous-Unemotional Traits (ICU; Frick, 2004). CAPE provides an important method to obtain information needed to make clinical ratings for young people's prosocial emotions (i.e., lack of remorse and guilt, callous-lack of empathy, unconcerned about performance, shallow or deficient affect). Each indicator has at least two stem questions which can be answered with a 'Yes' or a 'No'. An example of the question is as follow: "Does (name) seem to feel bad or guilty if he/she does something wrong or if he/she hurts someone?". If the participant/clinician answered 'Yes', the following stem question will be asked: "Does he/she feel bad or guilty if he/she is caught doing something wrong and is going to be in trouble?". If the participant/clinician answered 'Yes', examples of the incident will be requested to allow the researcher to gather more information (see Appendix U for CAPE). Interviews using CAPE was done using multiple informants; parents and a clinician who knows the young person (i.e., from working closely with the young person during therapy sessions). Parents were interviewed using CAPE by a clinician[16] and the child's

[14] Dr Centifanti is a Senior Lecturer in University of Liverpool (formerly a Senior Lecturer at Durham University). She is an expert researcher on callous-unemotional traits and aggression among young people and is the author's (Hue San Kuay) external academic supervisor.

[15] Dr Tiffin is an Honorary Consultant in the Psychiatry of Adolescence. He has a medical degree, medical doctorate, Fellowship of the Royal College of Psychiatrists and is also a Reader at the University of York (Formerly a Reader at Durham University). He is also the author's (Hue San Kuay) external academic supervisor and line manager.

[16] The person who conducted the CAPE interview is a Community Mental Health Nurse who is also a team member of the Forensic CAMHS team in a mental health service in the North-East of England, with four years working experience with the team. This clinician conducted the CAPE interviews with parents but were not involved in other stages of the study (in order to administer the CAPE, one needs to have at least 3-year clinical experience assessing the emotional and behavioural adjustment of children and adolescents).

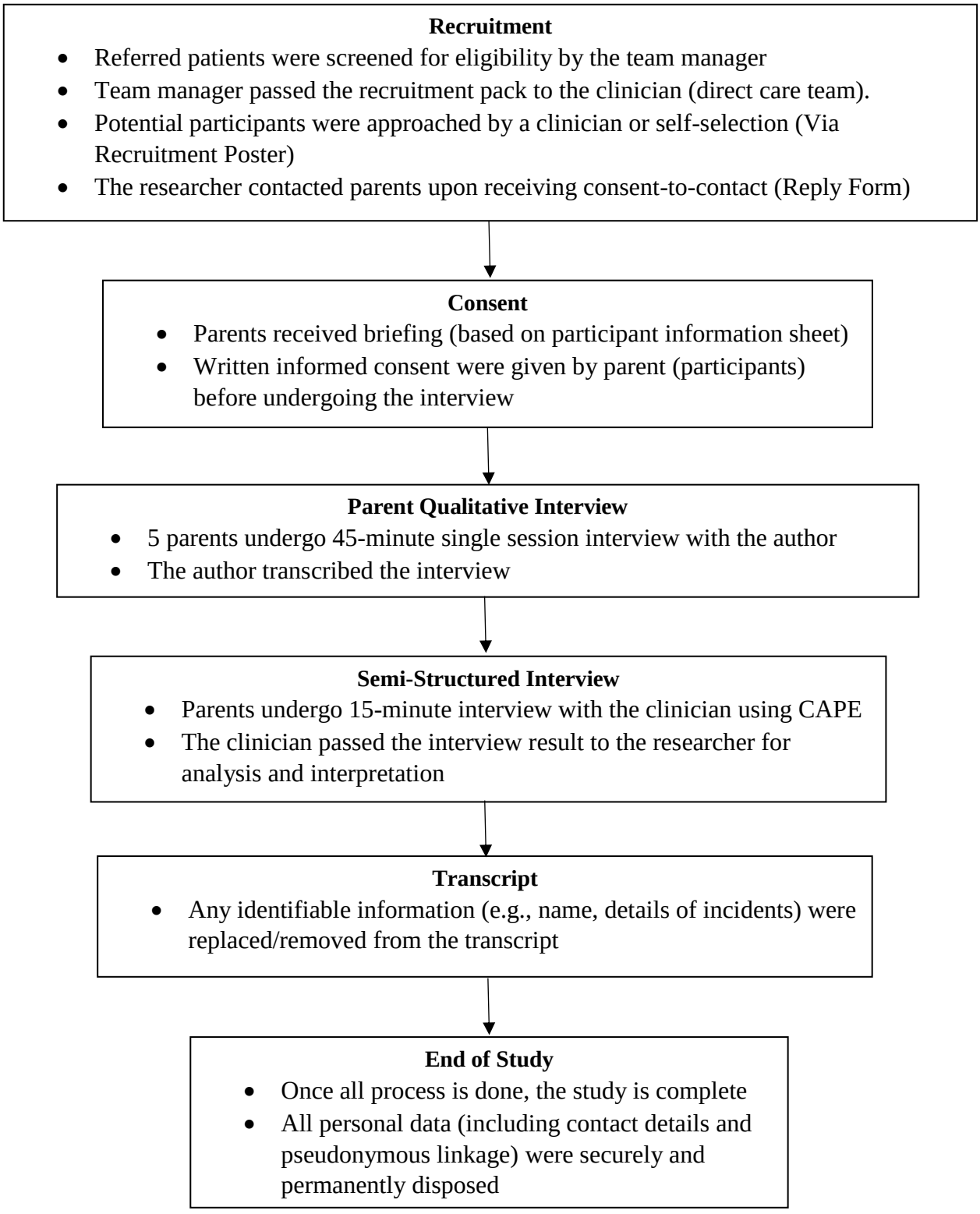
clinicians were interviewed by the researcher using CAPE. The parents and clinicians rating were combined and a rating was given to each young person by referring to the CAPE rating manual.

Procedure

Upon receiving consent from parents, the researcher arranged for an interview session with each consented parents. The parents were invited to attend a one-to-one semi-structured interview with the researcher in a private room at the hospital. The interviews were conducted according to the interview schedule. Parents who took part in the study were reminded that they have the right to withdraw from the study at any point of the interview (see Appendix I and J for Participant Information Sheet and Consent Form). Parents were given the option to read through the interview transcript. However, all of them declined the offer.

The parents were assured of the confidentiality and anonymity of the interview and no identifiable information or identity will be revealed in the overall findings. The author introduced herself and explained the reason why the study was being done and why the parents were selected. The author also explained how the interview data will be used. The parents were encouraged to ask questions. During the interview, participants (parents) were audio recorded using a small digital recorder approved by the NHS trust, with the consent from the parents. They were also informed that their identity would be protected by using a pseudonym for their names in the written transcript.

Figure 7. The overall process of the interview and assessment is shown in the flowchart below:



Ethical Considerations

The author referred to the British Psychological Society's Code of Human Research Ethics (British Psychological Society, 2010) and WHO guidelines for addressing ethical and safety issues in domestic violence research (panel) (World Health Organization, 2016). First, considerations were given to ensure the safety of respondents (i.e., recruitment process, interview location - to ensure usual trust safeguards were in place, all contact (interviews) were arranged on-site and not in participant's home). Second, the names of participants and identifiable information were replaced to ensure participants' safety. Third, the researcher has also completed the Safeguarding Children level 2 training and has familiarised herself with the requirements and obligations placed upon by the Children Act (1989) and safeguarding best practice. Finally, the study was designed with the aim to reduce possible distress caused to participants by the research.

In the UK, young people (below the age of 16) are able to access Forensic CAMHS without the knowledge of their parents. Contacting parents to invite them to participate in the study might create a risk that the first parents hears about the child's involvement in services and this would break patient confidentiality. This risk was reduced by allowing parents to participate by self-selection or through the clinician, which means potential participants were aware of their child's involvement with the service. The author excluded parents who were not aware of their children's involvement with the Forensic CAMHS team from the study.

The time commitment for parents in the study was limited to one interview (approximately an hour session) and a 30-minute follow up session should the parents request to view the transcribed verbatim of the interview session. Qualified CAMHS clinicians were available on-site and the team manager were informed before each interview took place. The team manager was available to provide advise if the interview

affect parents emotionally and could have referred them to speak to qualified clinicians. An additional clinician (Dr Paul Tiffin) was on hand to provide telephone advice, supervision, and support to the researcher who was conducting the interview. However, this was not needed in practice.

An ethical issue which has always been a concern for both quantitative and qualitative interviewing, especially in relation to the sharing of personal information. Sometimes, this may cause the interviewer (researcher) to deal with information that might prove damaging for the interviewee (participants). For instance, it might bring back memories or negative experiences that they have tried to forget. To reduce the risk, the author (researcher) was trained to be mindful of such difficulties when conducting the interviews. One of the interviews was stopped halfway because the interviewee was looking increasingly upset and emotional. The interviewee was asked to take a rest and given the option to quit if she wanted to. However, the interviewee chose to continue.

Analysis of Data

The qualitative data from the interviews were analysed using thematic analysis. Based on this method, the researcher will be able to focus on human meanings involved in relation to the abuse. Every interview was taped using a digital voice recorder. Parental interviews were on average 50 minutes in length. Interview recordings were transcribed verbatim. To analyse the data, the researcher had undertaken the thematic analysis method. This method was described in detail by Braun and Clarke (2006) in their article on ‘Using Thematic Analysis in Psychology’. In the article, they described thematic analysis as providing a flexible and useful research tool, which can potentially provide rich and detailed, yet complex account data. Additionally, qualitative analysis methods can be very complex and requires the detailed theoretical and technological knowledge of approaches such as the grounded theory and discourse analysis. Thematic

analysis offers a more accessible form of analysis, suitable for early qualitative researcher. Since it is not tied to any pre-existing theoretical framework, it can be used within different theoretical frameworks (but not all), and can be used to different things within them. On this basis, using thematic analysis would not only facilitate a useful outcome for the qualitative interviews in this study, but will enable the researcher (author) to come out with meaningful qualitative themes.

The step-by-step thematic analysis used in this study is described below. The guideline was developed by Braun and Clarke (2006). In the first phase, the first transcript was read through to familiarise with the data. Repeated reading in an active way was conducted to search for meaning and patterns. During this stage, any preliminary ideas which were obvious were noted in the margin of the transcript. In the second phase, upon achieving general understanding of the transcript as a whole and having an initial list of ideas about what was in the data, the next step involved producing initial codes from the data. The coding process helped to organise the data into meaningful groups (Tuckett, 2005). Coding was done manually in this study by writing notes on the texts to indicate potential patterns. The codes were then matched up with data extracts that demonstrated that code. In phase three, the aim was to focus the analysis at a broader level of themes, rather than codes. This involved sorting the different codes into potential themes and collating all the relevant coded data extracts within the identified themes. Codes were analysed and different codes were combined to form an overarching theme (Mind map is presented in the result section – Figure 8). The fourth phase began upon having a set of candidate themes. These themes were refined to ensure that they were coherent. Themes that do not fit were reworked, replaced with a new theme, or data extracts were moved to alter existing theme or removed from analysis. Completing this phase resulted with a ‘thematic map’. The map fit the themes together and tell the overall story of the data. In the fifth phase of

thematic analysis, the themes that were presented in the analysis were defined and further refined. Each included themes were given a detailed analysis. Also taken into consideration was if the themes contain any sub-themes. ‘Concise and punchy’ theme names were chosen to give the reader “an immediate sense of what the theme is about” (Braun & Clarke, 2006). The final phase gave the final opportunity for analysis and write-up of the report. This phase aimed to tell a complicated story of the data in a convincing way (i.e., the merit and validity of your analysis). The write-up needs to provide sufficient evidence of the themes within the data. Before moving to another, it was important to note that the analysis for the single transcription was complete. The researcher followed the step-by-step process until the analysis of all interviews were complete. In addition, the result from the interview using CAPE were also analysed manually. The level of prosocial emotions for each of the participants were determined based on the analysis.

Inter-rater Agreement on Coding

After the author completed the transcribing and coding process, the author’s academic supervisors (Dr Lynda Boothroyd and Professor Graham Towl) gave feedback to verify and confirm the code names and themes.

Meeting the Diagnostic Threshold for Limited Prosocial Emotions

The study assessed whether the young person meets the diagnostic threshold for limited prosocial emotions based on the result from interviewing both parents the clinician using the Clinical Assessment for Prosocial Emotions (CAPE). The clinician has worked with the young person for individual therapy sessions. The parent-report and clinician-report CAPE were analysed together and ratings were given based on the average score, if the parent and clinician ratings differed. Based on the analysis, participant P02, P03, and P05 met the diagnostic threshold of limited prosocial

emotions. It also means that they were more likely to show a lack of guilt or remorse, more callous and lacking empathy, less concerned about doing things well, and tend to have shallow affect. This will be considered when explaining the themes in the next sections.

Thematic Analysis

The main questions that made up the first theme were:

> "Can you tell me how things are when [name] is at home?"
>
> "Can you give me one example of a time when you and [name] had a disagreement about something?"
>
> "Could you say a little about the aggressive behaviours that you experienced from [name]?"
>
> "What is the form of aggression experienced from [name]?"
>
> "Have there been any injuries [if there was, did you seek medical attention]?"
>
> "Has [name] behaved this way towards other family members?"
>
> "Do you think [name's] behaviour affected other siblings/nieces/nephews?"
>
> "Has there been any occasion that you feel you should be responsible for [name's] behaviour?"

The questions were asked to explore the incidents of aggression, especially the form of aggression experienced by parents and whether it also affects other people in the family (especially younger children). The first theme and the sub-themes are presented in the table below:

Table 15. Organisation of sub-themes from the first main theme

Qualitative theme	Sub-themes
'Walking on egg shells': the experience of child aggression at home	1. Anticipating violence: effect on emotional, physical, and property damage 2. Description of violence: parents describing their experience of living with the aggressive child

The main questions that made up the second theme were:

"When did the behaviour first started and when did it peaked?"

"Is [name] aware of the impact of his/her behaviour on others?"

These questions were asked to understand when did the young person started behaving aggressively and whether any event occurred that contributed to the behaviour to peak. The question also explored whether the young person is aware that their behaviour has an impact on others (especially the family) and whether they care about changing their behaviour. The second theme and the sub-themes are presented in the table below:

Table 16. Organisation of sub-themes from the second main theme

Qualitative theme	Sub-themes
'The catalyst of aggressive episodes': When it all begins	1. The trigger of aggressive behaviour 2. Experience of domestic violence: directly or indirectly

The key questions that made up the third theme were:

> "Can you tell me what being a parent means to you [what is and what is not expected of you]?"
>
> "If you were a young person like [name], what do you think would be expected and not expected of you?"
>
> "From [name] point of view, what kind of parent do you think he/she wanted you to be?"
>
> "Can you describe your parenting style to [name]?"
>
> "Does your parenting style towards [name] differ from your other children?"
>
> "Does [name's] behaviour changed the way your parent him/her?"

The questions were asked to explore parent's perception of being a parent and their opinions of the perceptions of others towards parents and how that differs from what the society expects of a young person. The questions also include asking parents about the parenting styles they practiced towards the young person and whether they

have modified the way they parent this child when one style does not seem to work. The third theme and sub-themes are presented in Table 17:

Table 17. Organisation of sub-themes from the third main theme

Qualitative theme	Sub-themes
'Every child is unique': Parenting and expectations of parent-child relationships	1. Parenting styles used and modifying to fit the child's needs 2. Expectations for parents versus young person

The main questions that made up the fourth theme were:

"Can you recall the events that led to [name] referral to the forensic adolescent mental health team?"

"During the incident, did you/someone call the police?" (response from police and the outcome, has police been to the house, did the aggressive/violent behaviour stopped)

"Have you sought help from any other support services?" (what did you find helpful or not helpful from the services)

"Is [name] still staying with you?" (if no, when did he/she moved and where)

"Is there anything/any ways that you think may be helpful for parents who experience the same situation as you?"

"Would you like to share any suggestions that may help improve the existing support services?"

"Do you think young people like [name] can change?"

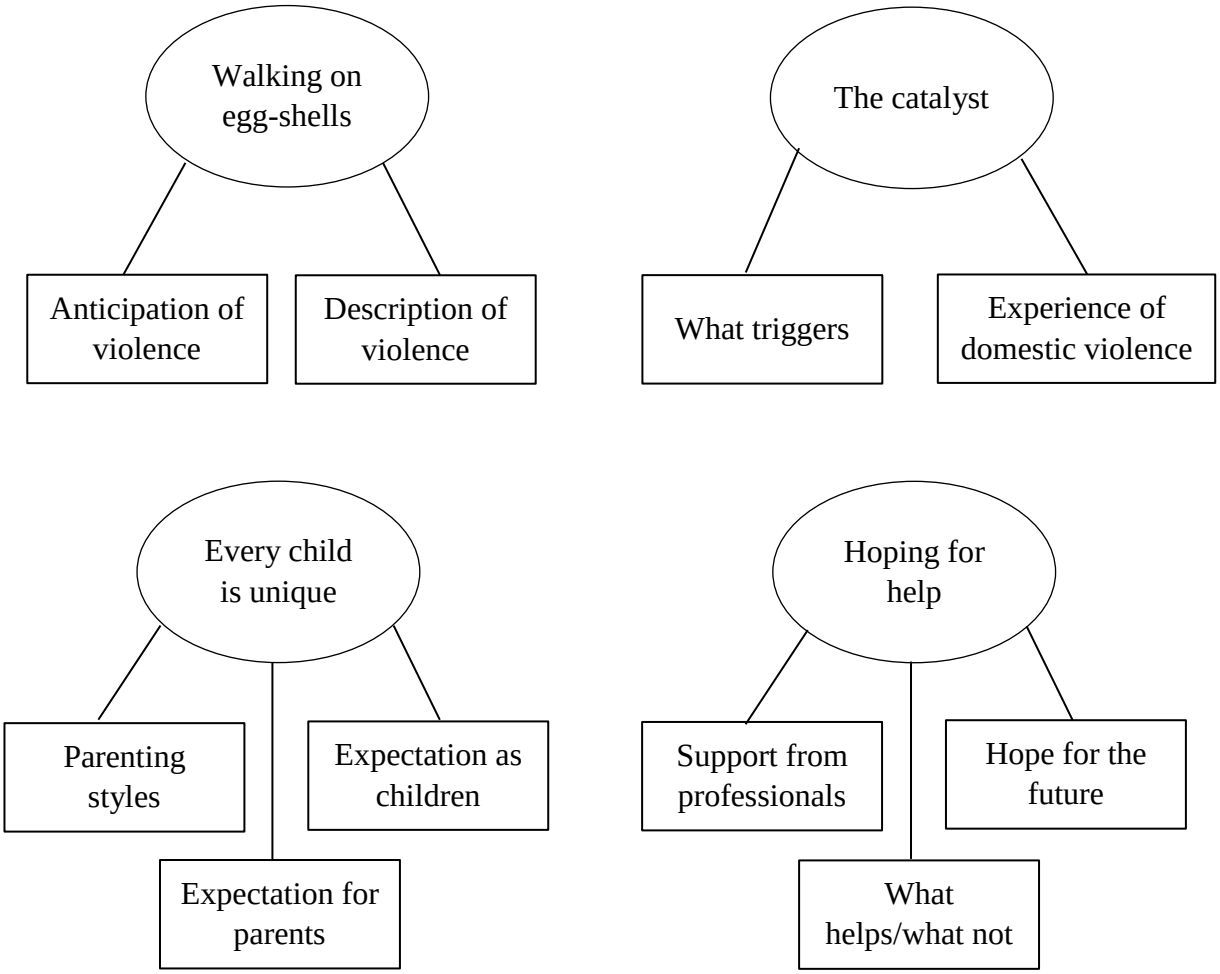
These questions were used to explore whether parents have sought any support services and whether they find those services helpful. Parents were given the opportunity to share how they dealt with the situation and to give suggestions to improve the support services, especially when managing child-to-parent aggression. Parents were also asked whether they think there is hope for their child to change or for the behaviour to ameliorate. The fourth theme and sub-themes are presented below:

Table 18. Organisation of sub-themes from the fourth main theme

Qualitative theme	Sub-themes
'I was hoping someone would help us': Perceived possibilities and action taken	1. Support from professionals: CAMHS, forensic CAMHS, social services, police. 2. What has helped and what has not 3. Hope for the future

A final thematic map is presented below:

Figure 8. Final thematic map showing four main themes of the study



Findings

This study attempted to begin to uncover some of the factors related to child-to-parent aggression, which is an area that has been largely overlooked in research of aggression within the family. As an effort to achieve a thorough understanding of child-to-parent aggression cases, this study focused on a smaller number of participants to enable the researcher to get in-depth information on each cases at an individual level.

‘Walking on Egg Shells’: The Experiences of Child Aggression at Home

Parents consistently described their experience with their abusive child as full of uncertainties, fear, and a loss of control or authority as parents. The theme was further organised into two sub-themes to explore the incidents of aggression. The first sub-theme described parents anticipating fear of being controlled and violence from their abusive child. The second sub-theme revealed the quotes from parents, explaining what they have experienced from their child.

Anticipating violence: Effect on emotional, physical, and property damage. Findings from this study highlighted child-to-parent aggression as a serious and significant subject. Mothers were targeted by the children more than fathers, which were true for both single parent (i.e., mother only) and having both parents in the family. Boys and girls also showed this pattern, which is in line with findings by Pagani et al. (2003). Parents were concerned when their child started targeting them with problem behaviour such as verbal and physical aggression, as well as demanding for money and damaging things around the house. They also raised concerns about how those behaviours impact their emotional well-being, as well as the others in the family. Most parents tend to blame themselves for their child’s behaviour.

When the parents were asked to give an example of a time when they had a disagreement with the child, P02 said:

> “When she could not get her own way, it feels like there was a ‘war going on’. It could be over anything. For example, when I said her boyfriend can’t come over, or when I asked her to do some simple house chores”.

P05 experienced false allegation from her daughter when she refused to give in to her requests. Her child accused her of child abuse which resulted to involvement

from social services and police. All her children were removed from her care at that time for investigation. She said:

> "I went through all that, simply because I wouldn't give in to her and she didn't get her own way. Everyone would say 'just call her bluff. She wouldn't really go and do it'. So, I did just that and that's what happened".

Parents also shared about the aggressive behaviour experienced from their child. P02 said most of the time, the child would be banging about and slamming doors, lashing out against household items. Her child has been physically abusive towards her. She was punched in the face and her lips were split open. P05 had similar experience with her daughter where she was bitten, kicked, and punched by the child. She also had a black eye when the child threw a bottle full of water at her face at a close distance. The child also busted her partner's lips open when she punched him on the face. P01 never experienced physical aggression from her son, but went through verbal abuse and property damage. Her son would punch the wall or lashed out on objects when he was angry and would shout at her that would 'go right up to the face'. There were also major disagreements between them which she described as 'major screaming matches'. P03 and P04 experienced physical, verbal, and property damage like P02 and P05. Their sons also demanded material objects and money. Somehow, there are similarities between P02 and P05 in terms of controlling the parents to get their own way. It is worth noting that both girls (P02 and P05) met the diagnostic threshold for limited prosocial emotions. Despite findings from Edenborough et al. (2008) that mothers tend to minimise the occurrence of violence or dismiss the seriousness of violence, the interview participants in the present study did not seem to hide the details of their child's aggression or violence. This could be due to differences in the sample group – the present study recruited parents through a forensic mental health service and parents

appeared very willing to share their experiences. Edenborough et al. (2008) in contrast, recruited their study sample from the general population and most likely, the parents were still denying the fact that their children were being abusive.

Most of the parents reported feeling in some way responsible for their child's behaviour. P01 did not directly mentioned feeling responsible, but when her son was involved in hurting a boy in school, she said it caused her to feel uncomfortable and had to avoid going out even to the local store and café. She saw her son's behaviour as being disrespectful. P02, on the other hand, felt responsible towards her daughter's behaviour:

> "I felt it was me who made her the way she is. I do blame myself a lot and I have my own issues with anxiety and I don't feel I am fit enough to take care of my children. I wanted to make things right, so I sent my youngest son to live with my parents. I am glad my daughter is doing well at her dad's too".

P03, P04, and P05 also felt responsible for their children's aggression towards them. P03 admitted that she can be loud towards her son and when he started an argument with her, instead of walking away, she would argue with him. Sometimes, she ended up regretting it later but she just could not help it at that moment. She also said her son has 'sucked the life out of her' and her anxiety and depression has been controlling her life. Both P04 and P05 have thought that there must be something they have done wrong which caused their child to be this way. However, they both reflected that while they were trying to impose rules and boundaries for their children, there were others in the family who would spoil them with gifts and unnecessary pampering. As discussed earlier, parents are legally responsible for their children (Holt, 2013). This legal responsibility may explain in part why parents in the present study felt responsible for their child's misbehaviour. Most parents felt they have done something wrong or could have been a better parent to the child. For example, P01 felt ashamed to face the

neighbours due to her son's behaviour, not only lashing out at home, but also because of interpersonal violence to other children in the same neighbourhood. Similarly, Kennair et al. (2007) also found parents to have the tendency to shy away from telling anyone and choose to suffer in silence due to feelings of shame and guilt.

Description of violence: Parents describing their experience of living with the aggressive child. Parents shared that when the child is not at home, they could calm down, relax, and think straight. It also takes a lot of pressure off their shoulders. P01 said when her son is at home and in the 'mood', it would feel like 'a big thick cloud in the house'. P02 said she saw changes in her younger daughter who started to behave more aggressively, just like the abusive daughter. She felt controlled by her abusive daughter up to a point that she cannot say 'No' to anything and would just give in:

> "Situation has gone out of hand and I lose control and authority against her. If she wants something, she gets it. If not, someone will have to suffer the consequences".

According to P03, her son enjoyed teasing his nephew and winding him up. The little boy would be very upset. She further described her son, which sounded like her being somewhat disappointed of him:

> "He is 'as cold as ice' and it seems like his emotions are 'dead'. He has always been this way since he was a little boy. Sometimes, I can take him places and he can be nice, but sometimes he will kick-off. This is an 'awful situation'. I would like him to do well".

P04 does not like it when her son was lashing out at home, especially when her grandchildren were with them. She saw them being strange and clingier when he was around, acting aggressively. She also added that:

> "If he's at home long enough, he will start being silly and won't leave us at peace".

For P05, the impact of her child's violence at home not only caused her to live in fear, but it also affected her younger children. Her younger daughter is so terrified of the abusive child that before she entered the house, the little girl would run to her room, shut the door, and sat behind the door so that her sister could not get in and hurt her. Sometimes, she hid in a corner and cry. P05 said:

> "When she is at home, everyone has to walk on egg-shells around her because you didn't know when she's going to change or what you could be doing or not be doing that could escalate her".

P02, P03, and P05 were similar that they felt they do not have control towards their child. P03 in particular, felt that her son is lacking empathy, which she described as "cold as ice", which is a trait of limited prosocial emotion from DSM-V (American Psychiatric Association, 2013). All parents in the present study disclosed experiencing verbal aggression and lashing out on objects rather than direct physical aggression from their children. Almost all mothers experienced physical violence and controlling from their children and some revealed that their children will keep demanding money from them. Holt (2013) argued that these children could control their parents because parents are relatively powerless. Parents, from their reports, would give in so that no one would get hurt. This could also simply be fear towards the child. Physical aggression may be viewed more seriously because it tends to cause injury to parents and also may harm the perpetrator themselves. The parents reported experiencing numerous physical abuse from the child, which make sense because the participants were recruited from a forensic mental health service. Ibabe et al. (2014) who compared community and delinquent samples found the latter to perpetrate more physical aggression compared to

the earlier. In addition, one of the studies from this research project also found the forensic sample to perpetrate more acts of physical aggression than the clinical sample (see Chapter Two).

'The Catalyst of Aggressive Episodes': When it All Begins

This second theme is named 'the catalyst' in line with the aim to include explanation on what contributes to the young person's aggressive behaviour, when did the behaviour peak, whether they were aware of the impact of their behaviour on the family members, and whether that differs between those who meet the diagnostic threshold for limited prosocial emotions. The theme was split into two distinct sub-themes.

The trigger of aggressive behaviour. This sub-theme included explanation from parents about the time when their child started to behave aggressively and what escalated the behaviour. P01 shared that the behaviour started about four years ago and peaked around two years ago. She stated that her son's behaviour started to peak when a lot of stressful life events were happening at home. That included her eldest son moving away from home, the second son was diagnosed with mental illness, she was hospitalised, and her ex-husband brought them to court to gain custody over her youngest son. The boy also lost his grandfather who was 'the rock of the family' a few years ago. She believed that her son's behaviour will escalate whenever he had a disagreement with someone. According to Routt et al. (2011), young people who have experienced trauma or negative life events in the past have an increased risk of perpetrating aggression. The present study also found trauma experiences among most of the young people who perpetrate child-to-parent aggression. P01, for instance, only started behaving aggressively after experiencing a list of stressful life events.

P02 recalled that her daughter's behaviour has gotten worse about a year ago, when she started dating her boyfriend. What would escalate her anger was when her mother told her she could not go out with her boyfriend or that he could not come over. Similar to P05, the child did not like to be told 'No' to anything. However, P05 would not give in to her daughter, unlike P02.

While P03 revealed that her son's behaviour has been bad since he was in nursery, it started to peak about four years ago. Although, she could not recall what may have escalated his behaviour. She also shared that the involvement from professionals that was supposed to be helping him with his harmful behaviour had in fact made him worse. The young person started threatening to take his own life if the involvement did not stop. P04 shared that her son started to be more aggressive when he hit puberty. She said:

> "He can be aggressive when he can't get his own way, if you don't do what he wanted you to do, or you asking him to do something he doesn't like. He's more like a monster, I would say".

P05 shared that her child's lashing out behaviour has peaked two years ago. During that incident, her mother refused to give in to her requests. In return, she went to school and told her teachers that her mother abused her. Since that false allegation, she has moved to stay with her grandparents. Her mother believed that she would always find a way to manipulate others to get what she wants. She had no clue as to what could be triggering her daughter's behaviour anymore.

> "So, I think the way she sees it now, if she wants a break or doesn't want to be with somebody, she can just lie about it because history has taught her that it gets her, her own way. She doesn't seem to have consequence to her behaviour. When she is with my mum and grandma, they don't give her consequence to her

> actions and even make up excuses to her behaviour. That could be one reason why over the last two years, her behaviour has gone worse".

When they were asked whether they think their child is aware that their behaviour is impacting others around them, all mothers except for P01 and P04, believed that their child realised the impact of their behaviour but they simply did not care. P01 shared that:

> "He is aware that he puts me into trouble and being stigmatised by the society with his behaviour. Also, he agrees to get help so that he could do his part as a son and also to help him manage his anger".

P04 stated that:

> "He only feels aware when we had sessions with the therapist and the therapist pointed it out. He will look down and said he does. I think he does feel aware but doesn't want to show vulnerable emotions. However, aggression and anger are emotions that he would show".

P01 and P04 sons both realise their behaviour were impacting those around them. However, P02, P03, and P05 all agreed that despite knowing how much impact they gave towards their parents and family members, they were not bothered. Not caring about others is one of the psychopathic traits.

Some young people tend to hide their vulnerable emotions, while some did not care whether their behaviour were affecting others around them. It seems to be that those who realise the impact and showed that they care were more likely to engage in therapy sessions to ameliorate their harmful behaviour. For those who did not care, they were more likely to decline help or have the tendency not to engage during therapy sessions. This was evident from the present study, where P01 and P04 did receive help and realise the impact of their behaviour. Most young people in this study met the

diagnostic threshold for limited prosocial emotions, which according to Frick's (2013) suggestion, may influence them to perpetrate aggression on others and lashing out on properties, as well as deceiving others. Thus, it is possible for this to contribute to explaining the heightened aggression level among the participants' children.

Experience of domestic violence: Directly or indirectly. Parents described their experience of being abused by their partner previously and whether the child witnessed the abuse. P01 and P04 were both living with an abusive husband and the child witnessed the abuse. When their child was also being abusive, they know how to manage the situation based on their past experience. They also said the child reminded them of their abusive ex-husband. P05 said the child's father used to be abusive towards her when she was pregnant with the child, but they separated before the child was born. Although these parents said their child did not experience direct abuse, experiencing indirect abuse may very well have had an impact on the child. To support the findings, past studies have argued that young people who experienced negative life events or trauma earlier in life tend to have heightened level of callous-unemotional traits, which may increase the chance of perpetrating aggression (Kimonis et al., 2014; Ford et al. 2006; Kerig, Bennett, Thompson, & Becker, 2012). As discussed in Chapter Four, the emotional pain inflicted by the trauma might trigger 'survival coping', which resulted the young person to withdraw their emotions, resulting in the development of callous-unemotional traits (Ford et al., 2006; Kerig, Bennett, Thompson, & Becker, 2012), which in turn will increase the level of aggression.

'Every Child is Unique': Parenting and Expectations of Parent-Child Relationships

The third theme was quoted from a mother who talked about the unrealistic expectations of the society towards parents although the reality is every child is unique

and there is no particular way to parent a child. This theme was divided into two sub-themes.

Parenting styles used and modifying to fit the child's needs. This sub-theme includes explanation from parents on which parenting styles were used and how some parents modify their styles to suit their aggressive child. Some parents described their parenting style as more laid-back (permissive) and they let their children get in their way. P01 and P02 both treated their children like a friend, despite growing up with strict parents when they were younger. They claimed that they do not like to make their children afraid of them.

P01 did not modify her parenting style for her child although he started behaving aggressively. However, P02 admitted that her parenting style towards her daughter would change based on her daughter's behaviour and situation, and sometimes, depending on her own emotion. She can sometimes be harsh towards her abusive daughter. This is similar to P03 who said she can be loving towards her children if they are loving themselves. She admitted that she can be cold and harsh towards her abusive son. She also did not impose rules towards him like how she did with her other children.

Both P04 and P05 used authoritative parenting, where they impose rules and boundaries, as well as setting curfews. They are also consistent with their parenting styles. However, both of them said other parenting figures (i.e., grandparents and older children) have been permissive towards these children. P04 said since her son is the youngest in the family, other relatives have been pampering him and giving him a lot of gifts and attention. P05 also had the same experience where she tried to be consistent with her rules and boundaries, but her parents and grandparents have been more 'forgiving' and 'lenient' with her daughter. She also added that despite her attempts to change her parenting style to suit her daughter's increasingly challenging behaviour, the daughter seems to find a way to get around her. P02, P03, and P05 all shared that they

felt the need to modify their parenting styles to fit their child. This also shows that parents tend to struggle to keep up with their children who meet the pathway of limited prosocial emotions.

Some parents (P04 and P05) also felt that although they tried to be authoritative and impose rules and boundaries for the child, others in the family contributed to being permissive and, as they saw it, indulging them. The inconsistency in parenting has been argued as one of the reason why young people have problem behaviour (Patterson, 1980). Being permissive, on the other hand, could increase the risk towards children taking charge of the parents (Paulson et al., 1990). In Chapter One of this dissertation, it was argued that young people would respond to different parenting styles based on their level of callous-unemotional traits. This was found to be true with the present study where the parenting figures who were permissive towards the child seem to have encouraged the child to impose control over them. The child also resorts to using threats on the adults if their requests were not fulfilled.

Expectations for parents versus young person. Parents shared about the expectations from close relatives, friends, and society towards them and also talked about expectations given towards the young person. Some also revealed regarding the expectations given by the abusive child towards them. To them, being a parent means they have to be able to play a role as a parent, be good and loving to their children, and wanting the best for them. It is also important to treat the children with respect and trust, providing them with as much as they could. P04 shares that:

> "Being a mother means you will always have to be there for them and be loving and kind. You also have to teach them the good from the bad".

While P05 stated that:

> “People would expect you to be a perfect model parent who doesn’t make any mistake. Unfortunately, children are all different and they do not come with a manual”.

P05 shared her frustration regarding the unrealistic expectations from her relatives and the society for mothers like herself to do things perfectly. She felt that she has tried her best and also wanted the best for her children. She also felt that her parents and grandma are not on the same page with her and her partner on parenting their child. Likewise, P03 also shared that she had disagreements with her close friends and siblings when they tried to teach her how to parent her child, despite not knowing her son as well as she does. These parents said they have ‘fallen-out’ with those friends and relatives. This also means that they can no longer share their problems and difficulties in relation to their child’s challenging behaviour, with what might have been their ‘support system’ (of friends and family).

On the other hand, a young person is expected to trust their parents and being able to share their problems with their parents. They should also be loving, affectionate, and close to their parents. According to P03:

> “I would love to be able to give him a kiss and cuddle but he doesn’t seem to like it. He would react negatively towards affection. He also did not like being called with a pet name. I would expect him to be well-behaved, stop making us worried, and start taking the responsibility of taking care of us”.

P03 shared her desperation about her son’s inability to be more loving or accept affection from her. P04 had a different opinion regarding how a young person like her son should behave. She thinks that young person is easily led into doing bad things especially when they are making friends with the wrong group of people. So they should be well supervised.

In addition, parents revealed about their children's expectations for them as parents. Some children would expect their parents to be more loving, similar to how parents would expect from them. According to P05:

> "I think from her point of view, she wanted to be an only child and not to have any siblings. She is very attention oriented and we had no issue with her at all before her sister came along. She was the 'perfect little girl'. But having her sister is not the main reason she is behaving the way she is".

The mother opened up about her daughter's expectation towards her. P03 also said her son told her not to shout at him and requested for her to do things for him. Similarly, P02 said her daughter wanted her to be more affectionate, calm, and loving towards her. P01, on the other hand believe that her son is happy with how she is and never complained about her despite her not being able to afford material things for him.

In a study conducted by Goldson (2000), some young people revealed that they thought their parents could have taken more effective corrective action with regard to their problem behaviour. A poll conducted by the New York Times/CBS news reported that 72% of respondents said parents should be held responsible for their children's crimes (Applebome, 1996). Furthermore, the role of family or family socialization was implicated in several criminological theory (Gottfredson & Hirschi, 1990; Patterson, DeBaryshe, & Ramsey, 1989). It is unsurprising for others and the child themselves to put more expectations towards the parents. Although the findings of the present study are not related to responding towards crime, parents thought that there is a set of 'rules' imposed on parents on how to or to not behave or what should or should not be done to be regarded as 'good' parents.

‘I Was Hoping Someone Would Help Us’: Views on Possibilities and Action Taken

This final theme uncovers parents’ desperation to receive help from the professionals and shared about their frustration in some situation when they were not taken seriously despite sharing details about their abusive child. The sub-themes are explained.

Support from professionals: CAMHS, forensic CAMHS, social services, police. This sub-theme describes the type of support received from parents and the child. All young people were involved with CAMHS and forensic CAMHS at the time the study took place. All boys were referred to the forensic CAMHS for other offences, while the girls were referred for aggression towards the family members (especially their mother). All families have also received involvement from the social services with other issues around the house. Despite being physically harmed by the child, none of the parents have sought medical attention. Some choose to call the police.

In all cases, the police were involved. However, only two cases were initially involvement due to aggression towards the family. In the other cases, parents only revealed to the police what was happening at home when police were involved for other allegations. It takes a lot of courage from parents to call the police on their child, unless they do not have any other options. They said they did not wish to criminalise their child. Most mothers called the police more than once when their child lashed out at home. P02 shared that police did not take any action the first couple of times, but only took her child away the third time. After the police intervened, parents revealed that the physical aggression has stopped or reduced. One parent shared that:

> “Honestly, I have to clarify that I didn’t want them to lock her up or anything. But when we called the police, we were hoping their presence would de-escalate the situation. Just so that she knows the consequence. She needs to know that she can’t just kick off so that we can give in to what she wants. As awful as it

sounds, I was hoping that those would teach her a lesson that she cannot get her own way".

Two of the young person have been removed from home and are staying with their relatives (i.e., with the other parent or grandparents). The situation at home has improved after they have left home. They were allowed to return home under certain circumstances, which included having supervision when there were younger children around to reduce the risk of them causing any harm towards the other children.

Girls who perpetrate aggression towards parents tended to be removed from the house, while boys stayed at home. In the present study, all of the boys were the youngest in the family and they did not have any other relatives who were willing to take the responsibility to look after the child (the boys aged between 15 to 16, the girls aged 13 and 16). It may also be possible that girls were perceived as less harmful than boys, thus they were more likely to be accepted by other relatives. Past studies mostly found that boys were more likely to perpetrate physical violence while girls tend to be more verbally abusive (Calvete et al., 2013; Walsh & Krienert, 2007). This could also be a form of sexism, where aggression may be viewed as 'normal' among boys, but not feminine for girls. According to Wilde (2007), women are expected to be 'ladylike' and they do not exhibit 'manly traits' such as swearing or aggression. For that reason, certain sports are viewed to be more suitable for men than women, such as football, boxing, or even weight lifting (Wilde, 2007). In the present study, both girls (P02 and P05) in the study are the oldest child and both have younger siblings who needed protection from them. Thus, the social services made the decision for them to be removed from the house – with the intention to safeguard the younger children.

What has helped and what has not. Parents shared with the researcher regarding the experience with the support services and reveal what they found to be helpful and what can be improved. Most mothers found the involvement from forensic

CAMHS to be beneficial and helpful, except for some who thought it has not been helpful because their child declined to engage. P01 said that:

> "My son is more chilled with his therapist/clinician and he helped my son to see things from a different angle. I found the clinician's involvement as very positive, a big bonus, and my son enjoyed talking to him. My son's behaviour has since improved and he is more able to control his anger".

Social services' staff appear to have been able to help most of the families, including sometimes relocating abusive children to other family members. Some parents also shared that they were able to get connected to receive further help with social services' involvement. One participant revealed her frustration when she first tried to seek help with her daughter's behaviour:

> "I called the crisis team to talk about my daughter who is kicking off at home but they told me to phone the police. When I did phone the police, they told me to phone the social services. When I phoned the social services, they told me to phone the police again. We know that because we have done it. When we asked for help, it took us nearly two years to get anywhere. It took my child to do something serious enough for the police to intervene and for them to get her the correct help. We shouldn't have got to that point. If we have received help back then, this wouldn't have happened. But we didn't get that help or support we needed back then. It wasn't until she got herself into quite serious trouble at school for them (CAMHS and social services) to take us seriously. It shouldn't have come to that".

It is also important to note that support services are not used to handling cases involving child's aggression towards parents. Parents have experienced blaming from support services when they asked for help. They were told it was all their fault and they

did not parent the child well enough. They were suggested to follow certain parenting methods, which were ineffective on the child. It would be helpful for the support services to get a thorough understanding of the cases before taking any actions. In such cases, parents may need protecting from their children instead of the other way around. P05 revealed that:

> "Parents with these experience should be given the assurance that when they asked for help, they will get it. We shouldn't have to wait for something serious to happen to get that help".

Estévez et al. (2009) suggested that parents are less likely to hand in their child to relevant official authorities despite being victimised. In the present study, it took most parents a few months to decide whether they should seek help. One reason is that they do not wish to criminalise their child; the other reason was them worrying that they would be blamed as being bad parents. True enough, for one of the cases, parents who reported the abusive child to the police were advised to change their parenting style and were told that the child will be fine. Another parent experienced a judgemental approach from social services and received criticism from close family members.

Most parents who were interviewed told the researcher that they did not know where to seek help. Some called up the service providers, one after the other, and realised that even the service providers do not know where or who to refer them to. Holt (2016) and Routt et al. (2015) emphasised that service providers are not well equipped to respond in an effective way towards parent-direct aggression complains. Likewise, in the present study, social services, police, and General Practitioners experienced a lack of guideline regarding child-to-parent aggression. Clear guidelines could be in place for them to be able to direct the parents accordingly. In practice, Social Services linked the parents to appropriate help, for themselves and for their children. All young persons

were referred to the local CAMHS for assessment and further help was offered by the forensic CAMHS. Parents also said that they found having a trusted person to talk to have been really helpful. Some parents prefer to contact the parent helpline while others choose to distract themselves with their hobbies. Being given the options to seek help or not seems to be more reassuring. It shows the importance to spread the words to other parents who are experiencing the same condition, so that they will know what is the best channel to go to when their child is abusing them and what they can do to help themselves.

Hope for the future. Parents disclosed their hope for the young person to change for the better. All parents in this study believed that their child had the capacity for change. Some parents thought that whether the child can change or not would depend on themselves, only if they want to, and if they are willing to engage during therapy sessions. Some believed that the child can change if they get the right help. Parents were desperate to receive help as they fear that their child will go to prison if situation did not improve.

The parents also shared their advice for parents who are experiencing aggression from their children to get in touch with support services, especially CAMHS, and work closely with the school. They also advise parents not to argue with the child and let them calm down while finding something to distract themselves. Finally, if the child is being cared for by others, they should be parented the same way – similar rules and boundaries should be in place. In other words, adults or carers should work together to parent the child and be consistent.

The parents also thought it would be helpful for their child to receive help to 'sort themselves out' and for the support services to not give up on their child. Some parents find phone consultations with 'Young Minds' helpful, as they provide support to parents (Smith, 2008). One parent suggested to have a support group for parents of

children with problem behaviour so that they can share their problems and their methods of managing the problems. Young people with such problem behaviour also can have a separate session with the therapist to talk about how they can change and help them understand the effect of their aggressive behaviour on others and how to change it. As discussed in parenting literatures, parenting is a key environmental influence on child behaviour and may predict child antisocial behaviour (Patterson, 1982). Particularly, inconsistent and harsh parenting are strongly related to the development of child conduct problems (Gershoff, 2002). Thus, it is important for carers who took over the responsibility to take care of the child to have clear rules and boundaries while maintaining consistency in parenting with the child who is under their care.

Implications for Policy and Practice

This study aimed to contribute to the limited literature on the experiences of child-to-parent aggression. It provided an opportunity for parents to share their experiences of being victimised by their children and voice their opinion to improve support services. Past studies have found that taking part in qualitative interviews often has a therapeutic benefit in itself (Murray, 2003). Besides, participants were given an opportunity to influence services. A general report will be prepared by the author based on the parents' responses and will be shared with mental health and social services. Doing this may increase the chance to make changes and improve the services. The response from parents may also potentially help to develop targeted intervention to equip them with the skills necessary to manage aggressive children in the family. For instance, in order to help the parents to provide appropriate support to their aggressive child at home, Nonviolent Resistance (NVR) could be offered to parents. NVR is a method introduced by Omer (2004) which offers parents the knowledge to manage their

children's aggression in a diplomatic and non-violent way (e.g., delay responses, increasing parental presence, de-escalate situations, and letting trusted people know about the problems to gather social support in resisting violent and controlling behaviours) instead of trying to handle aggressive behaviour with more aggression (Omer, 2004).

The study also included the Clinical Assessment of Prosocial Emotions (CAPE) to assess the perpetrator's emotions from parent's perspective. The findings from the qualitative interviews highlighted important traits in young people with limited prosocial emotions. The most important point was they do not care even if their aggressive behaviour was affecting their family members, which may explain why they do not co-operate during therapy sessions. If they also do not care about the impact of their behaviour towards others, it could be risky to let them reflect on the effect of their aggression, because this could possibly tell them how much suffering and pain they were causing their parents – which could be viewed as them achieving their goal. Knowing about the emotions or lack of emotions among the young people will enable the practitioner to tailor intervention programmes that meet the needs of the young person, the parents, and the families.

In order to improve knowledge in the field of child-to-parent aggression, first we have to acknowledge this as an emerging issue that needs more attention than what it is currently receiving (Pagani et al., 2004). Second, the intervention policy needs to include that aggression perpetrated by young people below the age of 16 should be considered as a domestic violence, so that the parents, the child, and the family can receive appropriate support. There were cases where young person below the age of 16 are causing harm to their parents, but when they resorted to calling the police, they were either being told that nothing could be done, that they should let the child go out and have some fresh air, or even to be more strict or harsh towards their child (Routt &

Anderson, 2015). Although the main intention is not to criminalise the child, it would be helpful to revise the current policy so that effective and 'unique' intervention could be in place for the parents and the young perpetrators. Finally, what is important is the fact that available interventions for families experiencing child-to-parent aggression are not catered for certain group of perpetrators (e.g., interventions such as Break4Change and SAAIF) (Munday, 2009; Priority Research, 2009). In specific, they are not made for those who have limited prosocial emotions. It is crucial to examine the level of prosocial emotions, not only among those who perpetrate aggression towards parents, but also among other aggression perpetrators.

Conclusion

Based on the parents' voice regarding their experience of aggression from their adolescent children, it is clear that this issue is significant yet complicated to address. Most parents, especially mothers, have been struggling for at least two months before they request or receive any help from the service providers. Despite the purported availability of support for parents to talk about their experience of victimisation from children, those services are not widely known to parents. This could be due to the fact that most people do not see children as aggression and violence perpetrators compared to adults, or perhaps, underestimate the impact of aggression or violence perpetrated by this group of young people. It is crucial for the service providers to be equipped with the knowledge to help provide assistance and support working with parents/victims in these cases and also to refrain from judging the parents or minimising the severity of the problem. Parents should be given the assurance that they will get the help they need when they request for it. This will encourage them to open up on these issues without the sometimes well-founded fear of being judged and trusting the service providers to find a way to help them towards having a safe home environment.

CHAPTER SIX

Bringing It All Together

Discussion

This thesis aimed to explore aggressive behaviour among adolescents towards their parents. The context of the research was on aggression within the family and the factors that contributed to this problem behaviour. Most specifically, the levels of callous-unemotional traits among adolescents were examined to better understand how that may relate to adolescent aggression towards parents.

When a Child/Adolescent Perpetrates Aggression at Home

Based on the four studies conducted on different sample groups specifically; clinical, forensic, special school, and the general population, it was found that regardless of the targeted population, aggression perpetrated towards parents were surprisingly high in prevalence. About 92% and 55% of forensic sample and 75% and 40% of the clinical sample perpetrated aggression towards parent. Among the special school sample, 86% were aggressive towards their father, while 95% were aggressive towards their mother. While in the general sample, 38% perpetrate aggression towards father and 43% towards their mother. Specifically, comparing between clinical and forensic samples, the first study (Chapter Two) found reported aggression towards parents was more prevalent compared to aggression towards siblings in both sample groups. The forensic sample tend to perpetrate more direct and physical aggression (audit 1, n=13, 100%; audit 2, n=26, 90%) rather than indirect aggression (audit 1, n=9, 70%; audit 2, n=19, 65%), while clinical sample contributed to smaller number of aggression within the family with similar number of incidences of direct (audit 1, n=3, 60%; audit 2, n=5, 50%) and indirect aggression (audit 1, n=3, 60%; audit 2, n=5, 50%). In the second study (Chapter Three), young people from two Social, Emotional, and Behavioural Difficulties schools reported that they have been at least verbally (and then physically) abusive towards their mother and majority also used verbal aggression against father.

Among the general population in study three (Chapter Four), the majority of parents reported their child as being aggressive towards both father and mother including a significant rate of physical aggression. The results of these studies were in line with past findings on self-reported (Pagani et al., 2009; Ulman & Straus, 2003) and parent-reported aggression (Michel Edenborough et al., 2008) towards parents.

Explaining the Risk Factors of Aggression

In Chapter One, a 'Trait-Based Model' was proposed to explain the incidences of child-to-parent aggression by taking into account the different levels of callous-unemotional traits. The model proposed high callous-unemotional young people as 'generalist aggressors', perpetrating premeditated aggression towards both parents and peers, and that permissive parenting contributed to aggression in these cases. Conversely, young people with low callous-unemotional traits specialised in targeting their aggression towards parents while being motivated by seeking revenge against parents who were using harsh parenting techniques. In seeking to test this model, the studies in this thesis consistently found a positive relationship between callous-unemotional traits and aggression. Study two as presented in Chapter Three examined these traits and aggression towards parents among the special children within the community sample. Not only did the empirical evidence indicate that callous-unemotional traits were related to higher levels of aggression towards both mother and father, it also discriminated the young people into two groups: 1) high callous-unemotional traits, perpetrating aggression towards both parents and peers, and 2) low callous-unemotional group who were generally less aggressive, which was in line with the model.

In study three (Chapter Four), measures of parenting and stressful life events were included to further explore the incidences of child-to-parent aggression. Callous-

unemotional traits were related to goal-oriented aggression and young people high on these traits were more likely to target their aggression towards multiple people (in this case, towards parents and peers). Furthermore, callous-unemotional traits mediated the relationship between stressful life events and aggression towards both parents, revealing that experiencing stressful life events increased the levels of callous-unemotional traits, which in turn increased aggression towards parents. Kimonis et al. (2014) found that negative life events among children predicted increases in callous-unemotional traits in later life, while Waller et al. (2017) found the correlation between callous-unemotional traits and aggression among children and adolescents. Findings from these two past studies supported the mediation models as proposed by the author of this study.

In addition, harsh parenting was found to be related to aggression towards mother/victims among those with low level of callous-unemotional traits, while poor monitoring was only related to aggression towards mother at high level of callous-unemotional traits. This confirms the direction as proposed in the model, which indicate callous-unemotional traits also play an important role in predicting aggression towards mother, in addition to the well-established knowledge that they predict peer aggression. In other words, study three found that different levels of callous-unemotional traits may influence the relationship between permissive/harsh parenting styles and aggression towards parents. This may strengthen the idea that parenting is not ‘one size fits all’. Studies that examined parenting by temperament is guided by the basis that ‘what is effective for some individuals in nurturing the development of some valued outcome, or preventing some problematic one, may simply not do so for others’ (Pluess & Belsky, 2010). Beksly et al. (2007) proposed that some children are more susceptible towards both: ‘adverse effects of unsupportive parenting’ and ‘the beneficial effects of supportive parenting’. Thus, including differential susceptibility (in this case, callous-unemotional traits) have helped in examining the relationship between parenting styles

and the incidences of child-to-parent aggression. The lack of statistical significance for aggression towards father can be explained by the fact that most parents who took part in the third study were mothers and some were single-parent who did not share parenting responsibilities with the child's father. Alternatively, Cottrell et al., (2004) also proposed that mothers tend to be victimised more often by their children simply because they were present.

Furthermore, study three found that adolescents high on callous-unemotional traits were goal-oriented in aggression, while their peers who were low on these traits were more reactively aggressive. These findings also supported the 'Trait-based Model' as proposed by the author in Chapter One. It is also worth noting that if high callous-unemotional traits relate more strongly to premeditated forms of aggression, it also means that the aggression perpetrated by these young people is more severe than those low on these traits. Fite et al. (2009) proposed that those with high callous-unemotional traits tend to mark a more persistent form of antisocial behaviour. Furthermore, past studies proposed that young people with elevated levels of callous-unemotional traits perpetrate more severe form of aggression (Hawkins, Herrenkohl, Farrington, Brewer, Catalano, Harachi, & Cothern, 2000; Pardini, 2006). The findings from the studies presented in this thesis which supported the proposed model and the direction found in past studies on peer aggression increased the significance of examining callous-unemotional traits in studies of child-to-parent aggression.

Moving Beyond Understanding Aggression

In the last study of the project which was presented in Chapter Five, the author conducted in-depth interviews with parents of forensic adolescent sample to gain insight into parental 'lived experiences' of living with abusive children and whether limited prosocial emotions may explain patterns of aggression, controlling, and intimidation

exhibited by these children. Child-to-parent aggression cases are more complex than peer aggression or typical domestic violence (i.e., spousal or partner abuse) as these cases not only involve young people who are below the age of criminal responsibility (for those under the age of 16), but include parents who are legally responsible for them. Adolescents who were rated as having limited prosocial emotions (or referred to as having 'high level of callous-unemotional traits' in the model and earlier chapters) also were explained by parents as perpetrating a more severe type of aggression. Three of the adolescents who were rated as having limited prosocial emotions seemed not to care about the impact of their behaviour towards others. They essentially got their parents under their perceived control by being aggressive, and declined one-to-one therapy from the clinicians. This finding again supported the idea of the 'Trait-Based Model'.

It was interesting to find that girls from the forensic sample in the present study who perpetrate aggression towards parents were removed from home permanently, while boys remained at home. This may indicate that parents take it more seriously when their daughters portrayed violence characteristics, while it seems 'normal' for boys to do so. According to Godsi (2004), "having an aggressive daughter is still a taboo and it still carries a stigma". Thus, having a child who perpetrates aggression on a parent, plus when the child happens to be a daughter, may be a surprise for parents. Perhaps, that may explain why aggressive daughter concerns the parents more than having an aggressive son. Moreover, the anecdotes parents shared about their sons and daughters suggested their abusive behaviour did not differ. Girls were capable of causing serious injuries towards their parents, despite biological arguments that girls are less built for aggressive movements (Wilde, 2007).

Implications and Suggestions for Policy Changes

Despite being a type of aggression within the family, victims of aggression and violence by children received the least support. Most programmes for victims targeted victims of spousal abuse and child who were abused by parents. Cottrell (foreword in Holt, 2016) shared her earlier experience of talking to police, social workers, counsellors, and practitioners and they all reported that they have come across cases of child-to-parent aggression but they do not know how to help these parents nor do they have guidelines on how to work with the victims and perpetrators. And there is some evidence that health and social care professional are judgemental, respond poorly to the concerns of the parents. There was little evidence of professional, 'owning' the problem rather the approach was passive (e.g., "We don't know what to do, we need guideline" or "They don't access services"). Despite this topic being increasingly of interest, the policy and research in this area of family aggression is 'in its infancy' compared to spousal or partner abuse (Holt, 2016). Perhaps, the encouraging factors to conduct studies in this area are to search for explanations on what may have contributed to the phenomena of child-to-parent aggression. Among the debatable points are the significance of gender of victims and perpetrators, the age groups to study, and whether one-to-one intervention or family work should be given. In addition, this thesis shows limitation of the Home Office (Gov.UK Home Office, 2016) Domestic Violence definition and the results of the studies may call into questioning the narrowness of the definition (i.e., not including the perpetrators under the age of 16) with hidden victim/survivors.

Most importantly, parents should be given the reassurance which needs to be supported by a professional response to reports. Parents who were interviewed in the qualitative study (Chapter Five) revealed that it took them at least a couple of months to finally come up with the decision to seek help for the abuse experienced from their

child. Imagine the frustrations when they ended up getting ‘blamed’ by either the police or social workers, for allegedly not doing an excellent job as parents. Omer argued that “after all, a parent’s pain is no less real and deserves no less help than a child’s pain” (p.47 in Holt, 2016). Instead of ‘parent-blaming’ or asking parents to improve their parenting skills, the aim should be to make sure the family is safe, regardless of who the alleged perpetrators are. This issue is very complex and needs a thorough understanding of individual circumstances. Sometimes, at the start of interventions, the abusive behaviour tends to be escalated (Omer, 2004). In terms of professional practice, it may be worth drawing from accounts of the wider family who are not directly involved in the parent-child conflict to get a better understanding of individual cases and potentially, build a support group within the family.

Omer (2004) proposed the importance of involving a ‘third-party’ during the intervention of child-to-parent violence as part of his Non-violent Resistance programme. When a child perpetrates aggression towards parents, the crucial point is that the child has no respect towards parents as the authority figures, in fact, parents were viewed as ‘weak and helpless’. The involvement of a relative whom the child respects (i.e., grandparents, teacher, a family friend, or a community figure) would help control the child’s abusive behaviour and for the child and parent to be able to calmly discuss the issues with the third-person around.

Similar to intervention programmes in any areas of problem behaviour, it may require a significant amount of funding, but this investment will help save more costs in the long run. One example, is the evidence-informed health visitor intervention programmes that have been conducted in several countries, including the USA, Australia, New Zealand (Olds, Sadler, & Kitzman, 2007) and the UK (Barlow et al., 2007), focusing on vulnerable families (e.g., those with health difficulties, social exclusion, or at significant risk of abuse and neglect). During this programme, health

visitors visited the mothers prenatally and in early childhood, with the aim to improve prenatal behaviours and environmental conditions early in the life cycle, to prevent maternal and child health problems (Olds, 2002). These home visiting interventions were found to significantly reduce psychological aggression in children and parents reportedly used less harsh parenting such as corporal punishment, and less reported physical abuse of children (Landsverk et al., 2002). Improving parental behaviour and families' economic conditions may reduce the risk of children developing early-onset behaviour (Olds et al., 1998; Olds, 2002), which may include aggression towards parents. As early-onset antisocial behaviour tends to lead to more offences and criminal careers than late-onset (Farrington et al., 2006), preventing early-onset offending could reduce crime among young people and can be cost-effective for society in the long run.

Even if aggression issues have emerged, there are other options for interventions. One intervention that was found to save long term costs was Break4Change. Wilcox et al. (2015) evaluated this intervention and found the savings amounting to $221,016[17] in reduced use of the Criminal Justice System, health and housing services, by running this intervention over a six-month period. If this intervention did not take place, the children and family services, criminal justice services, health services, and housing services would have to bear the costs. Holt (2016) argued despite being on what she vaguely termed a 'low-profile' mode, the extent of child aggression within the family will continue to influence more areas of personal and social life if it carries on 'unchecked'.

Limitations and Suggestions for Future Research

Several limitations of this thesis must be acknowledged. The focus of this thesis is specifically on child-to-parent aggression among adolescents, so the findings are not

[17] Or £168785.38

applicable to younger children or young adults. The mechanisms of aggression among the other age groups may differ and would be worth exploring in future studies. It should also be noted that the sample size of the study is limited especially for the special school and general population due to the drawbacks of the recruitment method or simply due to the sensitivity of the study area which make the recruitment even harder. Also, most studies that involved parents tend to get participations from mothers more than fathers. Thus, future studies may want to include both parents, or more participation from single-fathers. Finally, this body of research for this thesis did not include behavioural or biological measures. The studies may be replicated by including those measures, which may bring further findings to inform our understanding in this under researched area.

Conclusion

The anticipated findings were in line with the 'Trait-Based Model' and the hypotheses of each study. Based on the four studies conducted, which provided a triangulation of results using multi-method, it can be concluded that young people from the forensic mental health settings perpetrate more aggression towards parents and in more severe forms (i.e., physical aggression and use of a weapon). Callous-unemotional traits predicted higher levels of aggression towards parents, especially mothers, and also influenced whether young person might perpetrate aggression, given certain conditions as previously discussed. In terms of theoretical contribution, the 'Trait-Based Model' can help explain and predict the complex incidences of child-to-parent aggression and inform the tailoring of the interventions. Exposing parents to such knowledge and different parenting styles that may suit young people with elevated levels of callous-unemotional traits could be helpful in supporting and assisting parent/victims. At the same time, more spotlight could be given towards child-to-parent aggression so that it

can be more openly discussed rather than remaining a ‘taboo’ subject for parents and professionals. Policy and practice guidelines for key practitioners should be in place to equip them with the knowledge to help and support families experiencing child-to-parent aggression. Reporting aggression from children should be made as easy as reporting a theft crime or an accident.

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Appendices

Appendix A

Departmental Ethics Approval for Study 2

TO: Hue San Kuay

FROM: Jason Connolly, Acting Chair, Psychology Department Ethics Committee

DATE: 12 May 2015

CC: Luna Centifanti

REF: 14/27 – Understanding aggression within the family: A study on the role of callous unemotional traits in predicting aggression

Thank you for submitting the above application to the Psychology Department Ethics Committee. I am pleased to let you know that your application has been approved. The Committee's approval is conditional upon your meeting requirements indicated below.

You must ensure that the actual conduct of your research conforms to the ethical guidelines of the BPS (July 2004). These are posted in the Ethics Committee folder on Duo. One of the requirements is that participants should be fully informed about the nature of the proposed study. This is particularly important if any aspects of the study are likely to prove distressing to the participant.

You should also note that, according to the BPS, individual feedback to participants regarding their performance on standardised tests should *not* be given by researchers unless they have a professional qualification in psychometrics.

If you are working with children, you are advised to read the Guidelines for Research Involving Children (available on Duo). You will also need to apply for Enhanced Disclosure from the DBS. Details of applying for disclosure are given on Duo.

<u>Conditions</u>

Appendix B

Departmental Ethics Approval for Study 3

TO: Hue San Kuay

FROM: Judith Covey, Chair, Psychology Department Ethics Sub-committee

DATE: 5 April 2016

CC: Luna Centifanti, Lynda Boothroyd

REF: 15/22 – A case study on child-to-parent aggression: Listening to the voice of the parents

Thank you for submitting the above application to the Psychology Department Ethics Sub-committee. I am pleased to let you know that your application has been approved. Your ethical approval is valid for three years from the date of this letter.

It is important that you conduct your study in accordance with your application for ethical approval and if you wish you make any changes to your project then you must request approval from the sub-committee in writing. **Please ensure that a copy of the NHS Ethics approval is forwarded to the committee (when received).**

You must ensure that the actual conduct of your research conforms to the University's Data Protection Policy 2008 (www.dur.ac.uk/data.protection/policy/) and the ethical guidelines of the British Psychological Society which are available on DUO via Psychology Ethics > Ethics Guidelines (Departmental and BPS).

An End of Project form should be submitted to the sub-committee when the project has been completed.

Appendix C

Departmental Ethics Approval for Study 4

TO: Hue San Kuay

FROM: Judith Covey, Chair, Psychology Department Ethics Sub-committee

DATE: 11 May 2016

CC: Luna Centifanti, Lynda Boothroyd

REF: 15/29 – Understanding child-to-parent aggression: A study on the role of callous-unemotional traits in predicting aggression

Thank you for submitting the above application to the Psychology Department Ethics Sub-committee and for responding to the comments made. I am pleased to let you know that your application has been approved. Your ethical approval is valid for three years from the date of this letter.

It is important that you conduct your study in accordance with your application for ethical approval and if you wish you make any changes to your project then you must request approval from the sub-committee in writing.

You must ensure that the actual conduct of your research conforms to the University's Data Protection Policy 2008 (www.dur.ac.uk/data.protection/policy/) and the ethical guidelines of the British Psychological Society which are available on DUO via Psychology Ethics > Ethics Guidelines (Departmental and BPS).

An End of Project form should be submitted to the sub-committee when the project has been completed.

Appendix D

NHS Ethics Approval for Study 4

NHS
Health Research Authority
North East - Newcastle & North Tyneside 2 Research Ethics Committee
Jarrow Business Centre
Rolling Mill Road
Jarrow
NE32 3DT

Telephone: 02071048152

Please note: This is the favourable opinion of the REC only and does not allow you to start your study at NHS sites in England until you receive HRA Approval

18 January 2017

Ms Hue San Kuay
Department of Psychology, University of Durham
Science Site, South Road
Durham
DH1 3LE

Dear Ms Kuay

Study title:	**Case Studies on Child-to-Parent Aggression: Listening to the Voice of the Parents**
REC reference:	**16/NE/0355**
Protocol number:	**N/A**
IRAS project ID:	**214533**

Thank you for your correspondence of 11th January 2017, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the date of this opinion letter. Should you wish to provide a substitute contact point, require further information, or wish to make a request to postpone publication, please contact hra.studyregistration@nhs.net outlining the reasons for your request.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Conditions of the favourable opinion

The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

You should notify the REC once all conditions have been met (except for site approvals from host organisations) and provide copies of any revised documentation with updated version numbers. Revised documents should be submitted to the REC electronically from IRAS. The REC will acknowledge receipt and provide a final list of the approved documentation for the study, which you can make available to host organisations to facilitate their permission for the study. Failure to provide the final versions to the REC may cause delay in obtaining permissions.

Management permission must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements. Each NHS organisation must confirm through the signing of agreements and/or other documents that it has given permission for the research to proceed (except where explicitly specified otherwise).

Guidance on applying for NHS permission for research is available in the Integrated Research Application System, www.hra.nhs.uk or at http://www.rdforum.nhs.uk.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of management permissions from host organisations

Registration of Clinical Trials

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publically accessible database within 6 weeks of recruitment of the first participant (for medical device studies, within the timeline determined by the current registration and publication trees).

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g. when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non-clinical trials this is not currently mandatory.

If a sponsor wishes to request a deferral for study registration within the required timeframe, they should contact hra.studyregistration@nhs.net. The expectation is that all clinical trials will be registered, however, in exceptional circumstances non registration may be permissible with prior agreement from the HRA. Guidance on where to register is provided on the HRA website.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Non-NHS sites

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	*Version*	*Date*
Copies of advertisement materials for research participants [Appendix F - Recruitment Poster]	Version 3	16 August 2016
Covering letter on headed paper [Cover Letter]	Version 1	03 October 2016
Covering letter on headed paper [Cover Letter]	2	15 December 2016
Covering letter on headed paper [Cover Letter]	3	09 January 2017
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Appendix P - Durham University Insurance (Professional Indemnity)]		18 July 2016
Interview schedules or topic guides for participants [Appendix G - Interview Schedule]	Version 2	31 May 2016
IRAS Application Form [IRAS_Form_07102016]		07 October 2016
IRAS Application Form [IRAS_Form_15122016]		15 December 2016
IRAS Application Form [IRAS_Form_10012017]		10 January 2017
IRAS Application Form XML file [IRAS_Form_10012017]		10 January 2017
IRAS Checklist XML [Checklist_07102016]		07 October 2016
IRAS Checklist XML [Checklist_10012017]		10 January 2017
Letter from funder [Appendix N - Letter from Funder]		03 July 2014
Letter from sponsor [Appendix O - Letter from Sponsor]		17 February 2016
Letters of invitation to participant [Appendix D - Invitation Letter]	Version 2	16 August 2016
Non-validated questionnaire [Appendix H - CAPE]	Version 1	20 February 2016
Other [Appendix Q - Durham University Insurance (Public and		18 July 2016

Product Liability)]		
Other [Appendix E - Reply Form]	Version 1	31 May 2016
Other [unfavourabl opinion letter]		01 August 2016
Participant consent form [Appendix C - Participant Consent Form]	3	08 December 2016
Participant consent form [Appendix C - Participant Consent Form]	4	09 January 2017
Participant information sheet (PIS) [Appendix B - Participant Information Sheet]	Version 3	16 August 2016
Participant information sheet (PIS) [Appendix B - Participant Information Sheet]	4	08 December 2016
Participant information sheet (PIS) [Appendix B - Participant Information Sheet]	5	09 January 2017
Referee's report or other scientific critique report [Appendix M - Durham University Ethics Approval]		05 April 2016
Research protocol or project proposal [Appendix A - Research Protocol]	4	08 December 2016
Research protocol or project proposal [Appendix A - Research Protocol]	5	09 January 2017
Response to Request for Further Information		
Response to Request for Further Information		
Summary CV for Chief Investigator (CI) [Appendix I - Chief Investigator's CV]		18 January 2016
Summary CV for student [Appendix I - Chief Investigator's CV]		18 January 2016
Summary CV for supervisor (student research) [Appendix J - Supervisor's CV1]		27 January 2016
Summary CV for supervisor (student research) [Appendix K - Supervisor's CV2]		06 September 2016
Summary CV for supervisor (student research) [Appendix L - Supervisor's CV3]		01 March 2016
Summary, synopsis or diagram (flowchart) of protocol in non technical language [Appendix R - Flow Chart]	3	08 December 2016
Summary, synopsis or diagram (flowchart) of protocol in non technical language [Appendix R - Flow Chart]	4	09 January 2017

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document *"After ethical review – guidance for researchers"* gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol

- Progress and safety reports
- Notifying the end of the study

The HRA website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website:
http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/

HRA Training

We are pleased to welcome researchers and R&D staff at our training days – see details at http://www.hra.nhs.uk/hra-training/

16/NE/0355	Please quote this number on all correspondence

With the Committee's best wishes for the success of this project.

Yours sincerely

pp H Hendra

Dr Alasdair MacSween
Chair

Email:nrescommittee.northeast-newcastleandnorthtyneside2@nhs.net

Enclosures: "After ethical review – guidance for researchers" *[SL-AR2]*

Copy to: *Dr Luna Centifanti, University of Liverpool*
Ms Sarah Daniel, Tees, Esk and Wear Valleys NHS Foundation Trust

Appendix E

HRA Ethics Approval for Study 4

NHS
Health Research Authority

Ms Hue San Kuay
Department of Psychology, University of Durham
Science Site, South Road
Durham
DH1 3LE

Email: hra.approval@nhs.net

08 March 2017

Dear Ms Hue San Kuay

Letter of HRA Approval

Study title:	**Case Studies on Child-to-Parent Aggression: Listening to the Voice of the Parents**
IRAS project ID:	**214533**
Protocol number:	**N/A**
REC reference:	**16/NE/0355**
Sponsor	**University of Durham**

I am pleased to confirm that **HRA Approval** has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications noted in this letter.

Participation of NHS Organisations in England

The sponsor should now provide a copy of this letter to all participating NHS organisations in England.

Appendix B provides important information for sponsors and participating NHS organisations in England for arranging and confirming capacity and capability. **Please read *Appendix B* carefully**, in particular the following sections:

- *Participating NHS organisations in England* – this clarifies the types of participating organisations in the study and whether or not all organisations will be undertaking the same activities
- *Confirmation of capacity and capability* - this confirms whether or not each type of participating NHS organisation in England is expected to give formal confirmation of capacity and capability. Where formal confirmation is not expected, the section also provides details on the time limit given to participating organisations to opt out of the study, or request additional time, before their participation is assumed.
- *Allocation of responsibilities and rights are agreed and documented (4.1 of HRA assessment criteria)* - this provides detail on the form of agreement to be used in the study to confirm capacity and capability, where applicable.

Further information on funding, HR processes, and compliance with HRA criteria and standards is also provided.

IRAS project ID	214533

It is critical that you involve both the research management function (e.g. R&D office) supporting each organisation and the local research team (where there is one) in setting up your study. Contact details and further information about working with the research management function for each organisation can be accessed from www.hra.nhs.uk/hra-approval.

Appendices

The HRA Approval letter contains the following appendices:

- A – List of documents reviewed during HRA assessment
- B – Summary of HRA assessment

After HRA Approval

The document *"After Ethical Review – guidance for sponsors and investigators"*, issued with your REC favourable opinion, gives detailed guidance on reporting expectations for studies, including:

- Registration of research
- Notifying amendments
- Notifying the end of the study

The HRA website also provides guidance on these topics, and is updated in the light of changes in reporting expectations or procedures.

In addition to the guidance in the above, please note the following:

- HRA Approval applies for the duration of your REC favourable opinion, unless otherwise notified in writing by the HRA.
- Substantial amendments should be submitted directly to the Research Ethics Committee, as detailed in the *After Ethical Review* document. Non-substantial amendments should be submitted for review by the HRA using the form provided on the HRA website, and emailed to hra.amendments@nhs.net.
- The HRA will categorise amendments (substantial and non-substantial) and issue confirmation of continued HRA Approval. Further details can be found on the HRA website.

Scope

HRA Approval provides an approval for research involving patients or staff in NHS organisations in England.

If your study involves NHS organisations in other countries in the UK, please contact the relevant national coordinating functions for support and advice. Further information can be found at http://www.hra.nhs.uk/resources/applying-for-reviews/nhs-hsc-rd-review/.

If there are participating non-NHS organisations, local agreement should be obtained in accordance with the procedures of the local participating non-NHS organisation.

User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application

IRAS project ID	214533

procedure. If you wish to make your views known please email the HRA at hra.approval@nhs.net. Additionally, one of our staff would be happy to call and discuss your experience of HRA Approval.

HRA Training

We are pleased to welcome researchers and research management staff at our training days – see details at http://www.hra.nhs.uk/hra-training/

Your IRAS project ID is **214533**. Please quote this on all correspondence.

Yours sincerely

Rekha Keshvara
Assessor

Email: hra.approval@nhs.net

Copy to: *Dr Luna Centifanti*
Ms Sarah Daniel, Tees, Esk and Wear Valleys NHS Foundation Trust

Appendix F

Participant Information Sheet and Consent Form (Parents) for Study 2

PARENT INFORMATION FORM

STUDY TITLE: **Understanding the reasons behind aggression**

Kuay Hue San
Department of Psychology
University of Durham
DH1 3LE
0191 334 3275
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Dr. Luna Centifanti
Department of Psychology
University of Durham
DH1 3LE
0191 334 3245
luna.munoz@durham.ac.uk

Dear Parent(s)/Guardian(s),

We are contacting you today because your child attends _____. We are postgraduate research students in psychology at Durham University and would like to invite you and your child to take part in a project that will take place at **-** _____ and over the phone/home visit.

We are interested to see:

1. Whether children who care more about other people may deal with disagreements with friends and family in a better way
2. How some children who do not care as much about other people may try to control their friends and family for their own advantage
3. How some children who believe that bullying is a suitable way of dealing with disagreements may act more aggressively
4. Whether previous experiences of any negative events has an effect on aggressive behaviour.

We are asking **all students** at this school aged 11-18 to participate in this study. Your child will take part in the same process as his/her schoolmates and will not be judged in any way.

What do we need to do?
This project has three parts, which will take place at separate times.

- Your child will be asked to complete a 30-minute activity where we will ask them questions about bullying behaviour towards family, their feelings about bullying (whether they feel it is okay to bully others in certain situations), and their motivation to control others.
- From you, we would like your permission to look at your child's school record to see how your child copes with school. This will be under the supervision of the school's senior staff. If you agree, we will also mail a survey form for you to complete which will take approximately 30-minute to complete. The questions will be asking about your child's behaviour at home and about your experience in parenting.
- Teachers will be asked questions about bullying and caring about other people.

What are the benefits? All children will be rewarded with a chocolate bar as a 'thank you' for doing the study. The results of this study will help to improve future work on interventions and school practices to reduce bullying within the home and schools.

Are there any risks? The questions involve standard rating scales and tasks that have been used before in children aged 11-17 and have not caused any harm. If you child

feels uncomfortable at any time, he/she is free to stop the study by telling the researcher. We will offer breaks between tasks so that they do not get too tired. Some children may be allergic to some ingredients in the chocolate bar reward, if so, please inform one of the researchers before the study takes place.

Does my child have to take part? No. You are given the choice whether to allow your child to take part and we will also ask your child whether they would like to take part. You or your child can stop at any time by telling the researcher up until all tasks have been finished, at which point, the data will be linked to you.

How will the information be used? All of the information that you and your child shares in this study will be kept fully confidential. A number, and not a name, will be used to identify all data. Personal information such as signed consent forms will be kept separate to data in a locked office of the research team.

The information will be used in research reports, but no information that tells people who the participants are will be included. You may receive a copy of the reports prepared, but the data will be summed across all children and not one person in particular.

STUDY TITLE: **Understanding the reasons behind aggression**

PARENT INFORMED CONSENT

☐ **Yes**, I would like my child to participate in the study if he/she wants to participate.

Parent's name: _____

Child's name: _____

Does your child suffer from any food allergy that will result in being unable to accept a chocolate bar reward?

☐ Yes
☐ No

Do you give consent for the researchers to look at your child's school record to see how your child copes in school?

☐ Yes
☐ No

Signed…… Date:

☐ **No**, I do not want my child to participate.

CONSENT TO CONTACT

Do you agree to take part in our study as well?

☐ Yes
☐ No

If **YES**, please fill this out so that we can mail the survey form to you (contact number will only be used to contact you to ask whether you have received our mail):

Your phone number: (HOME) _____ (MOBILE) _____

Home address: _____

Appendix G

Participant Information Sheet and Consent Form (Adolescents) for Study 2

CHILD INFORMATION SHEET

STUDY TITLE: **Understanding the reasons behind aggression**

Kuay Hue San
Department of Psychology
University of Durham
DH1 3LE
0191 334 3275
h.s.kuay@durham.ac.uk

Dr. Luna Centifanti
Department of Psychology
University of Durham
DH1 3LE
0191 334 3245
luna.munoz@durham.ac.uk

This project is being done to understand:

1. Whether children who care more for other people may deal with conflicts with friends and family in a better way
2. How some children who do not care as much about other people may try to control their friends and family for their own advantage
3. How some children who believe that bullying is a suitable way of dealing with conflicts may act more aggressively
4. Whether having negative events happen to you has an impact on bullying or wanting to bully.

Because we want to understand the full range of thoughts, opinions and behaviour, we ask everybody your age at your school to take part. This allows us to understand why some people may be more/less aggressive than others.

What do I need to do?
This study requires you to:

- Complete a 30-minute activity about bullying. We will ask you to answer questions about bullying towards your family, whether you think bullying is okay in certain situations, and your wanting to control others.

We will then contact your parent/guardian for a phone interview to answer some questions about family behaviour at home and about parenting. Your teachers will also answer questions about you.

What are the benefits? You will be rewarded with a chocolate bar as a 'thank you' for doing the study.

Are there any risks? The risks of this study are very small. You might feel tired so you will be offered breaks and you can take extra breaks if you wish. You do not have to answer every question if you don't want to and you can stop answering at any time by letting one of us know. If you are allergic to any ingredients in the chocolate bar reward, please let one of us know **before** the study takes place!

Do I have to take part? No. Whether you take part is up to you, and you may stop at any time without any problems. If you decide that you don't want your information to be used, just let us know. After you leave, your information will be given a number and you will not be able to take away your answers at that point.

How will the information be used? A number, and not a name, will be used to identify all data. Personal information such as signed consent forms will be kept separate to data in a locked office of the research team.

The information will be used in research reports, but no information that tells people who the participants are will be included. You may receive a copy of the reports prepared, but the data will be summed across all children and not one person in particular.

CHILD ASSENT FORM

TITLE OF PROJECT:

Understanding the reasons behind aggression

(The participant should complete the whole of this sheet himself/herself)

Please delete as necessary

Have you read the Participant Information Sheet? YES/NO

Have you had an opportunity to ask questions and to discuss the study? YES/NO

Have you received satisfactory answers to all of your questions? YES/NO

Have you received enough information about the study and the Intended uses of, and access arrangements to, any data which you supply? YES/NO

Were you given enough time to consider whether you want to participate? YES/NO

Who have you spoken to? Dr/Mr/Mrs/Ms/Prof.....

Do you consent to participate in the study? YES/NO

Do you understand that you are free to withdraw from the study:

* at any time and
* without having to give a reason for withdrawing and
* without any adverse result of any kind? YES/NO

Do you suffer from any food allergy that will result in being unable to accept a chocolate bar reward? YES/NO

Signed .....…….... **Date**:

(NAME IN BLOCK LETTERS)

.....…….....

Appendix H

Participant Information Sheet and Consent Form for Study 3

STUDY TITLE: **Understanding Child-to-Parent Aggression**

Dear parent,

You are reading this because you have a child aged between 11 to 17 years old. I am a postgraduate research student in psychology at Durham University and I would like to invite you to answer an online survey.

I am inviting **all parents** with the children aged between 11-17 to participate in this study.

What is this research about?
In this study, I am interested in **parenting styles**. I am also interested in young people's:

5. Emotional processing
6. Life events
7. Approaches to conflict.

What are the benefits?
The results of this study may help to improve future work on interventions and school practices around behaviour management.

What will happen to me if I take part?

If you choose to take part in this survey, you may:

- Fill out our online survey which will take about 15-20 minutes to complete.

Are there any risks?
The risks of this study are very small. You might feel tired so you can take a break at any time and continue answering the survey when you feel like doing so. The survey will ask questions on aggression/bullying from your child, so if you think this might upset you, you can choose not to participate in the survey. If you decide to take part, you do not have to answer every question if you don't want to and you can stop answering at any time by terminating the survey.

Do I have to take part?
No. Your participation is fully voluntary. It is up to you to decide whether you want to participate in the survey or not.

How will the information be used?
All of the information that you share in this study are anonymous. We are using a secure internal server, so your answers are protected. The information will be used in research reports, but it will be grouped together with the answers from other participants. We will not be reporting the answers based on individual data, so this will reduce the risk of people knowing who you are from your answers.

Who should I contact if I have any questions?
This is a research project conducted by Ms Hue San Kuay as part of her PhD degree. You can contact her with the details given below. Alternatively, you may contact her academic supervisors (Dr Lynda Boothroyd or Prof Graham Towl) using the given contact details.

If I change my mind and wish to withdraw the information I have provided, how do I do this?
You can withdraw at any time while you are answering the online survey. Before the survey starts, you will be given a random six-digit code. You may want to store the code in a secure place and provide us with the code if you would like us to withdraw your data from the study. Please contact us at the contact details given below within A MONTH from the date of your participation if you would like us to remove your data from our record.

Thank you for taking part in this study. We really appreciate your time and effort.

Hue San Kuay
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0191 334 3275

Academic Supervisor:
Dr Lynda Boothroyd
Department of Psychology
University of Durham
South Road
Durham, DH1 3LE
l.g.boothroyd@durham.ac.uk
0191 334 3289

Appendix I

Participant Information Sheet for Study 4

Department of Psychology
University of Durham
Science Site, South Road
Durham
DH1 3LE

PARTICIPANT INFORMATION SHEET

Title of Project: Understanding Child-to-Parent Aggression from the Parent's Perspective

Name of Researcher: Ms Hue San Kuay, Dr Lynda Boothroyd,

Prof Graham Towl, Dr Paul Tiffin

Thank you for taking the time to read this information sheet. We are pleased to invite you to participate in this research project. Outlined below are details about the project that will help you to decide whether to take part or not. Please ask the researcher if you have any questions or require further information.

What is the purpose of the study?
The aim of our study is to explore parents' relationship with their children and experiences of child aggression. We would like to find out whether young people's empathy may affect their aggressive behaviour at home. We also would like to know about parent's experience with support services in dealing with child-to-parent aggression. Ultimately, we want to find out if different kind of intervention is needed for the child's aggressive behaviour.

Why am I being invited?
Since your child is referred to the **Details removed for anonymity of the mental health service*.* The team manager and your child's clinician have accessed his/her case notes and came across a record of aggression at home particularly towards you and/or your partner. Because we would like to understand fully on the experiences of child-to-parent aggression, we would like recruit parents with similar experiences to take part in the study.

Do I have to take part?
No. Whether you take part is up to you. If you do, you will be asked to sign a consent form. You are still free to stop at any time without any problems. You do not have to give any reason for withdrawing. Your care is our primary concern and should you choose not to take part or to withdraw from the study, it would not affect your child's or your care, legal rights, or other rights.

Are there any risks?
The risks of this study are minimal. You might feel tired so you will be offered breaks and you can take extra breaks if you wish. There is a possibility that the interview may affect your emotion. Every precaution will be taken to ensure you will not become distressed. You do not have to answer every question if you don't want to and you can stop answering at any time by letting us know. Based on the NHS Safeguarding Policy, it is compulsory for us to follow the guideline to support those who are in need of protection, including adults at risk of harm or abuse.

What are the benefits?
The research provides an opportunity to you and other parents to share about experiences of child aggression. You are able to share your opinion to improve support services. All opinions will be summarised, compiled, and forwarded in the form of report to relevant bodies (social services and mental health professionals). Besides, responses from parents may potentially help to shape targeted intervention to equip parents with the skills to deal with aggressive children within the family.

Will I be reimbursed for my time?
We will reimburse all travel cost for you to attend the interview and for you to return to review the interview transcript if you choose to do so. You will be rewarded with a £20 gift card as a 'thank you' for taking part in our study. This voucher could be considered by HMRC as income and so may affect your tax liability and/or entitlement to any income dependent benefits you receive. No UK income tax, nor National Insurance has been deducted and it is for you to let the appropriate agencies know you have received this payment if this is relevant to you. If you would prefer, it's fine to take part in this study without accepting this voucher.

You will be asked to:

- Complete a 45-minute interview which will be audio-recorded. We will request for you to answer questions about your relationship with your child, your experiences of being bullied by the child, and the type of help you have received/wish you would have received from the professionals or social support.
- Complete a 15-minute assessment with a clinician. The clinician will request for you to answer questions about your child's emotions. The questions will allow the researcher to understand your child further.

However, you can choose not to answer any questions or leave questions out (unanswered).

How will the information be used?
A number, and not a name, will be used to identify all data. Personal information such as the signed consent form and contact details will be kept separate to data in a locked drawer and office of the chief investigator (Hue San Kuay). The audio recording will be securely destroyed once the transcript is ready and after you have viewed the transcript (if you choose to do so). Only the transcript and the averaged result from the clinician interview will be used for analysis. These results will be used in research reports but each participant will be given a nickname and identifiable information (e.g., name, details of incidents) will be replaced. Any direct quotes will be anonymised or deleted if it could tell who you are. Only the CI will have access to your personal information throughout the study. Your personal information and any pseudonymous linkage will be securely disposed once the study is complete (as soon as the last date for you to view the transcript has passed).

All information which is collected about you during the course of the study will be kept strictly confidential. The only limits to this confidentiality would be: a) if you were to share any new information that may influence the professional view of risk or relevant to your child's medical care, we may have to share it with the appropriate third party (e.g., direct care team); and/or b) if you were to tell us something that suggested any abuse (actual or risk of harm) to a child during the course of the study, the researcher will need to report this to the relevant third party (e.g., social services). In this case, confidentiality will be breached and further actions may be taken if it is felt to be necessary. This is included because of the need to put your child's interest first. Please note that this is likely to be a very rare occurrence.

What if there is a problem?
The research involves non-invasive tasks and so we do not anticipate anything going wrong. However, in the very unlikely event that the interview seems to be affecting your wellbeing, you may terminate and we will suggest you to contact free helpline services. The contact information for the helplines are given at the end of this document. Alternatively, you can self-refer directly to the CAMHS clinician that is the direct care team of your child. The research is also fully covered by insurance provided by Durham University.

Who is organising and funding this study?
The research is organised by Durham University and is funded by Malaysian Ministry of Education (KPT(BS)860514295476). The research is being undertaken as part of fulfilment of a PhD project by Ms Kuay.

Does this study have NHS Research Ethics Committee approval?
Yes, this project has received a favourable opinion from the North East – Newcastle & North Tyneside 2 Research Ethics Committee. The reference number is REC: 16/NE/0355.

What should I do if I am interested to participate in this study?
You will have to complete the Reply Form attached with the participant invitation letter and send it to Ms Kuay using the stamped addressed envelope provided. Once the Reply Form is received, she will contact you for an appointment to answer any questions. Alternatively, you may phone her to register your interest or ask questions directly via 0191 334 3275.

More Information and Contact Details
Please feel free to contact Ms. Kuay (Research Postgraduate) at Durham University. Her contact details are:

Ms Hue San Kuay
Department of Psychology
University of Durham
Science Site, South Road
Durham
DH1 3LE
Tel: 0191 334 3275
Email: h.s.kuay@durham.ac.uk

You may also contact her supervisors:

Dr Lynda Boothroyd
Senior Lecturer
Department of Psychology
University of Durham
Science Site, South Road
Durham
DH1 3LE
Tel: 0191 334 3289
Email: l.g.boothroyd@durham.ac.uk

Prof Graham Towl
Professor of Psychology
Department of Psychology
University of Durham
Science Site, South Road

Durham
DH1 3LE
Tel: 0191 334 3245
Email: graham.towl@durham.ac.uk

Dr Paul Tiffin
Reader/Honorary Consultant on the Psychiatry of Adolescence
Department of Health Sciences
University of York
Floor 1, The ARRC, Health Sciences
Heslington Campus
York
YO10 5DD
Tel: 0164 252 9654
Email: pat512@york.ac.uk

Alternatively, you may contact the Team Manager of the Forensic CAMHS to get an independent view regarding the study. This may help you to decide whether to take part in the study or not. The contact details are:

Details removed for anonymity of the mental health service.

Possible Helplines

Family Lives (previously known as Parentline) 0808 800 2222 (free for mobiles and landlines) for information, advice, guidance and support on any aspect of parenting and family life. They also offer advice on risky behaviours in adolescence at http://familylives.org.uk/how-we-can-help. They can also refer parents to Samaritans if needed.

YoungMinds Parents Helpline 0808 802 5544 (free for mobiles and landlines) for information and advice, to any adult worried about the emotional problems, behaviour or mental health of a child or young person. The website offers more information about the type of service provided http://www.youngminds.org.uk/for_parents/parent_helpline

Appendix J

Participant Consent Form for Study 4

Department of Psychology
University of Durham
Science Site, South Road
Durham
DH1 3LE

PARTICIPANT CONSENT FORM

Title of Project: Understanding Child-to-Parent Aggression from the Parent's Perspective

Name of Researcher: Ms Hue San Kuay; Dr Lynda Boothroyd; Prof Graham Towl; Dr Paul Tiffin

Please initial box

1. I confirm that I have read and understood the information sheet dated ..... for the above study. I have been given the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason. I also understand that my choices to take part or not, or to withdraw from the study will not affect my child's or my medical care, legal rights, or other rights. ☐
3. I agree that where information is collected during the research which is relevant to my child's medical care that this information can be provided to either the referring consultant or my child's clinician. ☐
4. I understand that my interview will be audio-recorded by the researcher. I give my consent for the interview to be recorded. ☐
5. I understand that my personal information will be kept confidential and only the Chief Investigator (Hue San Kuay) will have access to my personal information at any point of the study. I also understand that my child and I would not be identifiable in any publication of results. ☐
6. I am aware that all personal data (including audio recording, consent form, reply form, and any document that could link me to my transcript) will be securely discarded upon completion of the study. ☐
7. I would like to be contacted to read through the interview transcript when it is ready. ☐
8. I know that I can request to receive a copy of the result from the researcher after the study is complete. ☐
9. I agree to take part in the above research study. ☐

Name of Participant	Date	Signature
Researcher	Date	Signature

1 for parents, 1 for researcher

Appendix K

Conflict Tactics Scale – Adolescent Self-Report (Strauss, 1979)

How often did this happen (in the past year) (in the year when you were about 13 years old) (in the last year you lived at home with them)

	Frequency	Once that year	Twice that year	3-5 times that year	6-10 times that year	11-20 times that year	More than 20 times that year	Not that year, but it did happen before or after	This never happened
1.	I showed I cared about father even when we disagreed.	1	2	3	4	5	6	7	0
2.	I showed I cared about mother even when we disagreed.	1	2	3	4	5	6	7	0
3.	I explained my side of a disagreement to father.	1	2	3	4	5	6	7	0
4.	I explained my side of a disagreement to mother.	1	2	3	4	5	6	7	0
5.	I insulted or swore at father.	1	2	3	4	5	6	7	0
6.	I insulted or swore at mother.	1	2	3	4	5	6	7	0
7.	I threw something at father that could hurt.	1	2	3	4	5	6	7	0
8.	I threw something at mother that could hurt.	1	2	3	4	5	6	7	0
9.	I twisted father's arm or hair.	1	2	3	4	5	6	7	0
10.	I twisted mother's arm or hair.	1	2	3	4	5	6	7	0
11.	I had a sprain, bruise, or small cut because of a fight with father.	1	2	3	4	5	6	7	0
12.	I had a sprain, bruise, or small cut because of a fight with mother.	1	2	3	4	5	6	7	0
13.	I showed respect for father's feelings about an issue.	1	2	3	4	5	6	7	0
14.	I showed respect for mother's feelings about an issue.	1	2	3	4	5	6	7	0
15.	I pushed or shoved father.	1	2	3	4	5	6	7	0
16.	I pushed or shoved mother.	1	2	3	4	5	6	7	0
17.	I used a knife or gun on father.	1	2	3	4	5	6	7	0
18.	I used a knife or gun on mother.	1	2	3	4	5	6	7	0
19.	I passed out from being hit on the head by father in a fight.	1	2	3	4	5	6	7	0

20.	I passed out from a hit on the head in a fight with mother.	1	2	3	4	5	6	7	0
21.	I called father fat or ugly.	1	2	3	4	5	6	7	0
22.	I called mother fat or ugly.	1	2	3	4	5	6	7	0
23.	I punched or hit father with something that could hurt.	1	2	3	4	5	6	7	0
24.	I punched or hit mother with something that could hurt.	1	2	3	4	5	6	7	0
25.	I destroyed something belonging to father.	1	2	3	4	5	6	7	0
26.	I destroyed something belonging to mother.	1	2	3	4	5	6	7	0
27.	I went to a doctor because of a fight with father.	1	2	3	4	5	6	7	0
28.	I went to a doctor because of a fight with mother.	1	2	3	4	5	6	7	0
29.	I choked father.	1	2	3	4	5	6	7	0
30.	I choked mother.	1	2	3	4	5	6	7	0
31.	I shouted or yelled at father.	1	2	3	4	5	6	7	0
32.	I shouted or yelled at mother.	1	2	3	4	5	6	7	0
33.	I slammed father against a wall.	1	2	3	4	5	6	7	0
34.	I slammed mother against a wall.	1	2	3	4	5	6	7	0
35.	I was sure I could work out a problem with father.	1	2	3	4	5	6	7	0
36.	I was sure I could work out a problem with mother.	1	2	3	4	5	6	7	0
37.	I needed to see a doctor because of a fight with father, but I didn't go.	1	2	3	4	5	6	7	0
38.	I needed to see a doctor because of a fight with mother, but I didn't go.	1	2	3	4	5	6	7	0
39.	I beat up father.	1	2	3	4	5	6	7	0
40.	I beat up mother.	1	2	3	4	5	6	7	0
41.	I grabbed father.	1	2	3	4	5	6	7	0
42.	I grabbed mother.	1	2	3	4	5	6	7	0
43.	I stomped out of the room or house or yard when I had a disagreement with father.	1	2	3	4	5	6	7	0
44.	I stomped out of the room or house or yard when I had a	1	2	3	4	5	6	7	0

	disagreement with mother.								
45.	I slapped father.	1	2	3	4	5	6	7	0
46.	I slapped mother.	1	2	3	4	5	6	7	0
47.	I had a broken bone from a fight with father.	1	2	3	4	5	6	7	0
48.	I had a broken bone from a fight with mother.	1	2	3	4	5	6	7	0
49.	I suggested a compromise to a disagreement with father.	1	2	3	4	5	6	7	0
50.	I suggested a compromise to a disagreement with mother.	1	2	3	4	5	6	7	0
51.	I burned or scalded father on purpose.	1	2	3	4	5	6	7	0
52.	I burned or scalded mother on purpose.	1	2	3	4	5	6	7	0
53.	I did something to spite father.	1	2	3	4	5	6	7	0
54.	I did something to spite mother.	1	2	3	4	5	6	7	0
55.	I threatened to hit or throw something at father.	1	2	3	4	5	6	7	0
56.	I threatened to hit or throw something at mother.	1	2	3	4	5	6	7	0
57.	I felt physical pain that still hurt the next day because of a fight with father.	1	2	3	4	5	6	7	0
58.	I felt physical pain that still hurt the next day because of a fight with mother.	1	2	3	4	5	6	7	0
59.	I kicked father.	1	2	3	4	5	6	7	0
60.	I kicked mother.	1	2	3	4	5	6	7	0
61.	I agreed to try a solution to a disagreement suggested by father.	1	2	3	4	5	6	7	0
62.	I agreed to try a solution to a disagreement suggested by mother.	1	2	3	4	5	6	7	0

Appendix L

Conflict Tactics Scale – Parent Report (Strauss, 1979)

How often did this happen (in the past year) (in the year when your child were about 13 years old) (in the last year you lived at home with them)

Frequency	Once that year	Twice that year	3-5 times that year	6-10 times that year	11-20 times that year	More than 20 times that year	Not that year, but it did happen before or after	This never happened
1. My child showed he/she cared about his/her father even when they disagreed.	1	2	3	4	5	6	7	0
2. My child showed he/she cared about his/her mother even when they disagreed.	1	2	3	4	5	6	7	0
3. My child explained his/her side of a disagreement to his/her father.	1	2	3	4	5	6	7	0
4. My child explained his/her side of a disagreement to his/her mother.	1	2	3	4	5	6	7	0
5. My child insulted or swore at his/her father.	1	2	3	4	5	6	7	0
6. My child insulted or swore at his/her mother.	1	2	3	4	5	6	7	0
7. My child threw something at his/her father that could hurt.	1	2	3	4	5	6	7	0
8. My child threw something at his/her mother that could hurt.	1	2	3	4	5	6	7	0
9. My child twisted his/her father's arm or hair.	1	2	3	4	5	6	7	0
10. My child twisted his/her mother's arm or hair.	1	2	3	4	5	6	7	0
11. My child had a sprain, bruise, or small cut because of a fight with his/her father.	1	2	3	4	5	6	7	0
12. My child had a sprain, bruise, or small cut because of a fight with his/her mother.	1	2	3	4	5	6	7	0
13. My child showed respect for his/her father's feelings about an issue.	1	2	3	4	5	6	7	0
14. My child showed respect for his/her mother's feelings about an issue.	1	2	3	4	5	6	7	0
15. My child pushed or shoved his/her father.	1	2	3	4	5	6	7	0
16. My child pushed or shoved his/her mother.	1	2	3	4	5	6	7	0
17. My child used a knife or gun on his/her father.	1	2	3	4	5	6	7	0
18. My child used a knife or gun on his/her mother.	1	2	3	4	5	6	7	0

19.	My child passed out from being hit on the head by his/her father in a fight.	1	2	3	4	5	6	7	0
20.	My child passed out from being hit on the head by his/her mother in a fight.	1	2	3	4	5	6	7	0
21.	My child called his/her father fat or ugly.	1	2	3	4	5	6	7	0
22.	My child called his/her mother fat or ugly.	1	2	3	4	5	6	7	0
23.	My child punched or hit his/her father with something that could hurt.	1	2	3	4	5	6	7	0
24.	My child punched or hit his/her mother with something that could hurt.	1	2	3	4	5	6	7	0
25.	My child destroyed something belonging to his/her father.	1	2	3	4	5	6	7	0
26.	My child destroyed something belonging to his/her mother.	1	2	3	4	5	6	7	0
27.	My child went to a doctor because of a fight with his/her father.	1	2	3	4	5	6	7	0
28.	My child went to a doctor because of a fight with his/her mother.	1	2	3	4	5	6	7	0
29.	My child choked his/her father.	1	2	3	4	5	6	7	0
30.	My child choked his/her mother.	1	2	3	4	5	6	7	0
31.	My child shouted or yelled at his/her father.	1	2	3	4	5	6	7	0
32.	My child shouted or yelled at his/her mother.	1	2	3	4	5	6	7	0
33.	My child slammed his/her father against a wall.	1	2	3	4	5	6	7	0
34.	My child slammed his/her mother against a wall.	1	2	3	4	5	6	7	0
35.	My child was sure he/she could work out a problem with his/her father.	1	2	3	4	5	6	7	0
36.	My child was sure he/she could work out a problem with his/her mother.	1	2	3	4	5	6	7	0
37.	My child needed to see a doctor because of a fight with his/her father, but he/she didn't go.	1	2	3	4	5	6	7	0
38.	My child needed to see a doctor because of a fight with his/her mother, but he/she didn't go.	1	2	3	4	5	6	7	0
39.	My child beat up his/her father.	1	2	3	4	5	6	7	0
40.	My child beat up his/her mother.	1	2	3	4	5	6	7	0
41.	My child grabbed his/her father.	1	2	3	4	5	6	7	0

42.	My child grabbed his/her mother.	1	2	3	4	5	6	7	0
43.	My child stomped out of the room or house or yard when he/she had a disagreement with his/her father.	1	2	3	4	5	6	7	0
44.	My child stomped out of the room or house or yard when he/she had a disagreement with his/her mother.	1	2	3	4	5	6	7	0
45.	My child slapped his/her father.	1	2	3	4	5	6	7	0
46.	My child slapped his/her mother.	1	2	3	4	5	6	7	0
47.	My child had a broken bone from a fight with his/her father.	1	2	3	4	5	6	7	0
48.	My child had a broken bone from a fight with his/her mother.	1	2	3	4	5	6	7	0
49.	My child suggested a compromise to a disagreement with his/her father.	1	2	3	4	5	6	7	0
50.	My child suggested a compromise to a disagreement with his/her mother.	1	2	3	4	5	6	7	0
51.	My child burned or scalded his/her father on purpose.	1	2	3	4	5	6	7	0
52.	My child burned or scalded his/her mother on purpose.	1	2	3	4	5	6	7	0
53.	My child did something to spite his/her father.	1	2	3	4	5	6	7	0
54.	My child did something to spite his/her mother.	1	2	3	4	5	6	7	0
55.	My child threatened to hit or throw something at his/her father.	1	2	3	4	5	6	7	0
56.	My child threatened to hit or throw something at his/her mother.	1	2	3	4	5	6	7	0
57.	My child felt physical pain that still hurt the next day because of a fight with his/her father.	1	2	3	4	5	6	7	0
58.	My child felt physical pain that still hurt the next day because of a fight with his/her mother.	1	2	3	4	5	6	7	0
59.	My child kicked his/her father.	1	2	3	4	5	6	7	0
60.	My child kicked his/her mother.	1	2	3	4	5	6	7	0
61.	My child agreed to try a solution to a disagreement suggested by his/her father.	1	2	3	4	5	6	7	0
62.	My child agreed to try a solution to a disagreement suggested by his/her mother.	1	2	3	4	5	6	7	0

Appendix M

Inventory of Callous-Unemotional Traits – Parent/Teacher Report (Frick, 2004)

For each of the following statements, please choose the number that best applies to this child. Use the given scale to determine the best applying number.

		Not at all true	Somewhat true	Very true	Definitely true
1.	Expresses his/her feelings openly.	0	1	2	3
2.	Does not seem to know ‘’right’’ from ‘’wrong’’.	0	1	2	3
3.	Is concerned about schoolwork.	0	1	2	3
4.	Does not care who he/she hurts to get what he/she wants.	0	1	2	3
5.	Feels bad or guilty when he/she has done something wrong.	0	1	2	3
6.	Does not show emotions.	0	1	2	3
7.	Does not care about being on time.	0	1	2	3
8.	Is concerned about the feelings of others.	0	1	2	3
9.	Does not care if he/she is in trouble.	0	1	2	3
10.	Does not let feelings control him/her.	0	1	2	3
11.	Does not care about doing things well.	0	1	2	3
12.	Seems very cold and uncaring.	0	1	2	3
13.	Easily admits to being wrong.	0	1	2	3
14.	It is easy to tell how he/she is feeling.	0	1	2	3
15.	Always tries his/her best.	0	1	2	3
16.	Apologies (‘’says he/she is sorry’’) to people he/she has hurt.	0	1	2	3
17.	Tries not to hurt others’ feelings.	0	1	2	3
18.	Shows no remorse when he/she has done something wrong.	0	1	2	3
19.	Is very expressive and emotional.	0	1	2	3
20.	Does not like to put the time into doing things well.	0	1	2	3
21.	The feelings of others are unimportant to him/her.	0	1	2	3
22.	Hides his/her feelings from others.	0	1	2	3
23.	Works hard on everything.	0	1	2	3
24.	Does things to make others feel good.	0	1	2	3

Appendix N

Reactive and Proactive Aggression – Teacher Report (Dodge & Coie, 1987)

For each of the following statements, please circle the number that best applies to this child. Use the scale below to determine the best applying number.

Teacher Checklist	Never true	Rarely true	Sometimes true	Usually true	Almost always true
1. When this child has been teased or threatened, he or she gets angry easily and strikes back.	1	2	3	4	5
2. This child always claims that other children are to blame in a fight and feels that they started the trouble.	1	2	3	4	5
3. When a peer accidentally hurts this child (such as by bumping into him or her), this child assumes that the peer meant to do it, and then overreacts with anger/fighting.	1	2	3	4	5
4. This child gets other kids to gang up on a peer that he or she does not like.	1	2	3	4	5
5. This child uses physical force (or threatens to use force) in order to dominate other kids.	1	2	3	4	5
6. This child threatens or bullies others in order to get his or her own way.	1	2	3	4	5

Appendix O

Social Goal Measure - Adolescent Self-Report (Lochman et al., 1993)

I am going to read you some stories about things that can happen to people your age and ask you some questions about what you would think is important in these situations. For each item, please circle the number that describes how important the goal would be to you in the situation described. After rating all the goals, you will also be asked to circle the goal that represents your main goal in each situation.

You are changing classes at school and are hurrying down the corridor to your next lesson. Several guys/girls are standing by the wall, talking and laughing with each other, and they are watching students as they go by. While you are noticing these guys/girls, a new guy/girl at school who you don't know very well comes down the hall from the other direction and bumps into your shoulder hard, knocking your books to the floor.

How important would these goals be to you in this situation?

	Not at all important	Not very important	Pretty important	Very important
1. Avoid problems with the guy/girl; get away from the situation as soon as possible.	1	2	3	4
2. Let the guy/girl know who is in charge or who's boss	1	2	3	4
3. Get back at him/her	1	2	3	4
4. Make him/her show you some respect.	1	2	3	4
5. Work things out with the guy/girl so you could possibly be friends.	1	2	3	4

What would be your main goal? (circle one answer)	Goal #1	Goal #2	Goal #3	Goal #4	Goal #5

You are sitting at a table eating lunch with a bunch of your friends. Nearby, there are two guys/girl kicking/passing a football/netball back and forth. You have seen these two guys/girls before, but you do not know them well. All of a sudden, you are hit in the back of the head by the football/netball. As you turn around, you notice that the guy/girl who kicked/passed the ball is coming to retrieve it.

How important would these goals be to you in this situation?

	Not at all important	Not very important	Pretty important	Very important
1. Avoid problems with the guy/girl; get away from the situation as soon as possible.	1	2	3	4
2. Let the guy/girl know who is in charge or who's boss	1	2	3	4
3. Get back at him/her	1	2	3	4
4. Make him/her show you some respect.	1	2	3	4
5. Work things out with the guy/girl so you could possibly be friends.	1	2	3	4

What would be your main goal? (circle one answer)	Goal #1	Goal #2	Goal #3	Goal #4	Goal #5

You are walking in the shopping centre to go and buy some clothes. You are looking into shops and not really watching where you are going. All at once, you run into a bench that is in the middle of the mall and fall to the ground. As you are getting up, you notice there are several teens standing in a group nearby. One guy/girl looks over at you, points, and starts laughing with his/her group of friends.

How important would these goals be to you in this situation?

	Not at all important	Not very important	Pretty important	Very important
1. Avoid problems with the guy/girl; get away from the situation as soon as possible.	1	2	3	4
2. Let the guy/girl know who is in charge or who's boss	1	2	3	4
3. Get back at him/her	1	2	3	4
4. Make him/her show you some respect.	1	2	3	4
5. Work things out with the guy/girl so you could possibly be friends.	1	2	3	4

What would be your main goal? (circle one answer) Goal #1 Goal #2 Goal #3 Goal #4 Goal #5

You are hanging out with a couple of your friends after school. You are waiting for your girlfriend/boyfriend to show up when you notice that she/he is talking to a guy/girl you don't know very well. He/she seems to be flirting with her/him and he/she keeps touching her/him on the arm. After they stop talking, the guy/girl walks past you and looks up at you with a sly smile.

How important would these goals be to you in this situation?

	Not at all important	Not very important	Pretty important	Very important
1. Avoid problems with the guy/girl; get away from the situation as soon as possible.	1	2	3	4
2. Let the guy/girl know who is in charge or who's boss	1	2	3	4
3. Get back at him/her	1	2	3	4
4. Make him/her show you some respect.	1	2	3	4
5. Work things out with the guy/girl so you could possibly be friends.	1	2	3	4

What would be your main goal? (circle one answer) Goal #1 Goal #2 Goal #3 Goal #4 Goal #5

Appendix P

The Alabama Parenting Questionnaire – Parent Self-Report (Frick, 1991)

The following are a number of statements about your family. Please rate each item as to how often it **TYPICALLY occurs in your home**. The possible answers are NEVER, ALMOST NEVER, SOMETIMES, OFTEN, ALWAYS.

		Never	Almost Never	Sometimes	Often	Always
1.	You have a friendly talk with your child.	1	2	3	4	5
2.	You let your child know when he/she is doing a good job with something.	1	2	3	4	5
3.	You threaten to punish your child and then do not actually punish him/her.	1	2	3	4	5
4.	You volunteer to help with special activities that your child is involved in (such as sports, boy/girl scouts, church youth groups).	1	2	3	4	5
5.	You reward or give something extra to your child for obeying you or behaving well.	1	2	3	4	5
6.	Your child fails to leave a note or to let you know where he/she is going.	1	2	3	4	5
7.	You play games or do other fun things with your child.	1	2	3	4	5
8.	Your child talks you out of being punished after he/she has done something wrong.	1	2	3	4	5
9.	You ask your child about his/her day in school.	1	2	3	4	5
10.	Your child stays out in the evening past the time he/she is supposed to be home.	1	2	3	4	5
11.	You help your child with his/her homework.	1	2	3	4	5

12.	You feel that getting your child to obey you is more trouble than its worth.	1	2	3	4	5
13.	You compliment your child when he/she does something well.	1	2	3	4	5
14.	You ask your child what his/her plans are for the coming day.	1	2	3	4	5
15.	You drive your child to a special activity.	1	2	3	4	5
16.	You praise your child if he/she behaves well.	1	2	3	4	5
17.	Your child is out with friends you don't know.	1	2	3	4	5
18.	You hug or kiss your child when he/she has done something well.	1	2	3	4	5
19.	Your child goes out without a set time to be home.	1	2	3	4	5
20.	You talk to your child about his/her friends.	1	2	3	4	5
21.	Your child is out after dark without an adult with him/her.	1	2	3	4	5
22.	You let your child out of a punishment early (like lift restrictions earlier than you originally said).	1	2	3	4	5
23.	Your child helps plan family activities.	1	2	3	4	5
24.	You get so busy that you forget where your child is and what he/she is doing.	1	2	3	4	5
25.	Your child is not punished when he/she has done something wrong.	1	2	3	4	5
26.	You attend PTA meetings, parent/teacher conferences, or other meetings at your child's school.	1	2	3	4	5
27.	You tell your child that you like it when he/she helps out around the house.	1	2	3	4	5

28.	You don't check that your child comes home at the time he/she was supposed to.	1	2	3	4	5
29.	You don't tell your child where you are going.	1	2	3	4	5
30.	Your child comes home from school more than an hour past the time you expect him/her.	1	2	3	4	5
31.	The punishment you give your child depends on your mood.	1	2	3	4	5
32.	Your child is at home without adult supervision.	1	2	3	4	5
33.	You spank your child with you hand when he/she has done something wrong.	1	2	3	4	5
34.	You ignore your child when he/she is misbehaving.	1	2	3	4	5
35.	You slap your child when he/she has done something wrong.	1	2	3	4	5
36.	You take away privileges or money from your child as a punishment.	1	2	3	4	5
37.	You send your child to his/her room as a punishment.	1	2	3	4	5
38.	You hit your child with a belt, switch, or other object when he/she has done something wrong.	1	2	3	4	5
39.	You yell or scream at your child when he/she has done something wrong.	1	2	3	4	5
40.	You calmly explain to your child why his/her behaviour was wrong when he/she misbehaves.	1	2	3	4	5
41.	You use time-out (make him/her sit or stand in a corner) as a punishment.	1	2	3	4	5
42.	You give your child extra chores as a punishment.	1	2	3	4	5

Appendix Q

Life Events Checklist – Parent Report (Johnson & McCutcheon, 1980)

Have your child experienced any of the listed events over the **past 12 months**?

		Yes	No
1.	Moving to new home	1	2
2.	New brother or sister	1	2
3.	Changing to a new school	1	2
4.	Serious illness or injury	1	2
5.	Parents divorced	1	2
6.	Increased number of arguments between parents	1	2
7.	Mother or father lost job	1	2
8.	Death of a family member	1	2
9.	Parents separated	1	2
10.	Death of a close friend	1	2
11.	Increased absence of parent from home	1	2
12.	Brother or sister leaving home	1	2
13.	Serious illness or injury of close friend	1	2
14.	Parent getting into trouble with law	1	2
15.	Parent getting a new job	1	2
16.	New stepmother or stepfather	1	2
17.	Parent going to jail	1	2
18.	Change in parents' financial status	1	2
19.	Trouble with brother or sister	1	2
20.	Special recognition for good grades	1	2
21.	Joining a new club	1	2
22.	Losing a close friend	1	2
23.	Decrease in number of arguments with parents	1	2
24.	Male: girlfriend getting pregnant	1	2
25.	Female: getting pregnant	1	2
26.	Losing a job	1	2
27.	Making the honour roll	1	2
28.	Getting your own car	1	2
29.	New boyfriend/girlfriend	1	2
30.	Failing a grade	1	2
31.	Increase in number of arguments with parents	1	2
32.	Getting a job of your own	1	2
33.	Getting into trouble with police	1	2
34.	Major personal illness or injury	1	2
35.	Breaking up with boyfriend/girlfriend	1	2
36.	Making up with boyfriend/girlfriend	1	2
37.	Trouble with teacher	1	2
38.	Male: girlfriend having an abortion	1	2
39.	Female: Having abortion	1	2
40.	Failing to make an athletic team	1	2
41.	Being suspended from school	1	2
42.	Making failing grades on report card	1	2

43.	Making an athletic team	1	2
44.	Trouble with classmates	1	2
45.	Special recognition for athletic performance	1	2
46.	Getting put in jail	1	2

Appendix R

Five Types of Aggression - Parent Report (Hunt, 1993)

Choose **one option** that best describes your child.

		Tick (√)
1.	He/she seems to be aggressive as a result of being hyperactive. (Frequent unplanned aggression and accidents that seems to annoy people around him/her).	
2.	He/she could not control his/her anger. (Seems to be frequently angry, easily annoyed, and aggressive).	
3.	He/she has a quiet and passive character, but could not tolerate frustration. (Tend to be violence and harsh when frustrated).	
4.	He/she is normally seeking revenge. (Looking for chance to get back at others in a hurtful, harmful manner).	
5.	He/she uses aggression to get his/her own way. (Threaten or bully others to gain something or for his/her own pleasure).	
6.	None of the above (Please explain).	

Appendix S

Population Calculation for Study 1

Population data from Office for National Statistics:

1. Team A

Age 0-17 (i.e., under 18) = 42123 *

Age 10-17 = 18220 *

Total population = 192406

2. Team B

Age 0-17 (i.e., under 18) = 31637 *

Age 10-17 = 13413 *

Total population = 138744

3. Total population in the conurbation = Team A + Team B+ Team C+ Team D

Age 0-17 = 121575 *

Age 10-17 = 53236 *

Total population = 558386

* = calculated from single age figures for different areas based on the Mid 2012 Resident Population Estimates (single year of age and sex for local authorities in the United Kingdom). Data were adapted from the Office for National Statistics licensed under the Open Government Licence v.1.0:

Office for National Statistics. (2013). *Mid 2012 Resident Population Estimates.* Retrieved July 31, 2015 from http://www.ons.gov.uk/ons/regional-statistics/index.html

Appendix T

Qualitative Interview Schedule

UNDERSTANDING CHILD-TO-PARENT AGGRESSION FROM THE PARENT'S PERSPECTIVE

SECTION 1: INTRODUCTION

1.1 What is your relationship with [name]

Relationship with the child: mother / father / legal carer / other [*Ask what*]

If not biological parent, length of relationship with the child:

How many children do you have/care for? [*include age, gender, and mark the child whose study is about*].

Age	Gender	Biological/Non-biological with the child

1.2 Can you recall the events that led to [name] referral to the forensic adolescent mental health team?

Prompts: has there been issues about behaviour? Does he/she been diagnosed with ADHD/ODD? Does he/she have problems at school? Do you have concern that he/she is using drugs and/or alcohol? Do you have problems with [name] angry outburst or verbally or physically aggressive behaviour?

1.3 Can you tell me what being a parent/carer means to you, for example what is and is not expected of you?
Prompts: does being a parent/carer impact on how you are expected to behave, your relationships with other people, how you are treated, pressures from society/family etc.?

1.4 If you were a young person/child, what do you think would be expected or not expected of you?
Prompts: are there any differences for a child in terms of how they are expected to behave, their relationships with other people, how they are treated, pressures from society/family etc.?

1.5 From [name's] point of view, what kind of parent/carer do you think he/she wanted you to be?
Prompts: how did this fit with what you wanted, how did you deal with this?

1.6 How did [name] expect he/she could behave in the child-parent relationship?

Prompts: what do you think he/she wanted from you as a parent/carer, how did he/she wants you to treat him/her, how did he/she treat you, what did he/she do to (try to) achieve what he/she wanted, how did you feel about this, what did you want to change about this?

SECTION 2: INCIDENT ANALYSIS

In this section we would like to talk both generally and then about some specific examples of things that happened with [name]. The example should be the time that stands out most to you.

2.1 Details of the Experience

2.1.1 Can you tell me who made the decision to refer [name] to the forensic adolescent mental health team?

2.1.2 Can you give me one example of a time when you and [name] had a disagreement about something?
Prompts: if there were no argument or parent/carer didn't feel able to openly disagree with [name], ask for an example of when the parent disagreed with something but didn't tell him/her this e.g., to avoid an argument/violence

2.2 Relevant Historical Information

2.2.1 Can you tell me about how are things going at home when [name] is around?

Prompts: did [name] try to control you with his/her behaviour? e.g., being verbally abusive/throwing things/destroying things at home/being physically aggressive towards you.

2.2.2 Can you give me one example when he/she tried and get their own way, in ways that may upset you or make you feel uncomfortable?

Prompts: he/she tells untruths, making subtle threats, threatening to put you into trouble if you do not let them do what they intend to do, ignore your effort to discipline him/her.

2.2.3 Could you say a little about the aggressive behaviours that you experienced from [name]?

2.2.4 Can you give me one example of a time when [name] was aggressive towards you?

Prompts: When did his/her aggressive behaviour begin? (find out when did the child aggression on parents FIRST occur)

2.2.5 When did this behaviour peak?

Prompts: Is there any particular reason that causes the behaviour to escalate?

2.2.6 What is the form of aggression experienced from him/her?

e.g., physical, verbal, psychological/emotional, financial, control/intimidation

2.2.7 Have there been any injuries?

e.g., bruises, cuts, etc

[IF NO INJURIES, SKIP TO 2.2.9]

2.2.8 Was medical attention needed?

2.2.9 Did you/someone call the police during the incident?

[IF CALL IS NOT MADE, SKIP TO 2.11]

2.2.10 What was the police response?

[IF NO, SKIP TO 2.2.13]

2.2.11 Have the police been to your home in the past?

[IF NO, SKIP TO 2.2.13]

2.2.12 What was the outcome?

e.g., arrest, detention, or no action taken by the police

2.2.13 Has his/her aggressive behaviour towards you stopped?

Prompts: If it has stopped, how long ago or how old was him/her when it stopped?

2.2.14 Has he/she behaved this way towards other family members?

e.g., siblings

2.3 Parenting

2.3.1 How do you describe your parenting style to [name]?

2.3.2 Does [name's] behaviour change your parenting style?

Prompts: Were your parenting style different before/after [name] started to show aggressive behaviour?

2.3.3 Some parents may feel that when their child behaves in a way that differ from young people their age, they should be responsible for the child's behaviour. Can you give me one example of a time when you feel that you are responsible for [name's] aggressive behaviour?

e.g., feel that there must be something you have done or have not done that is causing the child to act in such way towards you, did something harmful as a parent, did not engage with this child in a positive way

[IF NO OTHER CHILDREN, SKIP TO SECTION 3]

2.4 Safe Home Environment

2.4.1 Do you think [name's] behaviour has affected his/her other siblings?

Prompts: impacts on their behaviour, actions, feelings etc.

2.4.2 Can you give me one example of a time when you felt that [name's] aggressive behaviour had affected his/her other siblings?

e.g., they were upset, violent/aggressive, withdrawn, nervous/anxious, sleeping problems, clingy/unconfident, disruptive, relationship/friendship problems, use of alcohol/substances, truanting, success at school, illnesses

2.5 Child's enhanced awareness of self and others

2.5.1 How aware was [name] of the impact that his/her challenging behaviour had on those around him/her?

2.5.2 Has there been any moments where you feel [name] realised the impact of his/her behaviour on others?

SECTION 3: SUPPORT FROM PROFESSIONALS

We are now at the third sections and are nearly finished. In this part, I would like us to talk about your experience with the professionals. This set of questions therefore relate to present situations, since [name] has started seeing our Forensic Adolescent Mental Health Team and about your contact with the social support.

3.1 Treatment

3.1.1 Do you know about what [name] does during his/ her appointment with the forensic adolescent mental health team?
Prompts: receiving updates from the forensic adolescent mental health team, talking to [name] about it, your hopes/concerns about the treatment plan, expectations of the treatment, usefulness, ability of [name] to change/co-operate with the treatment.

3.2 Support Service

3.2.1 Have you previously sought help or received any help or support from any social services?
Prompts: If so, how has the support from the Forensic Team differed?
If not: Thoughts about receiving help/support.

[IF NEVER RECEIVED OTHER SUPPORT SKIP TO 3.2.4 on PAGE 5]

3.2.2 Have the social services done anything that has made you feel safer/ more relieved?
Prompts: how useful has this been? Do you have an example?

3.2.3 Can you tell me about the positive and negative aspects of the input you received from social care?
Prompts: how practical or impractical has this been? Do you have an example?

3.2.4 Is [name] staying with you now?
Prompts: if not, where is he/she staying and when did he/she leave the house.

3.2.5 So far, has anything about how you understand yourself and what has happened to you (and your other child/ren and/or spouse– if any) changed?
Prompts: how much this relates to staying together/the child being in custody/care.

3.2.6 Is there anything that you would like to see implemented that may assist parents who have experienced aggression from their children?

3.2.7 Is there any program/intervention/services that would have been helpful in your situation?

Note: This program/intervention/service does not necessarily have to already be in existence

Thank you, this is all really useful. I am now going to ask you a couple of questions about the future.

3.2.8 Do you think children/young people can change generally? How changeable do you see the behaviour that your child/young person shows? (If no, what would make him/her change?

3.2.9 Is there anything that you would recommend that could help other parents who have experienced aggression from children under their care?

SECTION 4: DEMOGRAPHICS

We are now almost at the end of the interview; but we just have a few questions about yourself first. We are asking these questions to look at the different groups of people involved in the study.

[*Write these down, no need to transcribe*]

4.1 Can you please tell me your age?

4.2 Which from the following list best describes your ethnicity?

White Asian Black Mixed Other [*Ask what*]

Check if we have the demographic info included within question 1.1:

- Relationship with the child: mother / father / legal guardian / other [*Ask what*]
- If not biological parent, length of relationship with the child:
- Number of children: [*include age, gender, and mark the child whose study is about*]

Age	Gender	Biological/Non-biological with the child

Debriefing

- **How do you feel now we are at the end of the interview?**
- **Is there anything you would like to talk more about?**
- **Is there anything you would like to get more support with?**
- ***Is there anything you would like to ask us?***

Appendix U

Clinical Assessment of Prosocial Emotions

CLINICAL ASSESSMENT OF PROSOCIAL EMOTIONS

Informant Interview

Patient's Name:	**Date:**
Clinician's Name:	

Introduction: I am going to ask you about ___ emotions and how he gets along with other people. I am going to ask you to answer most of these questions with either a "yes" or a "no". However, if you would like to tell me more about an answer, please do so. Also, please try to be as accurate and honest as possible in trying to answer the questions.

Lack of remorse and guilt

1. Does ____ seem to feel bad or guilty if he/she does something wrong or if he/she hurts someone? Yes / **No**

Please give some example of this:

If no:

a. Is this how he/she is most of the time and with most people? **Yes** / No

b. Has he/she been like this for a long time; that is, for at least a year? **Yes** / No

c. Can you think of anytime recently, say over the past month, when he/she has felt bad or guilty about something? Yes / **No**

If yes: Please describe this:

Go to #3.

If yes:

d. Does he/she only feel bad or guilty if he is caught doing something wrong and is going to be in trouble? **Yes** / No

If yes: Please give some examples of this:

2. Does _____ easily admit to being wrong; that is, does he/she accept responsibility for his/her actions and apologize to people he/she has hurt? Yes / **No**

Please give some examples of this:

If yes, go to #3.

If no:

a. Is this how he/she is most of the time and with most people? **Yes** / No

b. Has he/she been like this for a long time; that is, for at least a year? **Yes** / No

c. Can you think of a time recently, say over the past month, when he/she has admitted to being wrong or apologized to someone he/she has hurt? Yes / **No**

If yes: Please describe this:

Callous-Lack of Empathy

3. Does_____ seem to care and be concerned about the feelings of others? Yes/ **No**

Please give some examples of this:

If yes, go to #4.

If no:

a. Is this how he/she is most of the time and with most people? **Yes** / No

b. Has he/she been like this for a long time; that is, for at least a year? **Yes** / No

c. Would you describe_____ as seeming cold and callous? **Yes** / No

If yes: Please give some examples of this:

d. Can you think of anytime recently, say over the past month, when he/she seemed concerned about the feelings of others? Yes / **No**

If yes: Please describe this:

4. Does _____ make fun of or tease other people in ways that hurt their feelings? **Yes** / No

Please give some examples of this:

If no, go to #5.

If yes:

a. Is this how he/she is most of the time and with most people? **Yes** / No

b. Has he/she been like this for a long time; that is, for at least a year? **Yes** / No

c. Would you describe _____as being mean or cruel? **Yes** / No

If yes: Please give some examples for this:

5. Does _____ do nice things for other people, even if there is nothing for him/her, like trying to cheer someone up? Yes / **No**

Please give some examples of this:

If yes, go to #6.

If no:

a. Is this how he/she is most of the time and with most people? **Yes** / No

b. Has he/she been like this for a long time; that is, for at least a year? **Yes** / No

c. Can you think of anytime recently, say over the past month, when he/she has done something nice for someone? Yes / **No**

If yes: Please describe this:

<u>*Unconcerned about Performance*</u>

6. Does _____ seem to care about how well he/she does at school, work, or in other important activities? Yes / **No**

Please give some examples of this:

If yes, go to #7.

If no:

a. Is this how he/she is most of the time and with most things? **Yes** / No

b. Has he/she been like this for a long time; that is, for at least a year? **Yes** / No

c. Can you think of anytime recently, say over the past month, when he/she felt really bad because he didn't do something well? Yes / **No**

If yes: Please describe this:

7. Does _____ try his best and work hard at most things? Yes / **No**

Please give some examples of this:

If yes, go to #8.

If no:

a. Is this how he/she is most of the time and with most things? **Yes** / No

b. Has he/she been like this for a long time; that is, for at least a year? **Yes** / No

c. Does he often blame others if he/she doesn't do well in something rather than take responsibility for his/her poor performance? **Yes** / No

If yes: Please give some examples of this:

d. Can you think of anytime recently, say over the past months when he/she worked really hard on something that required a lot of effort? Yes / **No**

If yes: Please describe this:

Shallow or Deficient Affect

8. Does _____ show his/her feelings and emotions openly to others? Yes / **No**

Please give some examples of this:

If no:

a. Is this how he/she is most of the time and with most people? **Yes** / No

b. Has he/she been like this for a long time; that is, for at least a year? **Yes** / No

c. Can you think of anytime recently, say over the past months when he/she has shown a lot of emotion? Yes / **No**

If yes: Please describe this:

Go to #9.

If yes:

d. Does he/she only show emotions when he gets in trouble or doesn't get his way? **Yes** / No

Please give some examples of this.

e. When he/she shows feelings and emotions, do they seem real, sincere, and genuine? Yes / **No**

f. When he/she shows feelings and emotions, is this only when he can benefit, like looking sad to avoid getting in trouble or looking mad to get what he wants? **Yes** / No

Please give some examples of this:

9. When something bad happens to someone else, does he/she seem genuinely upset? Yes / **No**

Please give some examples of this:

If yes, interview complete.

If no:

a. Is this how he/she is most of the time and with most things? **Yes** / No

b. Has he/she been like this for a long time; that is, for at least a year? **Yes** / No

c. Can you think of anytime recently, say over the past month, when something bad happened to someone and he/she seemed upset? Yes / **No**

If yes: Please describe this:

Interviewer Ratings:

10. How well did the informant seem to know the client?

Not at all	Somewhat	Moderately	Very
0	1	2	3

11. How accurate and honest did the informant seem to be?

Not at all	Somewhat	Moderately	Very
0	1	2	3

Interviewer's Name:

_____

Appendix V

Interview Transcript

Participant 01

The first participant did not meet the diagnostic threshold for limited prosocial emotions.

INT For the first section of this interview, I will ask you some questions on background characteristics and some introductory questions to understand more about this child.

PAR Okay.

INT So, can you tell me how many children do you have or care for, including their name, gender and age, and who is staying with you at the moment?

PAR I have four boys, aged 28, 26, 24, and the youngest is Isaac*, 16. Isaac is the only one who is staying with me now.

INT Can you recall the events that led to Isaac's* referral to the Forensic CAMHS? Who referred him?

PAR He was referred to the Forensic CAMHS by the crisis team. At that time, a lot was going on at home. The crisis team was working with one of his brothers who was diagnosed with Paranoid Schizophrenia. Isaac was having some problems with anger outburst and lashing out at home too. That was why he was referred to the team.

INT Can you tell me what being a parent means to you, for example, what is and is not expected of you?

PAR It means you have to be a good mother to your kids. People think I am a strong woman and a good mother too. I have always been working and giving what I could to my children.

INT Do you think there are any differences for a child in terms of how they are expected to behave, especially in their relationships with other people?

PAR I brought my kids up the way my parents brought me up, teaching them to respect others, especially those who are older. Young person should trust their parents. For instance, my sons trust me and tend to share their problems with me.

INT From Isaac's point of view, what kind of parent do you think he wanted you to be?

PAR I guess he is happy as the way I am as a mother. He has never complained although I can't afford to give him a lot of material things as he is never bothered about those things. So, he never expects more than what he is already getting. For example, there was a time when the family was living in

a house with no central heating and we have to work together to get things working – doing things manually – e.g., boiling water for a bath but he never complains. His dad has tried to lure him to get into his care by flashing him with material things – saying he could give him more than what he is getting from me. He turned the offer down as he said that's not what he wanted.

INT We have covered the first part of the interview. Now, I'll move on to answering questions about the incidents of Isaac's aggressive behaviour. If you feel you want to stop at any point, just let me know. Okay?

PAR Okay. I should be fine with that.

INT Can you give me one example of a time when you and [name] had a disagreement about something?

PAR There was a time when Isaac and I had a disagreement but I just agreed and admit being wrong. I accidently turn off the freezer off switch and defrosted all the frozen food. We had to cook all the food. Isaac got angry because I told him he had to eat all the thawed food as I don't want to waste any food. He shouted at me that "go right up to the face". But when he gets angry, he never lashes out on me but he will lash out on objects instead (i.e., wall).

INT Can you tell me about how are things going at home when Isaac is around?

PAR He is the only one who stays with me at the moment. When he is around and in the 'mood', it feels like there was a 'big thick cloud' in the house. I tend to leave him alone when he gets angry so that I won't provoke him further or get the chance to hurt me physically. I will leave him for both of us to calm down. When he is ready, he will come to me and ask question like 'what's for dinner' which indicated he's fine.

INT Can you give me one example when he tried to get his own way, in ways that may upset you or make you feel uncomfortable?

PAR There were 2 major incidents where he lashed out in a serious manner over the period of 10 years. There were major screaming matches between me and him. That somehow reminds me of arguing with his dad. His dad used to be physically abusive – so I learnt how to 'defend' myself. He didn't like seeing his dad now. It took him a while to realize that dad wasn't as nice as he thought as we separated when he was 4-5 years old. Dad manipulated him and trying to make him believe that he is the cool dad with the intention to gain custody of him. However, over time, he realized that he wants to stay with me. Dad was controlling and quite violent towards him. But he noticed that and told his dad off and dad wasn't happy. Social services and CAS were involved with his dad. Even the school agrees that dad is not a good influence towards him.

INT Could you say a little about the aggressive behaviours that you experienced from him?

PAR I would say it's nothing direct. More like lashing out and destroying things around the house. There was one occasion that he totally freaked me out.

INT Would you like to share what happened then?

PAR Yeah. A few months ago, I was away from home (attending an occasion – dinner) and he caused damage in the house. At that time, he just had an argument with his friend but didn't know how to deal with nor did he want to act out upon his friend. So, he smashed his bedroom instead. After he cool down, he cried and apologised to me as he knew I have gone through the same experience with his brother, the one who has a mental health diagnosis. He also realized that we have been tight financially at that moment and he couldn't apologize enough. That incident also made him realize that he indirectly gives me more trouble and more to think about because I was the one who has to go through suffering for the damage.

INT When was the first major incident of his lashing out and when did it peaked?

PAR The first major incident was 4 years ago. It peaked at the time when there was a lot happening at the same time in our home. I think it was roughly about 2 years ago. We sold the house back to the council and had to move out. One of my son moved to another city, one was hospitalised. He has to go and stay with his dad but he refused. At the same time, we went in and out of the court as his dad was fighting for his custody. At that time, social services, The Children and Family Court Advisory and Support Service (CAFCASS), and school were involved. For a while, social services believed dad was the better parent. However, at the day of the court hearing (where court decided to give mum full custody), social services apologised to me for wrongly accusing me for being the bad parent and lying about what happened in the house – they rationalise this by flashing back to how I treated them when they visited in oppose to how they were treated by my ex (things like basic manners/polite). My father was the rock of the family while they were going through a lot. We got a lot of support from him and he is more of a father figure to Isaac and his brothers. However, he passed away 3 years ago and me and my boys took it hardly. I was grieving the loss but it got worse when I got hospitalised and warded at the same ward as my dad before he died. It got even worse when I could not see my kids for more than 2 weeks as the kids could not visit due to financial constraints and also because I was in the quarantine ward. I was diagnosed with *removed for anonymity* and hospitalised for 5 months but was allowed to go home during weekends. We also moved to a new house but I was ill and have to stop working. Thus, we couldn't afford central heating in the house and lived for a year without hot water or heating. It was about the same time when Isaac's brother was showing symptoms of schizophrenia and refused to go to school, that was when they received support from a key worker, who managed to get the hot water and central heating to the house. The boys started to trust him as he reminds them of their late grandad. He was also there with me when I was in the court, fighting for Isaac's custody. He went on retirement but we stayed in touch as friends.

INT Good to know that the key worker has been of help. Anyway, I hope it's okay if I continue asking some direct questions. Has Isaac ever been aggressive towards his siblings?

PAR No. He is okay with them. They have really good relationship.

INT How do you describe your parenting style to Isaac?

PAR I am more laid-back as a mother and I let my children get in their way. If it was 20 years ago, I would have been more stern with the kids. But I am more like a friend to them and I don't like making them afraid of me.

INT Does his behaviour change your parenting style?

PAR No. I have always treated him the same way, even similar with how I treated his older siblings. I never favour one over the other.

INT Some parents may feel that when their child behaves in a way that differ from young people their age, they should be responsible for the child's behaviour. Can you give me one example of a time when you feel that you are responsible for Isaac's aggressive behaviour?

PAR There was an incident that he was involved with grievous bodily harm (GBH) towards a boy in school. Coincidently, the family lives nearby our house. I was so embarrassed to see the parents as I thought they might think of me as having a 'monster' as a child. I avoided going out as they named me and my son as 'a bully'. I feel uncomfortable to be around them, so avoid going out even to the store or the local café. It is affecting me too as I know those people around the area as I have been living there for almost all my life. I see his action as being disrespectful.

INT Do you think his behaviour has affected his other siblings?

PAR No. They moved out before this behaviour started. And I think his brother's diagnosis is one of the things that is affecting him, possibly.

INT How aware was he of the impact that his challenging behaviour had on those around him?

PAR He is aware that he put me into trouble and being stigmatised by the society with his behaviour. Also, he agrees to get help so that he could do his part as a son and also to help him manage his anger.

INT We are now at the third sections and are nearly finished. In this part, I would like us to talk about your experience with the professionals. This set of questions therefore relate to present situations, since Isaac has started seeing our Forensic Adolescent Mental Health Team and about your contact with the social support.

PAR Yeah, that's fine.

INT Do you know about what Isaac does during his appointment with the forensic adolescent mental health team?

PAR Yes. I do receive updates from MT after each session. He is more chilled down with MT as he helps him to see a lot of things from a different angle. I

found MT's involvement as very positive, a big bonus, and Isaac enjoyed talking to him. He is happy to take the time to see MT. He is also seeing another therapist, PS who 'stepped back' a bit when MT starts working with him.

INT Have you previously sought help or received any help or support from any social services?

PAR Social services are not involved at the moment but was previously involved to help with his brother's behaviour. The service given is different from that of Forensic CAMHS.

INT How did the social services get involved?

PAR They got involved at the first time because of my ex-husband. They made me feel as if 'my hands are tied behind my back', due to what my ex told them about me. Last year, social services got involved again due to Isaac brother's lashing out and caused major damage to the house, where I have to move out and seek refuge while the house gets fixed. I was away for a month but came back home as Isaac refused to leave with his dad during the crisis. He couldn't live with his elder brother as it wasn't ideal and they were to put him to foster care, so I came back when I learned about that. His brother is under medication and was removed from the house and I moved back with Isaac. Isaac has improved with all the help received – eg: a school psychologist who admitted to being afraid of him can now give him a cuddle.

INT Are there anyone else who has offered help to you and your family?

PAR The key worker – went above and beyond to help the family and supporting my family through difficult times. He totally helped to put the family back on their feet again.

INT Is there anything that you would like to see implemented that may assist parents who have experienced aggression from their children?

PAR If parents face problems, I would recommend for them to get in touch with CAMHS as I found them very helpful. And work closely with school (educational psychologist). I am proud of how much Isaac has changed after receiving help.

INT Thank you, this is all really useful. I am now going to ask you a couple of questions about the future. Do you think young people can change generally? How changeable do you see the behaviour that a young person like your child shows?

PAR It all depends on the young person. You only change if you want to change. You look at one young person, and you will think if they get help with that, they will be okay (get better).

INT Thank you very much for your time. If things are to improve in the future, it is really important that we hear about services like these directly from the people who are involved. (Provide voucher).

Participant 02

The second participant meets the diagnostic threshold for limited prosocial emotions.

INT For the first section of this interview, I will ask you some questions on background characteristics and some introductory questions to understand more about this child.

PAR Okay.

INT So, can you tell me how many children do you have or care for, including their name, gender and age, and who is staying with you at the moment?

PAR Sure. Delia* is 16 and my eldest, there's Hanna*, 13, and Janson*, 5. Delia is currently with her dad while Janson is with my parents. Hanna is the only one at home with me now.

INT Can you recall the events that led to Delia's* referral to the Forensic CAMHS? Who referred her?

PAR She first got referred to CAMHS 3 months ago due to her violent behaviour towards me.

INT Can you tell me what being a parent means to you, for example, what is and is not expected of you?

PAR I don't know. But generally, there are more expectations as a mother.

INT Do you think there are any differences for a child in terms of how they are expected to behave, especially in their relationships with other people?

PAR Well, I was brought up in a strict household but I do not want the same for my children. For me, what is important is for the young person to have respect towards their parents, and it should be mutual.

INT From Delia's point of view, what kind of parent do you think she wanted you to be?

PAR She told me before that she wanted me to be more affectionate, calm, and loving towards her. I guess if I have been a better mum and have a better mental state, Delia would have been different. I have been trying to suppress the incidents and have been keeping myself busy with my hobbies. I enjoy gardening and handicrafts. I have been ruminating a lot about the issues happening around Delia and my other kids. The kids would be better if I have not been ill. What upsets me the most is when my youngest son has to go and live with my parents because I was hospitalised for a mental breakdown. It broke my heart when he asked me to promise him that I will never leave him again.

INT How often do you see him?

PAR I have him every weekend. When I look back, I guess this living arrangement is not too bad. Since Delia moved out, her relationship with Hanna got better and Delia seems to cope better and seems a lot calmer with her dad. He is a way calmer person compared to me anyway.

INT Alright. We have covered the first part of the interview. Thank you for sharing with me so far. Now, I'll move on to asking questions about the incidents of Delia's aggressive behaviour. If you feel you want to stop at any point, just let me know. Okay?

PAR Alright. I am fine.

INT Can you tell me who made the decision to refer Delia to the Forensic CAMHS?

PAR It was the social worker's decision to refer her.

INT Are there any incidents that results to that decision?

PAR She was very abusive towards me and they thought it would be helpful for her to have a one-to-one support from the clinician.

INT Can you give me one example of a time when you and Delia had a disagreement about something?

PAR When Delia could not get her own way, it feels like there was a "war going on". It could be over anything. For example, when I said her boyfriend can't come over, or when I asked her to do some simple house chores.

INT Can you tell me about how things were at home when Delia was around?

PAR Her violence towards me has gone out of hand. Not having her around also means I have more chance to calm down and to think about myself and the kids. My relationship with Hanna has got a lot better, in fact, at its best. With Delia being away, it has taken a lot of pressure off my shoulder because I know I wouldn't have to deal with the violence and abuse on a daily basis. I can finally wake up in a peaceful household. When she was staying at home, I feel controlled by her. She has control over me up to a point that I cannot say 'NO' to anything. I would normally just give in. What choice do I have?

INT Could you say a little about the aggressive behaviours that you experienced from her?

PAR Most of the time, is banging about and slamming doors, and lashing out on things around the house. She is also very physically abusive towards me. She has punched me in the face and busted my lips open. She is also very verbally abusive – she swore and shouted at me. She is also very controlling.

INT Did you seek any medical attention when that happened?

PAR No. I didn't, but I called the police instead. In fact, I have called the police more than twice.

INT What action was taken by the police?

PAR The first and second time, the police came around but did not take any action. That gave Delia the indication that she could get away with it. But in the third occasion – that's when she already turned 16, the police took her away and locked her up for two days.

INT Has her violence towards you stopped?

PAR Yeah, but only the physical aggression stopped. The verbal aggression and controlling remains the same.

INT Has she been aggressive towards other family members?

PAR Yes. She has been abusive towards Hanna. Not really towards Janson.

INT When was the first major incident of her lashing out and when did it peaked?

PAR The issue we had peaked about a year ago. That's when she started dating her boyfriend.

INT How do you describe your parenting style to Delia?

PAR I have to admit that my parenting styles towards her change based on her behaviour and situation. It also depends on my emotion. If she got me 'high' on my emotion, I can be verbally harsh towards her too.

INT In situations like this, some parents may feel that they should be responsible for the child's behaviour. Can you give me one example of a time when you feel that you are responsible for Delia's aggressive behaviour?

PAR I felt it was me who made her the way she is. I do blame myself a lot and I have my own issues with anxiety and I don't feel I am fit enough to take care of my children. I wanted to make things right, so I sent Janson to live with my parents. I am glad Delia is doing well at her dad's too.

INT Do you think her behaviour has affected her other siblings?

PAR It definitely affects Hanna the most. Hanna was starting to act more and more like Delia – being aggressive and all. But she felt she needed to be that way to protect me from her sister. I also noticed Janson were having night terrors and being very clingy and disruptive when Delia started being violent.

INT How aware was Delia of the impact that her challenging behaviour had on those around her?

PAR I believe she knows that her behaviour is affecting everyone in the family, but she did not care.

INT We are now at the third sections and are nearly finished. In this part, I would like us to talk about your experience with the professionals. This set of question therefore relate to present situations, since Delia has started seeing

our Forensic Adolescent Mental Health Team and about your contact with the social support.

PAR Okay.

INT Can you share about your experience with the support services receives?

PAR Forensic CAMHS works with Delia and the social services helped with everything that was going on at home including relocating Delia and Janson. They also helped me a whole lot when I was having mental breakdown.

INT What did you find most helpful or not helpful about the support you have received so far?

PAR The services have not helped Delia to improve her behaviour, mainly because she did not co-operate or interact with them during the sessions. But the social services have helped us to settle down in our new home and getting the bedrooms ready.

INT Thank you for your input. Is there anything or any ways that you think may be helpful for parents who experience the same situation as you?'

PAR I have been struggling for quite a while and I would have wished to have someone helping me through those difficult times, especially when it comes to Delia's behaviour. I was clueless of what to do with it. But once the social worker got involved, I could get in touch with the other help needed and they opened me to more options. They gave me a list of contact that I could ring and talk to if I need support. But I have never ring any of them. Don't feel the need yet and they probably won't be as helpful. I can find ways to calm myself.

INT Thank you, this is all really useful. I am now going to ask you a couple of questions about the future. Do you think young people can change generally? How changeable do you see the behaviour that a young person like your child shows?

PAR I believe they can only change if they engage with people who are working hard to help them.

INT Is there anything you would advise other parents who are experiencing the same situation as you have?

PAR No.

INT Thank you very much for your time. If things are to improve in the future, it is really important that we hear about services like these directly from the people who are involved. (Provide voucher).

Participant 03

The third participant meets the diagnostic threshold for limited prosocial emotions.

INT For the first section of this interview, I will ask you some questions on background characteristics and some introductory questions to understand more about this child.

PAR Okay.

INT So, can you tell me how many children do you have or care for, including their name, gender and age, and who is staying with you at the moment?

PAR I have three boys, aged 30, 26, and 15. Kevin*, Dave*, and Jacob*. Jacob is the only one who stays with me now.

INT Can you recall the events that led to Jacob's referral to the Forensic CAMHS? Who referred him?

PAR He was referred to the Forensic CAMHS by the crisis team. I contacted the crisis team and they got involved and referred Jacob. He has no official diagnosis, but he surely has traits of Autism and ADHD. As a mother, I know there is something 'wrong' with my son as he seems different from his brothers and I have a feeling that he is not normal. There is also a history of mental illness within the family (i.e., depression, schizophrenia).

INT Can you tell me what being a parent means to you, for example, what is and is not expected of you?

PAR One should be loving and be able to do things as a mother, and wanting the best for their kids. Surely, I don't want him to be the way he is. I would love to be able to give him a kiss and a cuddle, but Jacob does not seem to like it or would react negatively towards affection. He also did not like being called with a pet name. He is 'dead and cold like ice'. He has always been this way since he was a little boy. Sometimes, I can take Jacob places and he can be nice, and sometimes he will kick-off. This is an "awful situation". I would like him to do well.

INT Do you think there are any differences for a child in terms of how they are expected to behave, especially in their relationships with other people?

PAR A young person like Jacob should be more close and loving towards their parents. They are also expected to be affectionate towards their parents, well-behaved, stop making us worried, and start taking the responsibility of taking care of the parents.

INT From Jacob's point of view, what kind of parent do you think he wanted you to be?

PAR Jacob would point out to me what he would expect of me. He would ask me to stop shouting at him and do something for him. Sometimes, he seems to be jealous of my partner and tends to be cheeky (rude) towards him. He also seems to want to control him and not wanting him to go out.

Sometimes, I feel he would want to try to be nicer to me. He does have his nice moments when he is calm and not kicking off.

INT We have covered the first part of the interview. Now, I'll move on to answering questions about the incidents of Jacob's aggressive behaviour. If you feel you want to stop at any point, just let me know. Okay?

PAR Don't worry. I'll be okay with that.

INT Can you give me one example of a time when you and Jacob had a disagreement about something?

PAR There was this time when I told Jacob that the crisis team is coming for a visit. He said he wanted to leave the house as he has had enough of people getting involved with his life, but he did not end up doing so. Instead, he went to his room and tied a rope around his neck – which we thought was one of his attempts to try to manipulate us to give him what he wants.

INT What happened then?

PAR We managed to intervene and took the rope away from him. He calmed down after.

INT Can you tell me about how are things going at home when Jacob is around?

PAR When he is at home, it will make the situation very tensed and stressful for everyone. He used to be worse before, where he even controlled me from going out. If I am away to a friend's house, he will follow me and sit around and "torture" me every 5 minutes, asking me when she I am coming home as he needs me to make him food. Asking him to go home is of no use because he wants me to go with him. He will keep doing things to annoy me to get what he wants.

INT Can you give me one example when he tried and get their own way, in ways that may upset you or make you feel uncomfortable?

PAR He will not do anything that he is being told to and he makes the house such a mess. It has got to the point that I have stopped caring about tidying the house anymore. His tormenting behaviour has got me very depressed and I have to be in touch with therapist to receive talking therapy for myself. I am experiencing depression and anxiety as a result of Jacob's challenging behaviour.

INT Could you say a little about the aggressive behaviours that you experienced from him?

PAR Jacob has been kicking off around the house and punching holes on the walls and breaking doors and windows. There was an occasion when he wanted to go out in the middle of the night, but I don't allow him to. It's too dangerous. I tried to stop him from going, but he "physically attacked" me. My partner got involved and managed to pull him away. His physical attack happened in three different occasions, but they were more than enough to make me question myself and my authority as a mother. The last occasion was more than a year ago, since I have learnt that stopping him would only result in physical harm towards me, I stopped getting in the way and let him go out as

he wishes. His behaviour has since escalated from being verbally and physical abusive, to being demanding towards me and asking for money. He would call me names such as ‘fxxxing smackhead’ or a ‘retard’.

INT When was the first major incident of his lashing out and when did it peaked?

PAR Again, he has been this way since he was a little boy in nursery. But his behaviour peaked about 4 years ago. The involvement from the crisis team that was supposed to help him and reduce his harmful behaviour, turned into my biggest nightmare. He keeps threatening and trying to hurt himself.

INT Has there been any injuries towards you when he lashed out?

PAR No. There have not been any injuries because someone always managed to pull him away.

INT Have you or someone called the police during the incident?

PAR I did call the police a few times when he was kicking-off in the house and threatening to kill himself. But the police ‘saw’ his ‘vulnerability’ and that could be why they are being more lenient towards him in comparison to other youngsters. They only took him away and locked him up to keep him safe. However, they did not take any further action.

INT Did his aggressive behaviour towards you stopped?

PAR No. It has not stopped, in fact, remain the same. But it has been less physical but more verbal.

INT How do you describe your parenting style to Jacob?

PAR I am more loving towards my kids if they are loving themselves, but towards Jacob, I am more cold and harsh since he is that way towards me and he does not react well to positive affection. He gets everything he wants (i.e., material things) to stop him from kicking off. I am more permissive towards Jacob but used to be very strict towards my older boys.

INT Does his behaviour change your parenting style?

PAR It surely does, that because of his behaviour, I did not ask him to do anything or help around the house. I even modify her parenting style to suite him. I tend to raise my voice due to my anxiety, especially towards Jacob.

INT Some parents may feel that when their child behaves in a way that differ from young people their age, they should be responsible for the child’s behaviour. Can you give me one example of a time when you feel that you are responsible for Jacob’s aggressive behaviour?

PAR I have to admit that I can be loud towards Jacob sometimes. When Jacob started an argument with me, instead of walking away, I would argue with him and it can go a long way. I ended up regretting what I did and thinking that I shouldn’t have done that, but I could not help it because it has been eating me inside and it made me “dead” emotionally and could only feel

anger. But after we both calmed down, I never try to talk to him about it – and this is mutual. It's a 'vicious cycle' – we torture one another in that way because we both could not help it. Having him has changed my life. He sucked the life out of me.

I also believe that Jacob will do anything to annoy and wind me up. My anxiety, depression, trauma and emotion is taking a toll on my life. I need counselling and therapy for myself so that I can be a better Mum and have a proper relationship with my son. However, at the moment, I did not have enough support. Sometimes, it makes me think to myself that I am living a life just to be tormented by my son. Don't get me wrong, I am not suicidal.

INT Okay. I am glad to hear that. But I will give you a list of contact numbers so that you ring those numbers if you feel you need to talk to someone.

PAR Sure, thank you.

INT Do you think Jacob's behaviour has affected his other siblings or even his niece and nephew?

PAR Jacob's behaviour and the way he speaks to me has been affecting his older brother and he make him feel angry and upset. The brothers will end up fighting one another when one started to advice the other to behave and have more respect towards me.

Jacob also enjoys teasing his nephew and tried to wind him up and makes him upset. But the little boy does not seem to be affected much by Jacob's behaviour as he will just ask him to leave. But he somehow seems loving towards his nephew compared to how he is towards others.

INT How aware was he of the impact that his challenging behaviour had on those around him?

PAR I think he is aware that his behaviour is impacting us but he never talks about it to me or his brother or even show that he cares.

INT We are now at the third sections and are nearly finished. In this part, I would like us to talk about your experience with the professionals. This set of questions therefore relate to present situations, since Jacob has started seeing our Forensic Adolescent Mental Health Team and about your contact with the social support.

PAR I know that Jacob is undergoing therapy sessions with the clinician from Forensic CAMHS. He has been to a few sessions. During the first couple of sessions, he did not open up to the clinician, but lately, he has started to build trust and responding and opening up to the clinician. I do receive feedback and updates from the clinician about the sessions. The reason why Jacob's behaviour has not been showing improvement despite being on therapy sessions is because he did not open up or being honest with the therapist. Sometimes, he even gets agitated when the therapist asks him a question he has been asked before. He has also walked out of a session due to being angry at the therapist.

INT Have you previously sought help or received any help or support from any social services?

PAR I have contacted the social services before, “crying for help”. They got the crisis team involved and then the Forensic CAMHS. However, I know my son is 15 and has always been the way he is. I did not see him changing for the better and feels that ‘the system has failed me’. I would have wished for someone to do something, but it seems to be too late now. I believe my son needs something more than therapy to calm him down. Otherwise, something worse might happen to him or towards others around him. People around us said nothing can be done until he turns 16, and clustered as an adult. This worries me. He doesn’t seem to care even if he were to go to prison for his behaviour.

He tends to promise to want to get help with his behaviour, but when the appointment date comes, he will turn into a different person and refused to comply. He will kick-off and no one could make him attend to therapy session. But I did not tell the therapist/clinician the real reason my son is not showing up, but find reasons to lie on his behalf. I have told the therapist that he was poorly. Sometimes, he even caused me to have a panic attack and I ended up not being able to attend my therapy sessions. I cry every other day.

INT I am sorry to hear that. I would advise you to share the truth with the therapist the next time Jacob missed his appointment. The therapist is more likely to suggest ways for you to convince him. But no one can force him to attend the session if he doesn’t want to.

PAR Okay. I’ll try that next time.

INT Are there anyone else who has offered help to you and your family?

PAR Yeah, the social services.

INT Is there anything helpful or unhelpful from their involvement?

PAR Social services tend to show up at the house whenever they want to – in a way, just come over to check on us. However, their involvement has made me feel safer because at that time, I was struggling with our living arrangements. The social services helped in getting things fixed around the house (i.e., the cooker, hot water/boiler in the house). Overall, they were nice,

INT Is there anything that you would like to see implemented that may assist parents who have experienced aggression from their children?

PAR Being in the situation where your child is constantly ‘abusive’, being able to talk to someone about it would have been really helpful.

INT Is there any program that would have been helpful in your situation?

PAR It would have been helpful for Jacob to receive help to sort himself out. I know it is hard to interact with him and people has been trying to help but cannot help much because he refused to open up. I will get all anxious and

upset when the people are giving up on him because of him refusing to interact. I want to also be back as normal as I am on the 'all time low' with my mood. I want myself and Jacob to be happy.

At the moment, I find 'Young Minds' helpful and has been getting phone consultation from them.

INT Thank you, this is all really useful. I am now going to ask you a couple of questions about the future. Do you think young people can change generally? How changeable do you see the behaviour that a young person like your child shows?

PAR Young people can change, but they need to get the right help. They also need to have the right attitude and behaviour to be able to change. Jacob needs to get rid of his anger and be calmer in order to receive help.

INT Is there anything that you would recommend that could help other parents who have experienced aggression from children under their care?

PAR As someone who has experienced violence from my child, I would recommend parents to not argue back with the kids like what I did. Instead, they should let the child have time-out and to calm down instead of arguing back. However, it applies on case-by-case basis. I could not do it with Jacob because when I ignore him, he will try his best to spite and provoke me.

INT Thank you very much for your time. If things are to improve in the future, it is really important that we hear about services like these directly from the people who are involved. (Provide voucher).

Participant 04

The fourth participant did not meet the diagnostic threshold for limited prosocial emotions.

INT For the first section of this interview, I will ask you some questions on background characteristics and some introductory questions to understand more about this child.

PAR Okay.

INT So, can you tell me how many children do you have or care for, including their name, gender and age, and who is staying with you at the moment?

PAR I've got 3 girls, Faye*, 28, Dorothy*, 21, Tina*, 20, and Kevin* is the youngest, 16.

INT Can you recall the events that led to Kevin's* referral to the Forensic CAMHS? Who referred him?

PAR Kevin was referred to the Forensic CAMHS after an incident in school. He had an argument with his teacher and ran out of school. The teacher

contacted the police to help searching for him. The police then found him and brought him back to school and they contacted me. I went to school and since the police were already there, I told them about his anger and lashing out at home. The police alerted the crisis team which contacted the me and then referred Kevin to the Forensic CAMHS for family work.

INT Can you tell me what being a parent means to you, for example, what is and is not expected of you?

PAR Being a mother means you will always have to be there, be loving and kind. Also, have to make sure your children are being looked after properly and they are well dressed. Try to teach them good things and not bad things.

INT Do you think there are any differences for a child in terms of how they are expected to behave, especially in their relationships with other people?

PAR They are more vulnerable and they can be easily led into things by others. Especially when they are making friends with the wrong group of young people, which then will be influenced into doing bad things due to peer pressure.

INT From Kevin's point of view, what kind of parent do you think he wanted you to be?

PAR He never really mentioned about what he expects from me, but after he realized I am receiving benefits (money) to provide to him, he became very demanding and will say things like 'you get paid to look after me. You need to go get me new bicycle/shoes'. He would expect something every week, but I tried not to give in to that. As for now, he already gets pocket money. He also gets £10 every week if he attends a full week of school without starting any problems at school – something that we came to an agreement with to increase his school attendance.

INT We have covered the first part of the interview. Now, I'll move on to answering questions about the incidents of Kevin's aggressive behaviour. If you feel you want to stop at any point, just let me know. Okay?

PAR Yeah, that shouldn't be a problem for me.

INT Can you give me one example of a time when you and Kevin had a disagreement about something?

PAR Mainly, if he doesn't listen or refusing to do as being told, he would start to behave aggressively. He will start with asking me to shut-up, start getting angry and will punch the wall.

INT Can you tell me about how are things going at home when Kevin is around?

PAR Sometimes, having Kevin around can be okay. He can be calm, but it really depends on how long he is home for. If he comes home and leave after having meal, he will be okay. However, when he stays longer, he will not leave me and his dad at peace. He will start being silly, just to annoy us. He will start punching his dad and calling him names. Sometimes, he will mean

this as a joke, but sometimes he seems to really mean it. Especially when he is angry, he can be very mean.

INT What could be the trigger for him?

PAR He can be aggressive when he can't get his own way, if you don't do what he wanted you to do, or you asking him to do something he doesn't like. He's more like a monster, I would say.

INT Can you give me one example when he tried and get their own way, in ways that may upset you or make you feel uncomfortable?

PAR There was an occasion when I had a friend over for tea. Kevin was around and started getting quite argumentative. I felt embarrassed and took my friend to leave with me. My friend was being empathetic towards me, saying that he's being very cheeky (rude) and she can't believe what I have to put up with on a daily basis. If it were her kids, she would have punished them.

INT Could you say a little about the aggressive behaviours that you experienced from him?

PAR It's been more verbal than physical. He has been physical but hasn't been too bad. He would look really angry and clenching his teeth in anger. He will grab my arms and will squeeze it and I will end up with bruises. He also grabbed and punched me and his dad and also strangled me on the neck. I would have to calmly ask him to get off. I always try to stay calm when he's 'in the mood' but sometimes I could not control myself to get back at him. But I have never use physical punishment towards him. There were only a few occasions that I couldn't control and just argued back or hit him back. His dad would tell me to ignore him, but when he gets really nasty, it's hard for me to handle without using violence too.

INT When was the first major incident of his lashing out and when did it peaked?

PAR His behaviour started when he was younger and there was an occasion when he was in primary school, he took a knife from the kitchen and threatening to hurt someone. Although it seems serious, I did not take it anywhere back then. He also had problem in school when he was younger, but the teacher shouted back at him and it all went back to normal. The behaviour peaked about 2-3 years ago. I believe it might be related to him witnessing domestic violence when he was younger as his dad was abusive towards me. Losing his grandfather, about a year ago has given impact on his behaviour too. Also, his dad has returned home and being half paralyzed. His behaviour was on and off but now seems to peak.

INT Has there been any injuries towards you when he lashed out?

PAR Yes, bruises.

INT Have you or someone called the police during the incident?

PAR No. Not when he was violent at home.

INT Have the police been to your home in the past?

PAR Yes, but when he was younger. He was (*content removed for anonymity*). But not due to aggression at home. He got a referral order for (*removed for anonymity*).

INT After the incident in school, where you have informed the police about his lashing out at home, did his aggression towards your stopped?

PAR His aggression only stopped when he's not around. Having him around also means experiencing non-stop aggression.

INT Has he behaved this way towards other family members?

PAR He also fights with his sister, but they fight with one another.

INT How do you describe your parenting style to Kevin?

PAR My parenting style, I can say it's authoritative. I set curfews for the time Kevin needs to be home when he goes out and he sticks to that. I have also been consistent with the rules.

INT Does his behaviour change your parenting style?

PAR Well, it makes me wonder if I should have done something differently, given that he is different from my girls. But I have been treating them the same.

INT Some parents may feel that when their child behaves in a way that differ from young people their age, they should be responsible for the child's behaviour. Can you give me one example of a time when you feel that you are responsible for Kevin's aggressive behaviour?

PAR It makes me think whether I have done something wrong due to how he turns out to be. It really upsets me. When he gets angry and damaging things around the house, it costs money to repair and replace. I can't get my head around things. Why is he this way when my girls are not?

But with him being the youngest, he has been spoilt by others in the family. Perhaps, the others are being permissive towards him. They bought him video games, so he gets aggressive while playing those games. He will start swearing and shouting.

INT Do you think Kevin's behaviour has affected his other siblings or even his niece and nephew?

PAR Yes. If my grandkids are around, I don't like it. They started to feel strange and clingy when Kevin is around and acting aggressively.

INT How aware was he of the impact that his challenging behaviour had on those around him?

PAR He only feels aware when we had sessions with the therapist and the therapist pointed it out. He will look down and said he does. I think he does feel aware but doesn't want to show vulnerable emotions. However, aggression and anger are emotions that he would show.

INT We are now at the third sections and are nearly finished. In this part, I would like us to talk about your experience with the professionals. This set of questions therefore relate to present situations, since Kevin has started seeing our Forensic Adolescent Mental Health Team and about your contact with the social support.

PAR Right.

INT Have you previously sought help or received any help or support from any social services?

PAR Social services have been involved, but it was not to a stage that was constant or all the time. Only in the past, they were involved for a year – that was the time when we were having problems with Kevin's dad.

INT Is there anything helpful or unhelpful from their involvement?

PAR The family therapy we received from the Forensic CAMHS is good and there's nothing I would change about it. The problem is that Kevin refused to co-operate.

When the social services were involved, I gave birth to Kevin. I wasn't allowed to leave the hospital although I was discharged because the hospital staff said they need to contact the social services to agree for me to leave. Then, the older children were waiting at home for me and their baby brother. It was a bit frustrating. But I understand they have to make sure I will be safe. Other than that, they have been really helpful.

INT Is there anything that you would like to see implemented that may assist parents who have experienced aggression from their children?

PAR Support group with other parents and talk about what problems they are facing, raising their children. They can then talk about those issues, and share with one another how they deal with it.

INT Is there any program that would have been helpful in your situation?

PAR Sessions for children to talk about how they can change and getting to understand the effect of their aggressive behaviour and how to change it. I will find it useful if the sessions are separated from that of parents. Parents will be at parents support group, young people with their own support group.

INT Thank you, this is all really useful. I am now going to ask you a couple of questions about the future. Do you think young people can change generally? How changeable do you see the behaviour that a young person like your child shows?

PAR If they really want something in life, they have to change. It really depends on how to change it. I really hope Kevin would change because soon, he will go to college.

INT Is there anything that you would recommend that could help other parents who have experienced aggression from children under their care?

PAR Just don't give up and keep calm.

INT Thank you very much for your time. If things are to improve in the future, it is really important that we hear about services like these directly from the people who are involved. (Provide voucher).

Participant 05

The fifth participant meets the diagnostic threshold for limited prosocial emotions.

INT For the first section of this interview, I will ask you some questions on background characteristics and some introductory questions to understand more about this child.

PAR Sure.

INT So, can you tell me how many children do you have or care for, including their name, gender and age, and who is staying with you at the moment?

PAR This is Elliot* and he is 4, that's Maisie* and she's 7, and there's Annie*, 13. She is no longer staying with me. And that's my partner, Mark*.

INT Can you recall the events that led to Annie's* referral to the Forensic CAMHS? Who referred her?

PAR She first got referred to CAMHS at the beginning of this year and not until the last month that she got referred to the Forensic CAMHS due to the allegation against her.

INT Can you tell me what being a parent means to you, for example, what is and is not expected of you?

PAR I don't know. I enjoy being a mum. It is rewarding and hard work at the same time. It's a learning curve.

INT Do you think there are any differences for a child in terms of how they are expected to behave, especially in their relationships with other people?

PAR Yes. When I was pregnant with Annie, I lost a lot of friends because they were able to go out but I couldn't. I think people also expect you to be a perfect model parent who doesn't make any mistakes. But unfortunately, kids don't come with a manual. Every child is different but they don't come with

instructions. Yet, people are expecting you to be that perfect and flawless parent.

INT From Annie's point of view, what kind of parent do you think she wanted you to be?

PAR I don't know. I think from Annie's point of view, she wanted to be an only child and not to have any siblings. Because she is very attention oriented and before Maisie came along, we had no issues with her at all. (Partner added – she was the perfect little girl). When Maisie came along, we started to have issues which are normally depicted by other kids when they first got a younger sibling in the family. But having Maisie is not the reason why she is behaving the way she is, but that was due to the trauma that she experienced later on.

INT Trauma?

PAR Yeah (*info removed for anonymity*).

INT How do you think Annie would expect she could behave in the parent-child relationship?

PAR When she is with us, she would expect us to be a "Yes man" with her. She doesn't want to be told "No", she doesn't want to be told can't do something, she doesn't want rules, she doesn't want boundaries or given consequences for her actions. She wants to control the situation completely.

INT Alright. We have covered the first part of the interview. Now, I'll move on to answering questions about the incidents of Annie's aggressive behaviour. If you feel you want to stop at any point, just let me know. Okay?

PAR Alright. She has been staying on and off with me for 2 years and it was decided for her that she is to stay with my mum (maternal grandmother).

INT Are there any incidents that results to that decision?

PAR Well, earlier this year, she was kicking off at home. We decided from there that she would stay with my mum. (*info removed for anonymity*). We also don't think it is suitable for her to stay around young children – due to how she behaves. That's to protect them as her younger siblings were terrified of her.

INT Can you give me one example of a time when you and Annie had a disagreement about something?

PAR The one that I was talking about earlier, which occurred about 2 years ago, that resulted to her moving out of the house was an argument over a school skirt. It was winter, so I thought instead of ironing her school skirt, I ironed her trousers because I thought that was weather appropriate. But when she saw that, she got mad because she wanted to wear her skirt. Obviously, it wasn't ironed and I don't have time to get it ready. I said she can wear the trousers. She got angry and we went back and forth over it. She then threatened me to tell the school I did something to her. I thought about it for a

while and told my family about it but we thought even if she did tell the school, they would think she was joking or lying. I sent her to school like normal. The next thing I know, I received a phone call and I wasn't allowed to pick up my children from school and the police has been called. My children have to go and stay with a family member. Apparently, Annie told the teachers that I threw a *removed for anonymity* at her. I went through all that, simply because I wouldn't give in to her and she didn't get her own way. Everyone would say "just call her bluff. She wouldn't really go and do it". So, I did just that and that's what happened.

INT Can you tell me about how are things going at home when Annie is around?

PAR When she wasn't around, Maisie and Elliot seem to be more relaxed. Even I was a bit relaxed. Sort of like we have to walk on egg-shells around her because you didn't know when she's going to change or what you could be doing or not be doing that could escalate her. The trigger used to be, if she can't get her own way or when she was told "no" for something. But then, it started to be not only that. I don't have a clue what could be the trigger anymore. She flipped out for no reason. So, everybody has to be extra careful around her and Maisie was terrified of her. When Annie comes into the house, Maisie will go into her bedroom and close the door, and sit behind the door so that Annie can't enter the room. Given that she has her own condition (he has ADHD), she struggles a lot more than others. Elliot only gets scared when Annie erupts. When Annie is okay, they can get along well, but the moment Annie snaps, Elliot is terrified.

INT Could you say a little about the aggressive behaviours that you experienced from her?

PAR It has been from verbal to physical aggression.

INT Is there any property damaged?

PAR Have you not seen the holes on the walls? Those are her.

INT Okay. I am sorry to make you recall those incidents.

PAR No worries, I'm okay with that. I have been bitten, kicked, and punched by her. I had a black eye when she threw a full bottle of water at my face – it was a foot away from me. She then took a stone from outside and threw at me on the same day. On a different occasion, she busted my partner's lips open. He couldn't defend himself because he had Elliot with him, so Annie caught his face and that happened.

INT Did you seek any medical attention when that happened?

PAR No, it was just minor injuries.

INT Did you call the police?

PAR We did call the police during that time when she threw the bottle and stone at me. I didn't want to call the police because I didn't want her to have a police record that might affect her later on in her life. She is my daughter and we

tried to handle it the best we can among us first. But that day, she wasn't just being unsafe towards us, but she was also endangering herself. So, we phoned the crisis team and they told us to phone the police. We did that and they came to pick Annie up. She started staying with my mum since that day.

INT What action was taken by the police?

PAR They came in when Annie has calmed down. Before the police came, I already called my dad to come pick her up. So, the police were happy for her to go with my parents and see this issue as being resolved then.

INT Okay.

PAR Honestly, I have to clarify that I didn't want them to lock her up or anything. But when we called the police, we were hoping their presence would de-escalate the situation. Just so that she knows the consequence. She needs to know that she can't just kick off so that we can give in to what she wants. As awful as it sounds, I was hoping that those would teach her a lesson that she cannot get her own way.

INT When was the first major incident of his lashing out and when did it peaked?

PAR The issue we had peaked 2 years ago. The same time when she throws the false accusation against me, so she went to stay with my parents. My mum and grandma sees her as the victim and spoils her, pampered her, and gave her so much attention. She got a break from our house and her younger siblings. We then asked her why she did that to me, and she said she wanted a break from home and she did get what she wanted. Basically, she was fed-up with all of us and the house, so she did that and get what she wished for. So, I think the way she sees it now, if she wants a break or doesn't want to be with somebody, she can just lie about it because history has taught her that it gets her, her own way. She doesn't seem to have consequence to her behaviour. When she is with my parents and grandma, they don't give her consequence to her actions and even make up excuses to her behaviour. So, that could be one reason why over the last 2 years, her behaviour has gone worse and worse. My partner and I fell out with my mum and grandma many times because we are not on the same page with them. For instance, Annie was given detention at school and the school informed grandma that she needs to bring homework. But my grandma decided to let her stay home to avoid detentions. It's as if they are teaching her that there won't be any consequence to her actions and she can go do anything,

INT Has there been any changes in her behaviour since she moved away from home?

PAR Yeah. She doesn't kick off as much since she stays with my parents and my grandma because they have been giving in to her a lot and giving her what she wanted. However, of late, my mum started to set boundaries and rules but it seems that Annie doesn't like that and started to get defensive. It's not that we wanted to be strict with her, but that's what she needs. We need to be firm with her because she is very clever and she knows what she is doing. If she wasn't clever, she wouldn't be able to manipulate us as well as she does.

INT How do you describe your parenting style to Annie?

PAR I would say we do try to balance out how we parent our kids. There are positive and negative consequences for good and bad behaviour. We use "naughty corners" and the children have rules and routines to follow (i.e., bedtime, mealtime).

INT Does her behaviour change your parenting style?

PAR We tried to change our parenting style with Annie a few times. Just to find something that works for her, but nothing ever has. She seems to find other ways to get around us. As stupid as it sounds, she outsmarts us.

INT In situations like this, some parents may feel that they should be responsible for the child's behaviour. Can you give me one example of a time when you feel that you are responsible for Annie's aggressive behaviour?

PAR Sometimes, I would sit down and think to myself, what have I done wrong or where did I go so wrong with her, to make her the way she is? That's one frustrating issue regarding this too.

INT Do you think his behaviour has affected her other siblings?

PAR Well, Maisie is terrified of her before she comes in the house. She would sometimes hide in a corner and cry.

INT How aware was she of the impact that her challenging behaviour had on those around him?

PAR I think she knows that her behaviour is affecting people around her, but I don't think she cares.

INT We are now at the third sections and are nearly finished. In this part, I would like us to talk about your experience with the professionals. This set of questions therefore relate to present situations, since Annie has started seeing our Forensic Adolescent Mental Health Team and about your contact with the social support. May I know whose decision was it to refer Annie to the Forensic CAMHS?

PAR I think it was either the police or CAMHS. That was all stemmed from the *allegations* made upon her (not related to aggression at home).

INT Have you previously sought any other help with Annie's behaviour?

PAR Yeah, I did. But it was very frustrating. The thing is, when I called the crisis team to talk about my daughter who is kicking off at home, they told me to phone the police. When I did phone the police, they told me to phone the social services. When I phoned the social services, they told me to phone the police again. We know that because we have done it.

When we asked for help, it took us nearly 18 months to get anywhere. It took Annie to do something serious enough for the police to intervene and for

them to get Annie the correct help. We shouldn't have got to that point. If we have received help 18 months ago, this 'allegation' wouldn't have happened. But we didn't get that help we needed back then, or that support. It wasn't until Annie got herself into quite serious trouble for them (CAMHS and social services) to take us seriously. She did something serious at school. It shouldn't have come to that.

INT How was your experience with social services?

PAR Well, when we first asked for help, we were told it was all our fault. It was the way we were parenting her. They said we had to try certain parenting method. So, we jumped through all their loops and we implicate those suggested methods although I thought it was young for her age. Again, Annie just found a way to get around with that and outsmart us. We feel really lost because that's not working. After that, Annie went to stay with my grandma for a while because she was unmanageable.

INT Are there anyone else who has offered help to you and your family?

PAR Well, all the help we have received hasn't solved our problems. We are hoping that Forensic CAMHS would be able to help us.

INT I am sure they would try their best to suggest a plan for Annie.

PAR I hope so too.

INT So far, has anything that the social services do make you feel safer?

PAR Well, not really. But LC (the social worker) has been quite nice. But we have had other social workers that are not very good. For instance, the others who came earlier, came to meet us and pointed finger at us, saying it was our fault. Something that we have done wrong, we failed somewhere, and we need to change.

INT I am sorry to hear that. I suppose, their priority is to make sure they take care of the young person's best interest.

PAR I get what you mean. But in this case, we are the ones who needs to be protected from the child. Obviously, Annie do need protecting from herself. We are managing to do that, to protect her. We need help from them for her behaviour. We need help like serious counselling. Whatever that they come up for Annie, it needs to happen now and it needs to be serious. I don't know exactly what she needs but I wish I did. That's why we are asking for help. She is off the rails, she has no empathy, which in my opinion makes her more dangerous. I have to be really careful when I speak to her. Given that it might be used against me.

INT Is there anything that you would like to see implemented that may assist parents who have experienced aggression from their children?

PAR Well, for me, it's important to know or even to get the assurance that when you asked for help, you will get it. You don't have to wait for something serious to happen to get that help. Also, for service providers (social worker)

to get to know (thorough understanding) the situation before jumping to conclusion (before actions taken).

INT Thank you, this is all really useful. I am now going to ask you a couple of questions about the future. Do you think young people can change generally? How changeable do you see the behaviour that a young person like your child shows?

PAR I hold hope for her to change with the correct help. Unfortunately, we don't know what the correct help is yet. With the right help, and the right people in her life to implement whatever they suggest. I think then, Annie can get herself sorted. But it's going to get hard before it gets easier. Obviously, when you change the way you deal with any child, they will rebel against it first. The sooner it's done, the sooner this can be sorted. If she turns 16 and she does something serious, she can go to jail. There's no coming back from that.

INT Is there anything you would advise other parents who are experiencing the same situation as you have?

PAR If they were in our situation, and that their child has been cared for by other family member, make sure that family member parent the same, because that way you will be able to get hold on the plan to her back on track. It's like a chain. If one link is not working, it's not going to work. It's consistency that matters. Everybody that looks after that child needs to impose strict rules and boundaries, that won't differ from that of the parents/previous carer.

INT Thank you very much for your time. If things are to improve in the future, it is really important that we hear about services like these directly from the people who are involved. (Provide voucher).