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*“It’s like living in a house with constant tremors, and every so often, there’s an earthquake” A Glaserian Grounded Theory study into harm to parents, caused by the explosive and controlling impulses of their pre-adolescent children*

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**“It’s like living in a house with constant tremors, and every so often, there’s an earthquake”**

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A Glaserian Grounded Theory study into harm to parents, caused by the explosive and controlling impulses of their pre-adolescent children

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Department of Sociology

PhD Thesis

Date: 19 July 2022



## Abstract

Children instigating harms, particularly in pre-adolescence, contradict our conceptualisations of what children ‘should’ be and how they ‘should’ behave. This creates further dissonance when the harm is inflicted upon parents and is often shrouded in silence and shame. As such, there is little known about the earliest indicators of child-to-parent violence, and this research was an attempt to improve this knowledge. Using a Glaserian Grounded Theory approach, underpinned by participatory principles, I worked alongside individuals from families who were living with child-to-parent violence. Through exploring their everyday experiences, I sought to identify the main concern of the substantive population (families living with child-to-parent violence) and identify how they attempted to resolve this main concern.

34 parents living with child-to-parent violence engaged in diary-based methods and interactive interviews; whilst 21 pre-adolescent children instigating these harms were involved in weekly arts-based workshops. These two methods assisted in the generation of the ‘rescaling Grounded Theory’. A Delphi method with experts-by-experience and expert-practitioners, alongside extant literature, was used to test the boundaries of the theory and its respective framework. This thesis presents rescaling in a ‘nested’ way with all chapters revolving around the respective chapter, rather than as a ‘big book’.

The rescaling process involves the social space in which each family member takes up, and how they adapt to one another whilst attempting to achieve the idealised ‘good parent’ or ‘good child’ identity. Furthermore, ‘child-to-parent violence and abuse’ was identified as an umbrella term which captures all forms of harm to a parent caused by their child; whereas ‘explosive and controlling impulses’ is introduced as a new term for harms instigated by children which does not involve an effort to control a parent, but are an attempt to meet a specific need in the child but result in harm to others.

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## Acronyms

Acronym	Full term	Meaning
ADHD	Attention deficit hyperactivity disorder	A medicalised term for a neurodivergence whereby both attentional skills and hyperactivity deviate significantly from standard medical expectations
ASD	Autism spectrum disorder	A medicalised term for a neurodivergence whereby expressive and receptive language skills, sensory experiences, and play practices differ from the dominant neurotype
CAMHS	Child and adolescent mental health services	A service provided by the UK National Health Service to assess and treat children and young people with emotional, behavioural or mental health difficulties
CAPVA	Child and adolescent to parent violence and abuse	An umbrella term referring to various forms of harms instigated by children under the age of 18, which harm an adult who provides a parenting role within the home of the child.
DASH	Domestic abuse, stalking and harassment	An evidenced-based risk assessment used to quantify risk of homicide, escalation, and is often used to assess whether to refer a victim to a multi-agency response
ECI	Explosive and controlling impulses	Behaviours which are an unconscious or conscious attempt to resolve a need in the individual, with the unintended consequence of causing harm to others
EHCP	Education, health and care plan	A document which protects the education, health and care needs of a child or young person and protects these needs in law
FASD	Foetal alcohol spectrum disorder	A group of conditions which are associated with a neurodivergence which is attributable to alcohol consumed by the mother when the child or young person was in utero
FVIP	Family violence intervention programme	Court mandated programmes for those instigating family violence or domestic abuse
GT	Grounded Theory	A methodological approach which is interested in developing theory through working with directly with people experiencing the topic of interest
LSA	Learning support assistant	A school staff member who works directly with children and young to support them in the classroom environment
NVR	Non-violent resistance	An approach for overcoming conflict, harmful, or destructive behaviour using a psychological approach
ODD	Oppositional defiance disorder	A medicalised term for a neurodivergence whereby an individual with ODD has difficulty in relationships where there is power or authority, and which usually emerges in childhood.
PAR	Participatory action research	An orientation to research embedded in the idea that people from a community know what is best for them, and must be central to all research decisions.

		This form of research is also interested in creating change for and by participants
PDA	Pathological Demand Avoidance	A medicalised term for a neurodivergence whereby a child or young person avoids everyday demands and expectations, typically due to anxiety
PRAR	Proactive, reactive, affection, relational	The four main categories of need identified as part of the rescaling Grounded Theory
RSPCA	Royal society for the prevention of cruelty to animals	A UK charity with the aims of promoting animal welfare
SEMH	Social, emotional and mental health	Replacement for BESD (behavioural, emotional, social development) and EBD (emotional and behavioural difficulties) in the SEND Code of Practice which outlines the different needs children and young people with a special educational need may have
SEN	Special educational needs	Broad term incorporating anything which means a child or young person finds it harder to learn something than their peers
SEND	Special educational needs and disabilities	A child or young person requires additional help and support to assist them in their learning
VAWG	Violence against women and girls	A broad term which covers a range of gender-based harms against women and girls because they are women and girls

## Declaration

I confirm that no part of the material presented in this thesis has been previously submitted for a degree in this or any other university. The contents of this thesis are produced solely for the qualification of Doctor of Philosophy at Durham University and consist of the author's original contributions with appropriate recognition of any references indicated throughout.

## Statement of Copyright

The copyright of this thesis rests with the author. No quotation from it should be published or information derived from used without acknowledgement of the author and its source.

Signed:

A handwritten signature in blue ink, appearing to read 'Nikki Rutter', is written over a light blue rectangular background.

Nikki Rutter

Date: 19.7.22



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## Dedication

To my son, Jon-Paul. I dedicate every word of this to you. The journey to this PhD was one we undertook together, and I know you have made sacrifices to make this happen too. Thank you for teaching me every single day that we are always capable of doing better; that change is inevitable; and that people can continue to surprise you in the best possible ways. You are everything to me.

## Chapter 1. Prologue

It is typical within a sociology thesis to reference your own positionality, and your personal research story; answering the question, what led you into this work? Typically positionality and personal histories are presented in the introduction and methodology chapters. However, I have opted to be somewhat creative with my personal story and positionality; presenting the first half of my story here, in the prologue, and my journey since completing the fieldwork will be presented at the end, as an epilogue. This is partly in defence of my methodological process, as a Grounded Theorist. Within this methodological approach, it is important that the main body of the thesis is committed to the theoretical development and that the researcher holds back on involving themselves too much in the narrative. Nevertheless, I feel the inclusion of a prologue and epilogue will give you, as the reader, some insight into how I got here, and why I may have made some of my research decisions.

I entered this research as a woman, a feminist, a social worker, working class, and a mother. I research with many others who focus upon the field of violence against women and girls (VAWG), and so many of the discussions around my work have been presented through the lens of a woman, talking about women. Most of the parents I worked with were women, but not all. Similarly, most of the children I worked with were boys, but not all. Therefore, I have worked particularly hard to include the voices of those fathers and daughters who have not been quite as well represented in work like mine, but this has not been achieved as well as I would have liked.

I'm a white woman, living in the North-East of England, and I am well represented by my community and the society in which I live. I have familial links to the local area, and the resources to access support when required. Whilst I can relate to some of the experiences of abuse, violence, poverty and isolation that are explored in this research from my own personal history, this understanding is retrospective, and not specific to the time or space in which I completed this research. Retrospectively, as a teenage mother to a neurodivergent son, I have experienced judgement from family, friends, and members of the local community, and difficulty in helping him access an appropriate education. When my son first started school, he was quickly identified as differing from his peers. Initially he struggled to maintain attention in tasks and would rather hide in a small tent away from others. He participated in parallel play and would 'dominate' those children who sought his friendship. He had, and still has, significant sensory challenges and social-communication differences.

Over time he would become increasingly distressed and throw tables, harm himself and others within the school environment. He was excluded for the first time at five years old, and unlawfully excluded every day for nine months when he was six. Every day I would have to pick him up at lunchtime because they would say he could not cope, but what they meant was *they* could not cope. He would throw chairs at staff and windows, abscond, hide, spit, and would be very controlling of other children. He never displayed this distress at home though.

Eventually I withdrew him from school, and he was offered a place at a local special school for children with social, emotional, and mental health (SEMH) needs. Almost overnight this transition changed our lives, and his harmful behaviours disappeared. His needs were met, and everything settled. I am not exaggerating when I say that a change in school placement was life-changing. During this time, when life was somewhat peaceful for us, I would regularly go to the school for events and coffee mornings and I would take this opportunity to speak with other parents, experiencing such relief in finding others who had the same or similar experiences to us. Nevertheless, over time I realised there were distinct differences between my family, and many other families attending the school; for us life was peaceful, but for many others, whilst things were better at school, at home they were explosive, and this was getting progressively more harmful.

A few years later I was part of a parent group who worked with the collaborating centre for mental health to help change NICE guidelines for child and adolescent mental health services (CAMHS). In focus groups, I heard stories of children instigating harms within the home, repeatedly. Some of the children had experienced violence historically, some were care experienced, and some (like my son) had special educational needs. The more I heard, the more I wondered why our children and experiences were so similar, but my son was not 'violent' and their children were. I was not certain the answer was any more complex than luck, and at the time of writing this thesis, I continued to feel that way.

Luckily, my son is an only child; I only had his and my own needs to attend to. We had a supportive family, and generous friends. He had a very relaxed personality, and a very supportive school. It took one year for us to get legal recognition of his special educational needs, and six years to receive an autism diagnosis. I have had the opportunity to follow an academic trajectory alongside his journey to understand him better, through courses, training and degrees. When speaking with my son about whether he, as an almost 16-year-old, was comfortable with me sharing his (and our) story in my thesis, his response was similar to that

of the co-researchers I will speak of later; that he wanted his story included, so other children could know that they are not alone, and life will not always be so hard for them.

For my son, the majority of his difficulties were as a pre-adolescent, and therefore when I encountered other families experiencing difficulties they were also with pre-adolescent children. Thus, this was the focus of my interest. It has been a dynamic process straddling the insider-outsider divide; as a parent who has a child who has caused harm, but never towards her; and I was also a child who demanded things be a certain way, and had parents who walked on eggshells due to my own dysregulated behaviours as a child; to be a social worker, and researcher, and woman, and human being trying to be kind to those sharing their lives. I ask that of you too, as a reader; be kind. Completing this research during a pandemic has been both a challenge and an honour and has given me more time for introspection than I potentially would have had if I had been out in the field for the past three years. There has been more time for reflection, and reflexivity in my research practice and process, and whilst I have learned so much about child-instigated harms, I have learned much more about myself.

## Chapter 2. Setting the scene

Child or adolescent-to-parent violence and abuse (CAPVA) has been a complex but fascinating taboo for societies since the Ancient Greeks; with a myriad of fictions composed to explore its most visible form; matricide or patricide (murder of their mother or father). Oedipus unintentionally killed his biological father (Hall, 1998); and Orestes conspired with his sister, Electra, to murder their mother (Muravyeva and Toivo, 2017). More recently there was the murder of Han Solo by his son, Kylo Ren (Star Wars: The Force Awakens, 2015), and the novel “We need to talk about Kevin” in which a teenage boy kills his father and sibling (Shriver, 2010; Valdrè, 2014). This phenomenon is predominantly framed as one in which a ‘deviant’ or ‘damaged’ child hurts those who try to keep them safe, and was punishable to the same degree as child abuse in Finland in the 1600s (Toivo, 2013).

In this chapter, I will introduce CAPVA through an exploration of the descriptive literature. As I have used a Grounded Theory (GT) approach for this thesis, the theoretical and conceptual literature will not be presented until the end of the thesis. However, I think it is important to provide an introduction to the descriptive literature in this chapter to demonstrate some of my knowledge-base and reasoning for decisions made throughout this thesis. Nevertheless, as the aim of this chapter was to map the existing descriptive literature, and it is important to note that CAPVA is still an emerging field, and therefore there was high level of exploratory research, with small sample sizes, as well as poor reliability and validity. Thus, rather than viewing this chapter as supportive of the existing descriptive literature and presenting it as an evidence-base, it was intended to demonstrate how contradictory and limited the current extant literature was.

Due to my multidisciplinary background, I have approached the selection of the descriptive literature in a multidisciplinary way, spanning the fields of anthropology, psychology, sociology, criminology, social policy, and social work. Typically, a GT study does not involve pre-reading of theory or theoretical frameworks that have been applied in researching the phenomenon of interest (in this case CAPVA) prior to beginning fieldwork (Glaser and Strauss, 1967). As such, I have opted to present my chapters in the same order that I conducted the research, in line with the classical Glaserian GT approach (Dunne, 2011; Glaser and Strauss, 1967).

CAPVA is a broad name for a phenomena encompassing a variety of harmful behaviours instigated by children or adolescents within the home and, despite significant interest in this

area, many studies do not acknowledge CAPVA when exploring intrafamilial violence or aggression (Hortaçsu, Kalaycioğlu and Rittersberger-Tilic, 2003). This has led many researchers, including myself, to frame CAPVA as an under-researched and poorly understood phenomena (Holt, 2016; Rutter, 2021b). This framing is also potentially due to the lack of consensus regarding names and definitions, including potential titles for those experiencing CAPVA, as considering children who instigate harms as ‘perpetrators’ has issues (Condry, 2016; Condry and Miles, 2021; Desir and Karatekin, 2018a;b) and the victim-survivor narrative does not fit neatly into the existing discourse (Bonnick, 2019; Condry, 2016; Holt, 2016). In this research, parents will not be titled victims, because this is not how they described themselves, and as such, ‘parents’ will be understood as any adult over the age of 18 who provides a parental role to a child.

When coining the term “battered parents syndrome”, Harbin and Madden (1979, p. 1288) explained that they had met multiple families who were seeking support from their psychology practice due to their experiences of frequent physical harms instigated by children and adolescents in the home. Harbin and Madden (1979) clarified that this phenomenon was separate from child abuse or domestic abuse, and cautioned against subsuming it under domestic abuse framings, but did not wish to use terminology which was too different from these forms of family violence, due to the significance of the harm that could be caused. Despite this, over time “parent battering” has evolved into the more commonly termed CAPVA, and had been included in the Domestic Abuse Bill 2021 (Home Office, 2021). This means, CAPVA is often subsumed under wider conceptualisations of family violence. As can be seen in the following definition:

Adolescent Domestic Family Violence refers to acts of verbal, emotional, physical, social, psychological and/or financial abuse committed by an adolescent against their dating partner, intimate partner, parents, siblings, grandparents or kinship carers with the intention to harm, control, threaten or coerce (Boxall, Pooley and Lawler, 2021, p. 2)

This definition conflates the various family and partner experiences of violence which perpetuates the hiddenness of CAPVA itself. Furthermore, that so many definitions of CAPVA require ‘intent’ and ‘control’, further silences parents, as it rarely represents their experiences of CAPVA, particularly in the fostering, adoption, and special educational needs



communities who may be the most vulnerable to experiencing CAPVA (Coates, 2018; Thorley and Coates, 2018).

The challenges around naming child-instigated harms when they impact parents are, in part, due to the differences in conceptualisations, measurements, and the subjectivity involved in understanding what CAPVA actually is; how it impacts families and individuals; and what it means in the field of family violence more broadly. In this chapter, I will firstly explore what harm is, and the difference between legitimate and illegitimate harms. I will then outline how ‘good children’ and ‘good childhoods’ are understood, before presenting the construction of a ‘good parent’. I will then explore stigma, and the costs of CAPVA to families. I will then provide a description of the existing knowledge, including: the development of CAPVA; predictive or vulnerability factors which increase the likelihood it will occur; I will then look at the current landscape regarding prevalence; measurements; and interventions available. I will then provide a definition of CAPVA and the terminology I will be using through this thesis. Finally, I will provide an outline of what the remainder of this thesis will look like and a summary of this chapter.

### *2.1 Legitimate and illegitimate harm*

There are many conceptual, theoretical, and cultural forms of violence; “In this history of mankind, violence has been the experience, not the exception” (Breiner, 1979, p. 91).

Confusion over the way in which various cultures use, interpret or construct violence or aggressive behaviour makes it extremely difficult for social scientists to study it. Some forms of violence are legitimate, others illegitimate; thus, definitions are the first problems many researchers find when trying to present a detailed study into this field (Tutt, 1976).

Violence could be defined as a behaviour that inflicts injury on another, whereas aggression has been defined as the intent to cause harm to a person who does not wish to be harmed (Baron and Richardson, 2004). Violence and aggression are at risk of conflation, and it can be assumed that both violence and aggression are inappropriate and unwanted. Nevertheless, aggression through the context of sport is appropriate and expected, such as on a football field or in a boxing ring. The throwing of a punch is a simple straight forward behavioural act, which could be interpreted as violent; But if the punch is thrown in a boxing ring it is considered legitimate and therefore not an act of violence, but a sporting activity.

Alternatively, if the punch is thrown in the street, a shop, a pub, or within a home, then it becomes an act of violence. However, this situation is further confused since the same

behaviours (i.e. the punch) could be punching a table as a gesture. Is punching the table violence? Is it aggression? What other contextual factors are relevant? If a distressed hospital patient or heartbroken teenager destroys property, or self-harms, is this violence? Or is violence specifically about harming another human being? (Tutt, 1976). Furthermore, there are gender differences in what is considered legitimate, which may impact the type of harms instigated by different genders over time (Garbarino, 2009).

Questions around the boundaries of aggression, violence, and harms are particularly relevant to this thesis, as whilst childhood aggression is one of the most researched topics globally, researchers exploring childhood aggression have rarely considered the directionality of these behaviours (Connor et al., 2019). As such, when this aggression is targeted at specific family members (i.e., parents), it is framed as “unacknowledged and under-researched” (Coogan, 2014, p. 1). Thus, highlighting the important of context regarding research into aggression in children and childhood.

Regarding context, there are significant social benefits from well-timed and socially appropriate forms of aggressive behaviour when it is instigated by young people. For instance, boys who are considered aggressive in the school grounds, or girls who avoid physical aggression but utilise relational harms such as bullying or spreading rumours, can improve the social capital and standing of the young person within their peer group; this has been found cross-culturally (Little, Rodkin and Hawley, 2007; Munroe et al., 2000).

In most cases, aggression and violence are maladaptive and harmful to those instigating such behaviours, as well as the recipients of the behaviours. Maladaptive aggression in children has been described as unpredictable and without meaning for outside observers (Connor et al., 2019). However, there is an increasing shift towards understanding the processes engaged in by children when they are presenting as aggressive (Little, Rodkin and Hawley, 2007). For instance, it has been acknowledged that aggression can offer some protection for those who have grown up in environments which could be considered ‘risky’ from a neurobiological perspective. Thus, aggressive or violent impulses are utilised by a physical body which considers otherwise unthreatening environments threatening (Doan et al., 2019; Rouslin, 1975). Furthermore, this strategy of self-preservation is one which could be considered a form of self-defence from an environment which feels unsafe, and self-defence is often framed as a legitimate form of violence (Tutt, 1976).

What to call violence which is initiated by children and causes parents harm is a complicated issue, as whilst many service providers describe themselves as offering support to those who experience CAPVA, many parents and services consider describing childhood behaviours as abusive problematic, and this was the case for this research too. Whilst it is undeniable that some childhood violence is abusive, to categorise all CAPVA under the umbrella of abuse is to negate the experiences of families living with the earliest stages of violence. Those earliest stages are difficult to interpret as abusive, and thus we are only identifying those with embedded behaviours within families who are often at crisis point. Therefore, it is increasingly important to understand the difference between problematic, harmful, or abusive behaviours (Hackett, Branigan and Holmes, 2019). By exploring the experiences of families with younger children, there is opportunity to examine at which point, and in which circumstances, families interpret their experiences as problematic, harmful, or abusive.

## *2.2 Good child*

When describing how students learn, Freire critiqued the ‘banking model’ which positions students as empty ‘banks’ to be filled by educators. This is often applied to parents with their children; as though children are empty vessels waiting to be filled by their parents, or clay waiting to be moulded. This approach ignores the other social, cultural, environmental, and epigenetic factors that are involved in child development (Hay, 2017). The earliest we can meet a child is after they have been developing in-utero for nine months (obviously assuming they are full-term). They have undergone a huge amount in the womb, and as brain development occurs from the earliest few weeks, there is a lot to unpack and get to know about an infant. Indeed, in an attempt to get to know the infant, and make conversation about new babies, often the questions from well-meaning family, friends and strangers in the street are variations on ‘are they a good baby?’ But what does this mean?

The ‘ideal child’ or a ‘good child’ is a culturally-bound concept which differs across countries and communities (McGuire et al., 2021). However, there are certain characteristics which appear to be universal; children are expected to be compliant and respond positively to the demands of adults around them (Cao et al., 2010; Ekstrand, 1994). Those children who are not compliant and obedient to adult demands have been described as deviant in countries such as Japan (Crystal, 1994; Olson, Kashiwagi and Crystal, 2001). However, this framing of ‘deviancy’ of those children who resist authority has been criticised as a method of social control, as those who resist authority of their parents are less likely to be influenced by the

coercive power of the state (Smith and Campling, 2018). Thus, by problematising or pathologising their resistance, there is a reinforcement of what is ‘good’ (obedient), and what is ‘bad’ (resistant), and less opportunity for unionising between those who resist authority, as they are framed as an individualised problem (Smith, 2010; Smith and Campling, 2018).

‘Good’ children, particularly those who are quiet, obedient (and often unseen) have been referred to as “invisible children” (Smith, 2010, p. 144). This invisibility reinforces social conditioning that individuals should be accepting and unquestioning of the existing power structures and thus their voices, needs, and experiences are often also made invisible.

However, I hesitate to position CAPVA wholly as a form of childhood resistance as it ignores the harms inflicted on parents and other members of the household. Indeed, by focusing too heavily on childhood resistance, CAPVA once again becomes a “hidden” form of family violence as it is overthrown by conversations focusing on centralising the child in the discussion, rather than featuring the whole family.

### *2.3 Good parent*

As to whether a child can be a ‘good child’ is dependent upon the quality of the parenting, according to parental determinism (Lee et al., 2014). The concept of parental determinism is one whereby “parental action, in most areas of everyday life, [has] a determining impact on a child’s future happiness, healthiness and success” (Lee et al., 2014, p. 2). Therefore, the behaviour of the child is a manifestation of the quality of the parenting, and parents are expected to be wholly responsible for the behaviour of their child. Even with children as young as one or two-years-old, mothers in particular can feel that the unwanted or socially undesirable behaviours of their child is a reflection upon themselves as mothers (Merz, 1984). As a result, when a child has a behavioural profile which does not fit with the social construction of a good child, this frequently results in parental blame, judgement, referral to parenting programmes, and narratives criticising parents if they seek an explanation for the behavioural presentation of their child using medical labels or medication (Neophytou, 2004).

When examining how the structure of the ‘good family’ is socially constructed, within the UK, ‘good parents’ are often presented as white, middle class, heterosexual and married (Arendell, 1999; Rawsthorne, 2010). However, when separating the parenting relationship out, there does appear to be some differences in how ‘good mothers’ and ‘good fathers’ are recognised. In interviews with mothers, Eaton described a ‘good parent as:

One who protected, nurtured, and provided for the child. The mothers felt this was their unwavering right and responsibility, and the ultimate goal of parenting (Eaton et al., 2016, p. 3114).

One particular challenge in meeting the criteria of ‘the good parent’ is navigating the tensions between wanting to keep your child safe, whilst also giving them the freedom to learn to make good choices. Sometimes the healthiest choices, such as allowing a child autonomy and opportunities where they can learn to keep themselves safe, are also the ones with the most risks associated with them (Forsberg et al., 2020).

### 2.3.1 Good mothers

“‘Good mothering’, normatively defined, embeds expectations about women’s capacity to provide unstinting care, to act protectively and to commit to self-sacrifice for their children”. (Maher et al., 2021, p. 667). ‘Good mothers’ are expected to put their children first, even when this negatively impacts their own wellbeing, threatens their own safety, and they are expected to fight to meet the needs of their child whenever necessary (Caporael, 1999; Ladd-Taylor, 2004). Ruddick (1982) critiqued the expectation of a ‘good mother’ to not only expect, but accept contempt from the men in her life, especially her sons, identifying that mothers are expected to do so with affection and patience. A ‘good mother’ places the needs of her children before her own needs, and makes sacrifices in relation to this (Hays, 1996; Lapierre, 2010; Stewart, 2021). These exemplifications of ‘good mothering’ have been constructed within patriarchal and capitalist societies, and reinforced by structures such as education and social services, which sustain particular expectations of what is expected within the family. Therefore, the construction of a ‘good mother’ is an effective measure of controlling the behaviour of women who are mothers if they strive to achieve the ‘ideal’ (Barnett, Maticka-Tyndale and Kenya, 2016; Heward-Belle, 2017; Rich, 2021; Singh, 2017; Stewart, 2021).

Despite societal changes whereby women are able to vote, work and have their own bank account, caregiving of children is still conceived as predominantly the role of the mother, both within the western world (Stewart, 2021), and elsewhere (Segal, 1999). Mothers are more likely to be blamed when the behaviour of their children deviates from the socially expected, and this is true even when a father has been abusive (Stewart, 2021). As such, self-compassion in motherhood is often framed as selfish rather than necessary, despite the need to “put [your] own mask on first” in relation to caregiving practices (Simpson, Semenchuk,

and Strachan, 2022, p. 1259). That mothers (in particular) are expected to prioritise the needs of their child over their own needs, sacrifice, and submit to their role to be recognised as a ‘good mother’ creates a particular context which is conducive to harms, regardless of whether they involve physical violence or not (Agudelo, 1992; Kelly, 1987). Furthermore, it has been argued that the impact of violence (i.e. the costs of it), must be understood as a process. In this case not only understanding CAPVA from the lens of the parental experience, but also the harms caused by the structures which create conducive contexts for harm and exploitation, such as this construction of the sacrificial mother (Agudelo, 1992; Kelly, 1987).

Research into the experience of *mothers* living with domestic abuse tends to silence or blame them; centralising the experience of their children. The actual process of mothering whilst living with violence becomes invisible, or overly scrutinises mothers and their capacity to care for children (Lapierre, 2010). Furthermore, the harms caused by living with violence are frequently ignored by professional responses which demand that mothers just “provide more love” to their child in response to their own pain (Maher et al., 2021, p. 668). Where mothers are experiencing harms instigated by their children, this is compounded as it directly challenges a woman’s identity as a mother, and there is little research on the everyday experiences of mothering or parenting children who instigate these harms.

#### **2.4 Stigma**

Stigma relates to social identities and is experienced by those who are considered to be deviating from the socially expected or acceptable (Goffman, 1959; 1963). The stigma that is related to not meeting the idealised ‘good parent’ is constructed both externally (judgement), and internally (self-stigma), whereby “parent self-stigma is best operationalised as including self-blame, self-shame, and bad-parent self-beliefs” (Eaton et al., 2019, p. 83). Both forms of stigma come from the symbolic and structural expectations of parental determinism, whereby parents are wholly responsible for the behaviour of their children and therefore any deviances from the ‘ideal child’ are the ‘fault’ of the parent (Eaton et al., 2016; 2019; Merz, 1984).

When exploring the stigmatisation of children, those children who do not present as active and adding value to society frequently experience external stigma (Mazumder and Thompson-Hodgetts, 2019). This measure of ‘value’ regarding children can be subsumed into the family and mother identity, as “mothering is an intentional practice with the goals of preserving life, fostering growth, and training children to participate effectively in their families and societies” (Ruddick, 1995, p. 77). When children are not considered value-adding members

of society, but rather creating costs for society or the family, this stigma impacts the whole family. This is demonstrable in work with parents of autistic children when the child is instigating harm within the home; parents report that their main challenge is not the harm instigated by the child, but the stigma associated with not being able to *control* their child (Swaab et al., 2021).

## 2.5 Costs

The stigma experienced by families living with CAPVA is one of many costs. Some other costs impact the child more heavily than the parents. For instance, there is some evidence from Spain that in families where academic achievement is highly valued, CAPVA often impacts family cohesion in a way which also negatively impacts the academic achievement of the child or young person instigating CAPVA. However, it is unclear as to whether this also has the inverse effect, whereby poor academic achievement is what impacts family cohesion and this disruption is what increases the rate of CAPVA (Aroca-Montolío, Lorenzo-Moledo, and Miró-Pérez, 2014; Ibabe, 2016). This bidirectionality can also create a pattern of harmful behaviour which has the potential to escalate over time:

Este maltrato intrafamiliar puede generar un ciclo de violencia filial-parental y parento-filial coercitivo, cuya escalada es progresiva, sobre todo por parte del hijo a agresor. (This intra-family maltreatment can generate a cycle of coercive child-parent and parent-child violence, whereby escalation is progressive, especially by the aggressor child. (Aroca-Montolío, Lorenzo-Moledo, and Miró-Pérez, 2014, p. 168))

This escalation can be intensely stressful for all family members, due to the disruption of family cohesion, however these stressors are also compounded for a parent when they see the behaviour of the child as evidencing that they are not a ‘good parent’. For instance, oppositional or aggressive behaviour at 14 months has been found to significantly increase parenting stress, but this result was not found when the same behaviours occurred at 21 months. This is arguably related to cultural expectations; at 14 months, a parent may feel wholly responsible for the behaviours of their child (parental determinism), whereas at 21 months there is the cultural context of the ‘terrible twos’ and oppositional behaviours are framed as a child seeking autonomy from their parents (Tarsha and Narvaez, 2019).

When the behaviour of a child does not meet the expectations of the autonomous ‘terrible twos’, but is hyperactive or there are attentional difficulties at aged 14 or 21 months, there was also significant likelihood that these difficulties increase over time, and so did parental

stress (Beernink et al., 2012). Children who struggle with maintaining attention can challenge the idea that they are 'adding value' to a society, because they are not 'performing' in school, and this creates additional parental stress (Ruddick, 1995). However, more than each individual behaviour, it is the interaction between oppositional and hyperactive behaviours which contributes to social isolation and role restriction for mothers over time, which can further impact their emotional health and wellbeing (Beernink et al., 2012).

## *2.6 Development*

Conflict between a biological mother and child exists from in-utero, as a foetus strives (unconsciously) to absorb all the resources possible from its mother, and the mother produces anti-embryo antibodies to prevent the foetus from taking too much from her (Soubieux and Soulé, 2002). Conflict between children and parents is an often expected and natural part of development as children seek to be more autonomous and parents seek to protect (Godfray, 1995; Tarsha and Narvaez, 2019). Furthermore, there are biological arguments that the increase in hormones that occur during adolescence increase the aggressive responses to conflict (Selwyn and Meakings, 2015; Tremblay, 2004). Much research into the development of child-to-parent conflict, aggression, or violence has focused upon adolescents, however in a study of working mothers in Malaysia with aggressive children under five, "rates of physical aggression increased from 30 months old to 42 month-old and decline after from age 43 months-old onward" (Yaacob and Siew, 2010). This evidences that some aggression is a factor of typical development and not an indicator of a pattern of long-term harm.

When exploring the development of child-instigated harms, such as CAPVA, it is important to recognise that children will have different needs at different times, and therefore there may be certain ages where there is an increased likelihood of CAPVA occurring. This will not be universal, as children will have different needs at different stages of development:

Childhood is not a single, fixed and universal experience between birth and the age of majority, but rather one in which, at different stages, in their lives, children require differing degrees of protection, provision, prevention and participation. (Wigan BC v Y (Refusal to Authorise Deprivation of Liberty) [2021])

There are arguments that there exists a "camel humps" curve in childhood aggression, particularly in boys where there is a peak of aggression between two and four years and a second peak of aggressive behaviour between 15 and 20 years, (Wahl and Metzner, 2012, p. 344). However, other researchers have stated that the earlier period of aggression is more



frequent, whereas the later period has lower frequency, but higher intensity (Hartup, 1974). For the latter researcher, there was also a demonstrable difference between black and white youth, with black youths identified as more aggressive. However, this research should be approached critically due to the unconscious biases which have been identified in both research and practice, whereby young black boys are assumed to be more aggressive than their white counterparts (Smith and Hope, 2020).

Papers which focus on generalised and not directional child-instigated harms tend to look at younger children and not those in the middle-stage of childhood or adolescence. Thus those children and young people with aggressive impulses and their families are often invisible until the harm becomes significant enough that they need to come into contact with the criminal justice system (Armstrong et al., 2018). Some studies report that children who engage with these behaviours had a difficult temperament from birth (Calvete et al., 2014). Furthermore, there is some evidence that the younger the child when their aggressive impulses begin, the more significant their harms become over time. For instance, children who are more aggressive at 17 months have been found to increase the frequency and intensity of this aggression over time (Morisset and Baillargeon, 2006). However, in research with adopted children, two significant profiles were found:

Two main APV patterns emerged: early onset (pre-puberty) that escalated during adolescence, and late onset that surfaced during puberty and rapidly escalated (Selwyn and Meakings, 2016, p. 1224).

Some studies have found the highest rates of aggressive behaviour begin in infancy or early childhood, with several studies finding that physical aggression increases from six months onwards and starts to decrease at around two years old (Lorber et al., 2019; Nærde et al., 2014). Other research has identified 15 months old as a key point

Increases in defiance and activity level from 15 to 24 months were predicted by 15-month physical aggression and/or distress to limitations. These findings suggest that the externalizing behavior construct is formed by dynamic interplay among its individual elements, particularly between 8 and 15 months (Lorber, Del Vecchio and Slep, 2014, p. 1854)

In a longitudinal study with 712 Spanish boys, the peak of CAPVA was found to occur between the ages of 13-15 (Calvete et al., 2020). This was partially supported by a literature review from 1957-2011, which found 10-15 year old boys were the most aggressive within

the home (Aroca-Montolío, Lorenzo-Moledo, and Miró-Pérez, 2014). With girls, girls who seemed to instigate physical CAPVA were often younger than boys, more likely to use weapons, and their behaviour changed or reduced over time (Walsh and Krienert, 2007). Longitudinal researchers have recommended that interventions should be put in place prior to adolescence, to help families from reaching this peak at 13-15 years old (Calvete et al., 2020; Tremblay et al., 2004). As such, they recommended further exploration of the experiences of families with children under the age of 13 overall, which is the focus of this thesis.

### 2.6.1 Long term trajectories

Adolescents who instigate family violence appear to be more likely to offend as adults than any other type of adolescent violence offenders in criminal justice samples (Ávila-Navarrete and Correa-López, 2021; Boxall, Pooley and Lawler, 2021). They also appear to have higher recidivism rates of all crimes in Spanish youth justice samples (Cuervo and Palanques, 2022). However, it is important to acknowledge from the previous section, that many children who instigate harms within the family may desist these behaviours after a peak. Nevertheless, even non-directional physically aggressive behaviour throughout childhood has been shown to have the highest risk of adolescent-directed verbal and physical aggression toward mothers and fathers in adolescence or adulthood (Pagani et al., 2004; 2009). Thus supporting the escalation hypothesis posited by Walsh and Krienert (2009).

When CAPVA is defined as “[any] harmful act intended to gain power and control over one's parents. The abuse can be physical, psychological or financial” (Cottrell, 2001, p. 1), then it could be expected that other forms of harm are also being utilised (Cortina and Martin, 2020). For instance, CAPVA is likely one aspect of a wider profile of youth offending (Cuervo, Palanques and Busquets, 2017). It has also been associated with violence towards partners (Fernández-González et al., 2021), and violence towards peers (Carrascosa, Buelga and Cava, 2018). Family conflict between children and parents is not only a predictor of CAPVA, but of all violence towards authority, such as within schools (Del Moral et al., 2019; Jaureguizar and Ibabe, 2012).

## 2.7 Predictors

There are significant criticisms of existing practices relating to supporting families living with CAPVA, and how they are attempting to utilise frameworks which do not fit the experience of families (Moulds et al., 2016). As such, it is useful to identify the families who may be particularly vulnerable to this form of harm, so that they can be identified and offered

support as early as possible (Curtis et al., 2022; Ibabe, 2019; Marcelli, 2002; Moulds et al., 2016). However, as the existing knowledge base is underpinned by exploratory work, there are also particular families who will be identified as living with CAPVA, and taking part in this form of research or practice, because particular communities have better access to research and support, or they have compounding oppressions which mean they are more likely to reach crisis and need immediate intervention or support.

### 2.7.1 Family

There appeared to be a number of family vulnerabilities in relation to CAPVA in previously literature. For instance, poor family communication, and increased perceived stress has been associated with CAPVA (Jiménez et al., 2019). However, this may not be a causal relationship as CAPVA could be the factor which increases perceived stress and results in poor family communication. A lack of parental warmth, as perceived by the child or adolescent, is also associated with higher likelihood of CAPVA in some Spanish samples (Calvete et al., 2015a; Cano-Lozano et al., 2020; Lansford et al., 2018; Lyons et al., 2015). This latter relationship is more evident in pre-adolescents than adolescents (Lansford et al., 2018).

Other family types, such as adoptive families have found a relationship between family composition and aggression. For instance, in an analysis of adopted children, the larger the sibling group, the more incidents of aggressive behaviour were documented (Van den Oord, Boomsma and Verhulst, 1994). Perhaps the most surprising family association with CAPVA, is that a large amount of research has found it mostly impacts middle class families (Aroca-Montolío, Lorenzo-Moledo, and Miró-Pérez, 2014). However, this may be due to middle class families being more willing to speak about their experiences than families living with CAPVA who are also experiencing other oppressions, such as poverty or other forms of social exclusion.

#### 2.7.1.1 Parenting types

The strongest correlation between parental violence and CAPVA has been related to corporal punishment, with suggestions that steps to end violence against women should also include steps to end corporal punishment (Barnes et al., 2013; Boxer, Gullan and Mahoney, 2009; Hoyo-Bilbao et al., 2019; Lyons et al., 2015; Ulman and Straus, 2003). In other studies, direct experiences of parental physical and verbal violence during childhood were among the strongest predictors of physical and verbal CAPVA, both among males and females.

(Beckmann et al., 2017; Junco-Guerrero, Ruiz-Fernández, and Cantón-Cortés, 2021; Lyons et al., 2015).

Related to the above, some studies have found aggressive parental punishment predicts aggression towards mothers, but only verbal punishment predicts aggression towards fathers. Given this, harsh parental punishment of adolescents seems to increase the likelihood of adolescent aggression towards parents (Pagani et al. 2004; 2009). However, other research has found strict or controlling parenting only predicts physical CAPVA, not verbal CAPVA (Seijo et al., 2020). Adolescent aggression has been associated with these more controlling parental strategies, such as authoritarian parenting, due to a bidirectional escalation. For instance, as the aggression increases, parents try more forceful strategies to maintain control of their child, and the child responds by becoming more aggressive (Albrecht, Galambos and Jansson, 2007; Boxer, Gullan and Mahoney, 2009; Masud et al., 2019; Pinquart 2017). Furthermore, there is evidence that these bidirectional and coercive components have been identified with families of children as young as 18 months (Chang and Shaw, 2016).

An alternative strategy to authoritarian parenting, is permissive parenting, which has also been associated with high rates of CAPVA (Masud et al., 2019). However, in some cases, permissive parenting has been associated with lower rates of CAPVA, but in these examples, when incidents do occur, they are more significant and cause more harm to the parent and wider family (Aroca-Montolío, Lorenzo-Moledo, and Miró-Pérez, 2014). There are some arguments that parents become more permissive as the CAPVA escalates, rather than the CAPVA occurring because of permissive parenting. In a scoping review of 22 peer-reviewed papers, there was evidence that parents experiencing CAPVA were more likely to struggle with regulating their own emotions, and so were more likely to engage in behaviours which avoid conflict, such as permissive parenting (Arias-Rivera, Lorence and Hidalgo, 2021). The most protective parenting style against CAPVA has been found to be an authoritative style (Masud et al., 2019). An indulgent style has also been found to offer some protection (Suárez-Relinque et al., 2019).

### 2.7.2 Victimization

Children who instigate CAPVA have often experienced multiple childhood adversities (Aroca-Montolío, Lorenzo-Moledo and Miró-Pérez, 2014; Holt and Brennan, 2022 Nowakowski-Sims, 2019). Adversity can be historical or contextual, for instance, children with special education needs (SEN) are more likely to instigate CAPVA, as are children with

care experience or those on the edge of care (Biehal, 2012; Coates, 2018; Coogan, 2011; 2016; Selwyn and Meakings, 2015; Thorley and Coates, 2018). Therefore, these children can be responding to distress, trauma, or relational issues that have come from oppressions or harms which have been generated outside their immediate household. The assumption that children experiencing CAPVA must be experiencing concurrent maltreatment promotes parental blame and avoids targeting the processes that could repair the CAPVA-related harms.

Nevertheless, CAPVA has been associated with violence by parents, regardless of whether the violence was husband-to-wife, wife-to-husband, corporal punishment, or physical abuse (Ibabe, 2014; Ibabe, Jaureguizar Bentler, 2013a; 2013b; Pagani et al., 2004; 2009; Ulman and Straus, 2003). Experiences of domestic abuse have been found to positively correlate with CAPVA in later adolescence (Beckmann, 2020; Beckmann et al., 2017). More so than exposure to community or school violence (Contreras, and Cano, 2016b; Martín et al., 2022; Navas-Martínez and Cano-Lozano, 2022). Studies in South Korea and Spain have found this risk is increased when there is also direct child abuse in the home (Calvete et al., 2015b; Gámez-Guadix, and Calvete, 2012; Margolin and Baucom, 2014; Nam et al., 2022). Other studies have found child abuse is the leading correlate with CAPVA (Gallego et al., 2019; Izaguirre and Calvete, 2017; McRae et al., 2021; Selwyn and Meakings, 2015). Nevertheless, children who have lived with intimate partner violence (IPV) and child abuse are also associated with an increased risk of future dating violence (Gallego et al., 2019; Izaguirre and Calvete, 2017).

Some studies emphasise that it is the violence exposure which is the main correlate and have found no difference between *types* of violence exposure and their relationship with CAPVA (Orue et al., 2011). For instance, in a sample of psychiatric patients aged 10-15, some of whom instigated CAPVA and some who did not, the CAPVA group had a significantly higher proportion of patients who had experienced physical abuse, psychological abuse and/or lived with violence between their parents (Sasaki et al., 2021).

### 2.7.3 Traits

A trait can be defined in a number of ways, with Allport (1931) acknowledging eight criteria which can be used to identify a trait which, simplified, relates to the way in which an individual interacts with their social environment. Traits are linked to patterns of behaviour and are associated with habits and personality, but are separate from moral qualities (Allport,

1931). Exploring moral qualities, young people who are more permissive of so-called “delinquent activities” have been found to be more likely to engage with harmful behaviours themselves (Landsheer and Hart, 1999, p. 373). There is some argument that these children and young people lack empathy, however there are social and emotional consequences for these types of framings. For instance, in a study of family violence ‘offenders’, those with lower empathy scores were also likely to have lower self-esteem and school problems, 57% of them were found to have some form of learning disability (Gebo, 2007; Ibabe and Jaureguizar, 2010).

When further critiquing empathy as a consequence, empathy scoring has been criticised as a method of labelling neurodivergent people. For instance, in individuals who experience alexithymia, which is characterised by a sensory difficulty in identifying internal states, such as emotions or physiological states, such as hunger or thirst. These states can also be confused. This difficulty can affect their personality measurements and empathy scores, as the psychometric testing and measurements are designed for neurotypical individuals and not those who may experience empathy or other emotional states differently (Martínez-Ferrer et al., 2018). Some of the measurements, which are difficult for individuals with alexithymia (difficulty identifying internal states) to complete, and are also associated with high rates of CAPVA include: high narcissism scores (Calvete et al., 2015a); lower empathy scores (Ibabe and Jaureguizar, 2010); higher callous-unemotional traits (Curtis et al., 2022; Kuay et al., 2021); and high psychopathy scores (Hoyo-Bilbao, Orue and Calvete, 2021). Thus, whether these scores are measuring narcissism, empathy, callous-unemotional traits and psychopathy, or whether they are measuring the young person’s inability to interpret the test is debateable.

## 2.7.4 Disability

### 2.7.4.1 *Conduct disorder*

“Conduct disorder refers to a pattern of severe antisocial and aggressive behavior manifested in childhood or adolescence” (Frick and Dickens, 2006, p. 59). It is wholly diagnosable through behavioural presentations of children and young people, however it has also been identified as a response to harmful environments. For instance, there is some evidence, girls who have experienced domestic abuse are four-times more likely to be diagnosed with conduct disorder than the general population (Ilomäki et al., 2006). Whereas, in a study of children in India, boys were more sensitive to disrupted caregiving than girls, and were more

likely to be diagnosed with conduct disorder if they had been removed from their mother, and surrogate caregiving did not appear to mediate this (Srinivasan and Raman, 1988).

Conduct disorder has two subtypes; pre-adolescent and post-adolescent, with both criteria linked to when aggressive behaviours present themselves; with pre-adolescent conduct disorder occurring prior to the age of 10, and post-adolescent conduct disorder occurring after the age of 10 (Lahey et al., 1999). Describing an ‘onset’ of conduct disorder, Lahey et al. (1999) found that the earlier that conduct disorder was identified, the more significant the intensity of physical aggression and anti-social behaviour would develop to be over time. However, when looking at the development of conduct disorder, there is little evidence of a defining *age* of onset, particularly when the measure is aggression within the home, and this is not part of the diagnostic criteria (Stewart, Copeland and DeBlois, 1988).

#### *2.7.4.2 Autism*

Children with SEN and disabilities have been identified as more likely to instigate CAPVA, and the disabled children most frequently referred to in CAPVA research and practice appear to be autistic children (Adams et al., 2021). Autism is identified through assessment of behavioural characteristics and there is a higher rate of “challenging behaviour” than when compared with typically developing children (Hattier et al., 2011, p. 221). The majority of referrals to child and adolescent mental health services (CAMHS) in England are requesting various neuropathway assessments in an attempt to access an autism or neurodevelopmental diagnostic assessment, and/or support for their aggressive behaviours (Connor and McLaughlin, 2006; Mitrofan et al., 2014; Swaab et al., 2021).

Forensic CAMHS generally support those children and young people who require mental health services and are at significant risk of harming others, and some research has found those children and adolescents accessing forensic CAMHS were more aggressive, and more likely to use weapons than those accessing general CAMHS (Kuay et al., 2016). Despite these risks, some studies have found there is no difference between general CAMHS and forensic CAMHS in relation to the children accessing them instigating CAPVA (Kuay et al., 2016).

When understanding why some autistic children are more likely to instigate harms within the home, aggression in autistic children has been associated with anxiety (Bronsard, Botbol and Tordjman, 2010). In a sample of 1,380 autistic children aged 4-17, 56% were instigating harmful action towards their caregivers during the period of the research, and 68%

demonstrated some form of parent-directed aggression outside of the period of the research (Kanne and Mazurek, 2011). Autistic children may be particularly vulnerable to expressing themselves in a harmful way, as they are less likely to instigate verbal or more covert frustrations (Farmer and Aman, 2011).

### 2.7.5 Gender

White males aged 14-17 are often identified as the main instigators of CAPVA, with mothers reported to be the most at-risk of experiencing the harms directly (Calvete et al., 2013; Ulman and Straus, 2003; Walsh and Krienert, 2007). As a result, CAPVA has been referred to as a gendered phenomenon, which places it under the umbrella of gender-based violence (Condry and Miles, 2014). This framing is exacerbated when the children become adults; for instance, in in-depth interviews with 60 women, 70% of adult children instigating these harms were males (Stewart, Burns and Leonard, 2007). However, studies with these gender-based findings tend to be looking at formal reporting through youth justice or an equivalent (Moulds et al., 2019a; Walsh and Krienert, 2007). Girls who instigate the same CAPVA harms are often understood as experiencing other significant issues outside of the family, and therefore the CAPVA is presented as a symptom of a wider issue:

Youth incarcerated for CAPVA are typically white and male. Youth, particularly female aggressors, tend to have substantial histories of substance use and/or victimization. Issues of mental health, poor school performance, and other maladaptive behaviors are also common. (Armstrong et al., 2018, p. 1)

Despite this, a systematic review of studies from 1957-2011 found that CAPVA had a higher rate of female instigation than any other form of violence (Aroca-Montolío, Lorenzo-Moledo, and Miró-Pérez, 2014). Another study found that, whilst boys are more likely to instigate the behaviours, girls are often younger and more likely to use a weapon (however boys were more likely to use a gun (Walsh and Krienert, 2007)). Furthermore, other studies in Spain and Chile respectively have found that boys were more likely to instigate physical harm, and girls more likely to instigate psychological harm (Ilabaca Baeza and Gaete Fiscella, 2021; Calvete et al., 2013; Sampedro et al., 2014).

The differences in *types* or *forms* of harm between the genders may help us to understand how there is differences in recording and measurements. Nevertheless some researchers have found no gender difference in terms of *types* of violence, they have found differences in relation to victimisation. For instance, physical violence has been evidenced as most likely



instigated against the father, whereas emotional harm is more frequently instigated towards the mother (Jiménez-García et al., 2020; Loinaz, Barboni and de Sousa, 2020; Pagani et al., 2004; 2009). However, in a retrospective study with 365 college students, the researchers found that boys were more likely to engage in verbal aggression towards their fathers than their mothers (Lyons et al., 2015).

In all age groups, many studies have found children were violent to mothers more frequently than to fathers, with both boys and girls hitting mothers more than fathers, however slightly more boys than girls hit parents, as girls may be more likely to instigate psychological harms than physical harms (Calvete et al., 2013; Jaureguizar, Ibabe and Straus, 2013; Ulman and Straus, 2003). Whereas some older research has found fathers are more likely than mothers to experience physical violence from their sons (Peek, Fischer and Kidwell, 1985), other research has found mothers and fathers experience physical violence equally:

Los hijos varones ejercían más violencia física contra sus padres que las hijas. Aunque las madres sufrían más abuso psicológico y emocional que los padres, no había diferencias en cuanto a la violencia física. (Sons were more likely to instigate physical abuse than daughters. Although mothers suffered more psychological and emotional abuse than fathers, there were no differences between mothers and fathers with regard to physical abuse from their children (Ibabe and Jaureguizar, 2011, p. 272))

#### 2.7.6 Other

There are a number of other factors which have been associated with an increase vulnerability to instigating CAPVA in children and young people. For instance, young people with mental health needs, but particularly depression, have been considered more likely to instigate CAPVA, although the bidirectionality of this is unclear (Ibabe, Arnoso and Elgorriaga, 2014b; Knox et al., 2000; Rosado, Rico and Cantón-Cortés, 2017). Similarly, anxiety is not only a factor in autistic children but the general childhood population too, as children who instigate verbally or physically harmful behaviours tend to score highly on measures of anxiety in measures of children aged eight, 12 and 17 years of age (Kashani, Deuser and Reid, 1991).

Substance misuse has also been associated with increased likelihood of CAPVA; In phone interviews with 12 families accessing support when their children engaged in substance misuse, there was a significant risk factor of CAPVA (Galvani, 2017). Furthermore, older

studies have found that 18% of two-parent and 29% of single-parent families experience CAPVA when their child is also misusing substances (Pelletier and Coutu, 1992). Nevertheless, most frequently, CAPVA escalates due to multiple, compounding factors which negatively impact the child-parent relationship, rather than a singular causal factor, according to some Spanish research:

Los factores de riesgo “tener un grupo de amigos antisociales” y “consumir alcohol/drogas”... En las variables psicológicas de los hijos maltratadores aparecen: agresividad, impulsividad, psicopatía, bajo nivel de frustración, TDA-H, falta de empatía, sin control de la ira, baja autoestima e irritabilidad, principalmente. (The risk factors "having a group of antisocial friends" and "consuming alcohol/drugs"... The relevant psychological variables of the abusive children: aggressiveness, impulsiveness, psychopathy, low level of frustration, ADHD, lack of empathy, no anger control, low self-esteem and irritability, mainly. (Aroca-Montolío, Lorenzo-Moledo and Miró-Pérez, 2014, p. 168))

## *2.8 Measurements*

As the interest into CAPVA has increased, so too has the interest regarding how to measure it. There are a number of tools used to measure frequency and severity of CAPVA, with some tools developed specifically for CAPVA, and others adapted for it. A 2020 scoping study identified six separate tools used in CAPVA research as a form of measurement (Arias-Rivera, Hidalgo and Lorence, 2020). These measures include the Reactive-Proactive Aggression Questionnaire; Child-Parent Conflict Tactics Scales, which was adapted from the Conflict Tactics Scale (Ibabe, 2020; Straus, 1979); Intra-family Violence Scale; Violent Behavior towards Authority Figures Scale, and the Child-to-Mother Violence Scale. Most recently there was the development of the Child-to-Parent Violence Functions Scale (Harries et al., 2022).

There was also the ‘Child-to-Parent Aggression Questionnaire’, which was the most commonly used CAPVA measurement in research (Simmons et al., 2019), and has a high level of validity (Contreras, Bustos-Navarrete and Cano-Lozano, 2019). It was also a helpful tool with parents when identifying multiple types of CAPVA, including psychological, physical, financial CAPVA, as well as control over parents, and was considered the most reliable measurement (Contreras, León and Cano-Lozano, 2020a; Ibabe, 2020). More unusual

methods of measurement included the youth level of service/case management inventory (YLS/CMI) used by Cuervo and Palanques (2022).

Despite the wide variety of measurements, and the recommendations provided by their developers, many measurements for CAPVA are being used in populations outside of the age range they have been validated on. Furthermore, there is difficulty in collating data when children and young people rarely instigate only one form of harm (i.e. verbal), and they are more likely to instigate many different forms of CAPVA (i.e. verbal and financial) which are difficult to measure together using the current tools (Simmons et al., 2019).

## ***2.9 Prevalence***

Due to CAPVA being a mostly hidden phenomenon, it has been difficult to achieve consistent results when measuring prevalence of the issues. Some studies exploring CAPVA have measured rates as low as 3-4% (Laurent, 1997; Marcelli, 2002). However, older research in a study of 1,545 white, male adolescents, found that there was a 7-11% incidence rate of physical CAPVA (Peek, Fischer, and Kidwell, 1985). In a systematic review of Australian studies, Simmons et al. (2018) estimated that a 12-month incidence rate of adolescent-instigated CAPVA was between 5-21% in the community. Whereas an Australian policing study found between 1-7% of family violence reported to the police was ‘adolescent violence toward parents’ (Moulds et al., 2019a). Thus highlighting how community sampling, self-report studies, and policing data can produce significantly different and contradictory results.

Another example of this in the UK context is a cross-sectional community sample of 890 secondary school students (aged 11-18 years), which found that 64.5% of students were instigating CAPVA, with psychological harms more prevalent than physical harms (64.4% and 4.3% respectively (McCloud, 2017)). In a retrospective study of 1,543 Spanish youth reflecting on their behaviours aged 12-17, prevalence was lower, with psychological violence 8.5-27% and physical violence 1.8-6.1%, with the researchers reporting this variation as due to the method of measurement (Cano-Lozano, León and Contreras, 2021). Another Spanish study involved 2719 adolescents completing the Child-to-Parent Aggression questionnaire, finding prevalence rates of 14.2% for psychological CAPVA, and 3.2% for physical CAPVA (Sampedro et al., 2014).

In a Chinese study, forms of psychological aggression were broken down even further, into two types: contempt and rebellion. Of 1,134 pupils, the prevalence of contempt was 30.7%,

and rebellion was 18.7% (Zhang et al., 2019). This study in particular provides evidence of how problematic CAPVA contextualisation is in the current body of literature, as the language used, such as aggression, violence, and abuse, is subjective and rarely generalisable, particularly in different cultural contexts. Thus, when breaking down the data into psychological and physical CAPVA, there is still a large difference in prevalence rates. For instance, from the articles cited here, rates of psychological CAPVA are found in 3-64.4% of families, and physical CAPVA is less common in 1-11% of families.

### *2.10 Interventions*

A review of existing CAPVA programmes was published in 2018 and found that, of the six CAPVA-specific interventions identified, no intervention programme for CAPVA in their review could be described as ‘evidence-based’. Evidence-based in this context means two different things. Firstly, that there have been no randomised control trials of the intervention, secondly there have been no long-term evaluations of interventions, although there was some short-term demonstration of efficacy across all programmes (Erostarbe, Martínez and Astondoa, 2018). This could result in generalised parenting or family violence programmes being offered which did not target the more nuanced experiences of families living with CAPVA. In a separate review of six CAPVA intervention programmes, the authors critique previous studies into CAPVA interventions for not detailing the professional or practice background of the interventions, as this will impact the lens in which they approach the phenomenon of CAPVA, and therefore it is unclear whether an intervention is systems-based, psycho-analytical, or developmental (Toole-Anstey, Keevers and Townsend, 2021).

Nonviolent resistance (NVR) is a political philosophy adapted to a practice supporting children and young people with externalising behavioural difficulties, with a focus on “refraining from violence, reducing escalation, utilizing outside support, and maintaining respect for the other” (Omer and Lebowitz, 2016, p. 688). NVR is particularly useful in those families most vulnerable to experiencing CAPVA such as adopted children, fostered youth, residential childcare, and children with special educational needs (Coogan, 2014; 2016; Van Holen et al., 2018; Jakob, 2018; Omer and Lebowitz, 2016). Some modifications have been made by practitioners to make it a specialist CAPVA intervention for traumatised youth (Coogan, 2014; Jakob, 2018).

Other interventions, such as ‘The Family Violence Intervention Program’ (FVIP) only appears effective with CAPVA ‘offenders’ who are not at high risk of causing significant

harm (Nowakowski-Sims and Rowe, 2017). The StepUp programme is a form of FVIP which has been utilised as a court-mandated programme, despite the mixed results regarding recidivism (Gilman and Walker, 2020). Non-CAPVA-specific interventions can also include anger management for aggressive youth (Erath and Bierman, 2006) and parenting programmes (Durand, 2021; Erostarbe, Martínez and Astondoa, 2018). However, those parenting programme-type interventions are often offered which posit the parents as the cause of CAPVA rather than whole-family or child-focused programmes, and this can create additional stigma for the parents (Holt, 2010; March Ortega, 2017). Furthermore, early intervention has been identified as key in reducing or negating the impact of child-instigated harms, however most interventions and measurements are focused upon children over the age of 10, predominantly for children aged 12-17, despite the emphasis that CAPVA must be identified and targeted as early as possible (Alcibar et al., 2020; Ibabe, 2020).

### *2.11 Definition*

Stanbridge and Mercer (2022) highlight that the words we use can change the way in which we interpret a behaviour, and Selwyn and Meakings (2016) acknowledge that social workers who are familiar with the behaviours observed in CAPVA often frame it under the broader conceptualisation of ‘challenging behaviour’. Thus, it is important that we name experiences in a way which helps parents identify their own experiences and feel heard.

Violence is a contested term, particularly in relation to family harms. As such, other terminology has been developed which is more nuanced, for instance, ‘coercive control’ or ‘gaslighting’. We are able to recognise and understand the implications of ‘coercive control’ in relation to domestic abuse, but it is also a term that is more nuanced and accessible than the more loaded terminology of ‘violence’ or ‘abuse’. By giving the phenomenon a name qualifies the experience and makes it easier for individuals to identify their own experiences within it. Being able to give a name to an experience is the process of *humanising* it. It gives the sense that the experience is one aspect of the common variation of human experience and therefore does not sit in isolation, and individuals are not alone in their experiences (Shenaar-Golan, Wald and Yatzkar, 2021).

There is some evidence that names and definitions change over time due to social patterns. For instance, by describing CAPVA as a ‘behavioural problem’, parents are blamed for the behaviours of the child, therefore language changes in an attempt to remove this blame. By positioning the child as violent, it problematises the child over blaming the parent (Peck,

Hutchinson and Provost, 2021). However, as the identity of a parent is often intertwined with how they define their child, it requires more than a change of name to prevent parent blame or the feeling of stigmatisation.

For this thesis, I recognise that CAPVA is an umbrella term for all forms of violent, controlling, or otherwise harmful behaviours initiated by children. However, I think it is important to recognise where your own research is limited. In this research, I am not exploring all forms of CAPVA; I am exploring the experience of families with younger children who may have very different experiences than those with adolescent or adult children. For the remainder of this thesis, I will be using the terminology ‘explosive and (instinctively) controlling impulses’ (ECIs). The reasons for this will be explored more in the ‘Parent Illustrations’ chapter, but it is a more descriptive and identifiable name for families experiencing and managing such behaviours. It is also the name that was co-produced with both parents and children, and so I consider it a more representative name for their lived experiences. Children who present with ECIs will be referred to as “explosive children” in the same way that Greene and Ablon (2005) refer to them, i.e. that they are not a homogenous group, but instigate harms which unsettle, disrupt, and distress their parents through outbursts, impulses, and methods which can feel controlling.

ECIs do not involve a calculated effort to control or manipulate a parent. They are behaviours which are utilised to meet specific needs. These needs will be identified and outlined in the theory and illustration chapters, but I caution the reader against the belief that ECIs are less harmful than other forms of CAPVA; ECIs can create significant physical injuries, impair the ability of a parent to access support, and can induce significant long-term stress in both the parent and the child.

### *2.12 Thesis outline*

In this research I seek to understand the processes that occur between parents and children, from their perspective, and from the early-stages of CAPVA, in ECIs. Most literature into CAPVA is focused upon adolescents, but in this thesis, I have opted to focus upon children aged 4-11 as that is “primary aged” in the UK, where I am based. Furthermore, it has been identified that these harmful behaviours frequently begin in pre-adolescence and so there should be further exploratory research regarding this earlier age group (Calvete et al., 2020; Lahey et al., 1999; Selwyn and Meakings, 2015; Tremblay et al., 2004).

For the writing of a thesis, Phillips and Pugh (2000, p. 65) suggest:

[A] thesis should contain a review of relevant literature, a description of what has been done, what came out of this, a discussion of these results and finally some conclusions that can be drawn and suggestions for future work. Stated baldly, these sections are: Introduction (including Aims), Literature Survey, Method, Results, Discussion, Conclusions.

Whilst the above is the typically accepted format of a “big book thesis” (Dunleavy, 2003, p. 5), it is common practice to deviate from this in Glaserian Grounded Theory (GT) studies, whereby *nesting* is more typically the norm. Nesting involves positioning the GT at the centre of the thesis with all the other chapters positioned in relation to it (Scott, 2007; Powers, 2013; Auger, 2016). What makes a nested thesis particularly different is the presentation of literature and extant theory, which are usually placed after the GT chapter, rather than as background to the study. Trying to weave the extant literature into a discussion of the theory “may lead to excessively long chapters peppered with tangential explanations of diverse theories, and again detract from the flow and thrust of the study” (Dunne, 2011, p. 120).

As I have followed a Glaserian GT approach, I have followed the *nesting* process, although in my case I have opted to conduct four separate literature reviews in four different ways, and the remaining three are found towards the end of this thesis. The first literature review is this current chapter, a background into the descriptive literature on CAPVA. The second literature review is a ‘Literature Illustrations’ chapter, which will highlight the literature that was identified during the process of conducting the research as relevant to the specific GT I have developed; it will be presented using the framework developed for the GT. The third literature review will be a short conceptual review of the literature and will demonstrate how the concepts identified through the development of the GT add to the extant conceptual and theoretical frameworks. The final literature review will be a scoping review, and will explore where my GT may be relevant moving forward, and how it could potentially add to the existing body of literature on childhood aggression more broadly.

Overall, I will be presenting this thesis in the same order in which it was conducted and integrated into the GT. Setting the scene; Methodology; Methods; Grounded Theory; Parent illustrations; Child illustrations; Expert illustrations; Literature illustrations; Conceptual review; Scoping review; Conclusion. The thesis as a whole is book-ended by a Prologue and Epilogue to highlight my own, personal narrative.

In this chapter, I have provided some background regarding the focus of the research. In Chapter Three, the Methodology Chapter, I begin with a rationale for the choice of using GT, its appropriateness for this research project, and how it is compatible to me as a researcher and my ontological and epistemological position. I then provide an outline of how participatory paradigms were integrated to the Grounded Theory. Once I have defended these methodological decisions, I move onto chapter four, Methods, which involves a step-by-step explanation of the three data collection techniques, recruitments, and ethical considerations.

In chapter five, my GT of ‘rescaling’ chapter, I follow the nesting GT process and present my rescaling GT and the framework underpinning it. This rescaling GT is an attempt to respond to the research questions which can be seen at the end of this chapter and does not include any data. Instead, data will be presented not as findings, but as illustrations of how concepts were built into conceptual categories in chapter six (Parent Illustrations); chapter seven (Child Illustrations); chapter eight (Expert Illustrations); and chapter nine (Literature Illustrations).

In chapter ten (Conceptual Review) and eleven (Scoping Review), I present the key literature that I have identified as relevant to this research. Glaser (1998) explained that in a GT study, those who are very good at GT can use the literature review as data. As such, I have tried to be very good at GT. There is debate as to what pre-existing knowledge a researchers should have of a topic prior to engaging in a GT study, however I followed guidance of reading around the literature but avoiding theoretical or conceptual papers exploring the phenomena until I finished my fieldwork (Glaser, 1998). As whilst it is impossible – in my opinion – to be wholly objective to the research field, and I came into the project with ideas, and opinions, I used reflexive practice in an attempt to reduce the impact of concepts I was carrying into the project; thus remaining open to following the data and avoiding or dropping those concepts which were not relevant to the current study (Glaser, 1998, p. 68).

Whilst some Grounded Theorists choose to embed the literature reviewed throughout their thesis chapters (Gynnild, 2006), and others present the literature review immediately after the presentation of the GT (Higgins, 2006); my hope is presenting the literature in a nested way will assist the reader in distinguishing what this research adds to the existing knowledge base. The penultimate chapter is Conclusion where I provide an overview of what has been presented, what my overall contribution has been, I will also present recommendations for future research in response to this thesis, and demonstrate how I responded to the questions in



this thesis. Finally, I will provide an Epilogue, which is my reflection on completing this research.

### *2.13 Research questions and aims*

Glaserian GT studies are described as a whole research package, in part because it provides everything required, including the research aims and questions (Lazenbatt and Elliott, 2005).

As such research question one and two are established because of my methodological approach, whereas the third question came about because of the difficulty in establishing what terminology and definitions would be useful for families living with CAPVA:

Therefore, the questions I aim to answer in this thesis are:

1. What is the main concern of the substantive population?

In this work the substantive population are those family members directly impacted by the ECIs (parents and the child).

2. How is this concern resolved or processed?

In this work this relates to how the substantive population (parents and children) navigate and attempt to resolve their main concern, which in this case, in lack of representation of visibility as ‘good parents’ or a ‘good child’.

3. What terminology and definitions are appropriate for the child-instigated harms within the home covered by this research?

The aim of this research is to establish the processes and concerns of families where the child instigating ECIs is a pre-adolescent child, in an attempt to identify the earliest indicators of CAPVA. In this case ‘earliest indicators’ does not refer to signs or behaviours which highlight an increasing risk of CAPVA in an effort to provide an early intervention; rather ‘earliest indicators’ refers to the family environments, contexts, or interactions which provide a conducive context for this form of harm to occur. Thus, the research questions will explore the interpretations, processes, and interactions within families which maintain or attempt to reduce this conducive context.

## Chapter 3. Grounded Theory Methodology

### 3.1 Introduction

The substantive population in this research are families experiencing explosive and controlling impulses (ECIs). Here, the stakeholders are: children exhibiting ECIs, parents experiencing ECIs, and of secondary consideration are practitioners who work with families to try to reduce ECIs towards parents, and those parents who have experienced ECIs historically. As this is an exploratory piece of research, because child or adolescent-to-parent violence and abuse (CAPVA) is still an emerging field, I opted to utilise a methodology which is grounded in the lives of those living with the phenomenon (the substantive population). As such, I am using a Grounded Theory (GT) methodology underpinned by participatory paradigms. “Grounded Theory works wherever there are people to be understood” (Dr Helen Scott, personal correspondence, 25<sup>th</sup> March 2021).

In this chapter I will begin by presenting my personal perspectives and position as a researcher before outlining what the GT methodology is; I will then briefly cover the history of GT and its various forms; I will then explain how I decided on a Glaserian GT specifically; I then cover some criticisms of Glaserian GT, before presenting the steps that are required in a Glaserian GT. These steps will follow the steps that are recommended by Glaser (1978). Then I will explain some of the different way of using participatory paradigms, why I felt participatory paradigms could be useful in this research; before presenting how I utilised participatory approaches in different ways throughout this research. I will then present some of the ethical challenges relating to utilising participatory paradigms; and finally I will present some of my methodological limitations.

### 3.2 Researcher perspective

#### 3.2.1 Personal perspectives

Strauss and Corbin (1994) recommend an objective or neutral approach to research but I do not believe it is possible to be neutral about violence. You can ground yourself in values, data, and the recognition that there are no quick answers to violence, but you cannot be neutral. I initially opted to utilise a GT approach from a value-based perspective. The CAPVA field of research is still relatively new, and thus exploratory. I wished to understand the experiences of families without imposing too much of myself upon the research. Thus, I wanted an approach which was grounded in the lives of families themselves.

My journey into the research process is outlined in the prologue of this thesis; I entered this research as a woman, a feminist, a social worker, working class, and a mother.

Retrospectively, as a teenage mother to a neurodivergent son, I experienced judgement from members of the local community, and difficulty in helping him access an appropriate education. When my son first started school, he was quickly identified as differing from his peers; initially he struggled to maintain attention in tasks and would rather hide in a small tent away from others. He participated in parallel play and would ‘dominate’ those children who sought his friendship. Over time he became increasingly distressed, he would throw tables, harm himself, staff, and other children. He was 6 years old when he was first excluded from school formally, but there were multiple examples of unlawful exclusion prior to, and after this.

Whilst I do not, and have never considered my son ‘violent’ toward me, as he has never had a pattern of behaviour which made me frightened, he has been explosive. The harms he caused to himself and others resulted in him attending specialist educational provisions since he was six. It has been a dynamic process straddling the insider-outsider divide; as a parent who has a child who has been explosive, but never towards her. To be part of a community where CAPVA is common, but not share that part of the family experience. Due to my own experiences, and observations, I had seen many of my parenting peers being blamed for the explosive and controlling impulses (ECIs) experienced by their child, and I did not want to begin this research as another professional or researcher imposing my beliefs on the families. I wanted to work with them and have every aspect of this research grounded in their everyday lived experiences of ECIs. As such, I was particularly interested in the opportunity to conduct a GT study, supported and underpinned by participatory paradigms. Now I will explain how I chose my specific GT methodology from a research perspective, and why.

### 3.2.2 Researcher positionality

Barney Glaser (2005) writes that GTs are about social processes and presents the methodological process of GT as being about researchers finding and identifying these processes (hence ‘the *discovery*’ of GT (Glaser and Strauss, 1967)). These processes are presented as independent of us, and whilst he is very critical of conversations and writings that focus upon positionality (Glaser, 2005), warning novice grounded theorists that “the power of the takeover should not be underestimated” (Glaser, 2005, p. 135), I think it is

important to recognise my own positionality from a researcher perspective alongside my personal perspective.

Epistemologically, I would consider myself a post-positivist; I believe that the world exists independently of my observations of it. However, its existence is interpreted through the lens of the individual. This has meant that, from my view, Barney Glaser's recommendation that researchers go into the field without any preconceived notions of what the phenomenon is cannot be done. There is much disagreement in GT literature as to whether Glaserian GT is post-positivist, or positivist, with both Barry Gibson and Barney Glaser describing such conversations as "annoying" (Glaser, 2005, p. 136). They argue that GT has no ontological framework. Nevertheless, it is clearly explained that in the process of doing GT, the researcher must suspend their interest and approach all aspects with openness, and without preconceived notions. As such, I have found it necessary to employ strategies promoting this openness such as: using reflective diaries, reflexive practice, and limiting my access to theoretical writings until after the completion of my fieldwork. Glaser, and others, may disagree with my utilisation of such resources, but he also clearly demonstrates that the researcher is not constricted to specific procedures when undertaking this work (Glaser, 1978). "Biases of self and others" (Glaser, 1998, p. 8) are ideal data for a GT and thus opens opportunities for data collection through the strategies I utilised. Instead, my view is that my reflective diary, considerations of my own positionality, as well as the positionality of my co-researchers in this work, reduces the constraints and limitations placed on the dataset.

As a novice researcher, I wanted to choose a GT which would offer extensive opportunities and a vibrant research community. The two most popular GTs which could offer me that vibrant research community were: Glaserian GT and constructivist GT. Initially I had intended to use the constructivist GT of Kathy Charmaz (2014), however, a few weeks before beginning my fieldwork, I changed my mind. I changed to Glaserian GT for several reasons. Firstly, I was attracted to the idea that Glaserian GT would help me to develop my theoretical sensitivity; it focuses upon abduction, whereas Charmaz (2000; 2014) uses more inductive processes. Whilst I accept that this change made the research a more laborious process at times, for reasons that will be discussed later in this chapter, I felt that as a PhD is a training opportunity, developing my own theoretical sensitivity would assist me in any form of data analysis I would use in the future. Secondly, I was particularly attracted to the extensive opportunities available to Glaserian Grounded Theorists. For instance, additional training

opportunities, conferences specifically focused upon this form of GT, webinars, troubleshooting webinars, and the books written by Barney Glaser himself.

I had initially opted to utilise a modified GT approach, however the more I read, the more I was attracted to the rigour and robustness of a Glaserian GT approach. Not only has GT allowed me a level of autonomy as a researcher, but I found this freedom complimentary of my relationships with my co-researchers, my participants, and my supervisors. Attending troubleshooting sessions, accessing mentoring from GT specialists, and attending regular ‘coffee and connect’ sessions with other Grounded Theorists built my confidence in following the methodology. Although at times it was a deeply frustrating process, I have followed the approach as closely as I possibly could.

### **3.3 GT**

GT is a methodology, a method, and a form of analysis (Glaser, 1978). It uses both inductive and deductive reasoning to explore the lived experience of participants, and it is often framed as a qualitative method of analysis; but it is not a qualitative, nor quantitative practice. GT emerged from the need for a systematic analysis into the complex lived experience of research participants and the inter-relations between themselves and the world (Glaser and Strauss, 1967). Combining the traditions of positivism, symbolic interactionism, and sociology, it is a dynamic methodology which can be adapted to suit the needs of the researcher (Ralph, Birks and Chapman, 2015).

#### **3.3.1 History of GT**

Since GT first entered the research sphere through the book ‘The Discovery of Grounded Theory’ (Glaser and Strauss, 1967) there have been disagreements between its ‘discoverers’, and so distinct types of GT have emerged. These distinctions have themselves evolved as more and more researchers apply the methodology (and practice) to their own research. There are a wealth of articles and book chapters dedicated to outlining the specific forms of GT which have evolved through its history (Bluff, 2005; Breckner, 2007; Kenny and Fourie, 2014; Khan, 2014; Riessman, 2009; Timonen, Foley and Conlon, 2018), and so I will not go into too much detail. However, here I provide a brief outline of the six main variations (table 1), before explaining how I made the decision to use Glaserian GT as my methodological process.

Table 1 Table of Grounded Theory variations

Name	Classic GT	Glaserian GT	Straussian GT	Constructivist GT	Situational analysis	Critical Realist GT
Author	Glaser and Strauss (1967)	Glaser (1978)	Strauss and Corbin (1994)	Charmaz (2000)	Clarke (2005)	Kempster and Parry (2011)
Origins	Using the positivist training of Glaser to develop a coding system, combined with the understanding of social processes held by Strauss; Classic GT was developed as a systematic form of analysis to understand how individuals processed and responded to their lived experiences. Grounded in the lives of the substantive population rather than attempting to apply existing theory.	Glaser has written extensively on misinterpretation of the initial GT approach. Glaserian GT is based upon these follow-up writings seeking to clarify the processes, terminology and procedures of what Glaser argued was a true GT method (Glaser, 1965).	Heavily objectivist GT which was produced when Strauss wished to further develop guidance around how to do the GT.	Charmaz was a student of both Glaser and Strauss. She critiqued both GT approaches as too heavily reliant on positivism, Charmaz was interested in understanding how processes can be understood through co-construction of researcher – participant interactions, using interpretivist paradigms. Charmaz posits that social phenomena exist within conceptual schemas of individuals (Khan, 2014), which are then understood and shared through language (Schaffer, 2015).	Built upon the Straussian approach and framework. Clarke (2005) was highly influenced by the interpretative turn and emphasises the importance of context when understanding processes observable in human behaviour. (Clarke, Friese and Washburn, 2017).	Following on from Strauss and Corbin (1994), Kempster and Parry (2011) were heavily influenced more positivistic approaches to research, and interested in emancipatory work. Critical Realist GT also focuses upon unpacking causes for a phenomenon and an explanation for experiences or interpretations.
Prepare	Personal knowledge of the topic of interest is expected, but the researchers	Prior reading is acceptable, but it must be descriptive reading around the	Personal knowledge of the topic of interest is acceptable but no prior reading	Reading about the topic is acceptable, but researchers should prepare and utilise	Personal knowledge of the topic is acceptable but no prior	Requires observations or experiences of the phenomenon of

	recommend that no prior reading is conducted before beginning fieldwork.	topic, and not theoretically relevant or theory-based.	before beginning fieldwork.	reflective diaries to ensure researcher reflectivity (and reflexivity) is enacted from the beginning of the research.	reading before beginning fieldwork.	enquiry <i>before</i> beginning the research
Data	Iterative interviewing techniques and observational fieldnotes.	“All is data”, Glaser (1978). Anything that is relevant to the topic can be integrated.	Predominantly interviews but can include other forms of qualitative data	Predominantly interviews and reflective memos, but can include other forms of qualitative data	Interviews, ethnography, secondary data for situational analysis	Interviews and observations. Critical of using multiple forms of data, as constrained by how they are constructed by multiple authors and/or researchers
Coding and analysis	No prescribed rules. Used conceptual coding, memos, and comparison to understand the world and abstract a theory (Ralph, Birks and Chapman, 2015).	All codes are concepts, so uses conceptual coding, memos, and the constant comparison to build conceptual categories and a theoretical framework.	This is an objectivist GT, heavily reliant on the comparison aspect of the constant comparison method. Utilises a combination of inductive and deductive processes.	Thick descriptive data which can be analysed. Utilised other qualitative analytical tools. Reflections should be memoed and integrated into the analysis to build the theory.	Utilises a cartographic (mapping) process, including: situational, social world, and positional maps (Clarke, Friese and Washburn, 2017).	No prescribed rules. Tacit knowledge of the researcher can help with theoretical comparison across data.

From the main forms of GT presented above, arguably I should have utilised a critical realist GT which, as an emancipating methodology, would fit my values and focus (Timonen, Foley and Conlon, 2018). Alternatively, the constructivist GT (Charmaz, 2000; 2014), is well suited to arguments I have previously made about how we co-construct the world through collaboration (Rutter et al., 2021). Nevertheless, I opted against using either of these, and found that the systematic approach provided by Glaserian GT, as well as the large support system available to Glaserian Grounded Theorists led me to follow the extensive writings of Glaser (1965; 1978; 1993; 1998; 1999; 2005; 2016; 2020; 2021).

### *3.4 Criticisms of GT*

One of the earliest criticisms of GT were the recommendations that researchers should not enter the research with a pre-existing notion of what is, or will be, relevant. This is usually explained as avoiding reading about the topic. However, this is often misunderstood as it is not possible to enter the research without any knowledge whatsoever of the topic, as GT research is about social processes, and we all exist in the social world. Similarly, the advice given by Glaser was to avoid reading about *theory* in relation to the topic until the GT has been developed (Glaser, 1978). Memos are a particularly useful tool as they facilitate analysis grounded in the data, because the researcher must continually consider how codes and their properties relate to one another. This constant comparative reasoning arguably undoes a priori assumptions, as it forces the researcher to focus upon the data (Lazenbatt and Elliott, 2005).

As the body of GT has grown, there is continuing debate about what constitutes a *good* GT study, as well as a growth in identification of methodological problems. For instance, whilst originally developed through pragmatism, the procedures required in some GTs are widely recognised as “time-consuming and convoluted” (Timonen, Foley and Conlon, 2018, p. 16). This critique can be true of Glaserian GT, and as researchers struggle with the abduction required of a Glaserian GT, they can remain overly descriptive, which results in a GT which is not a GT at all, but an overview or description (Becker, 1993). The challenges of such a time-consuming methodology goes further, as much research (including this thesis) is time-constrained, due to funding and resource restrictions. These constraints and restriction most frequently result in GT studies which engage only with interview data. This can result in GTs which are a ‘snapshot’ into the lived experiences of participants, rather than a record of the basic social processes they engage in. This can produce GTs which identify very specific



processes which occur in very specific contexts. However, it can also mean that most GTs fail to acknowledge the wider systemic, cultural and/or social interactions which can exacerbate or compound the main concern of the substantive population (Benoliel, 1996).

As substantive GTs explain the social processes experienced by people living with particular ‘problems’, they focus on:

Complexities of people undergoing change, influence of social interactions on outcomes; critical junctures that affect processes of adaption; and ways by which the social environment influences human experiences (Benoliel, 1996, p. 417)

As such, GTs cannot be applied to practice in the same way other theories can. This creates additional issues, and can result in time sacrificed by participants for the research which has no impact to themselves or individuals experiencing similar concerns. Therefore, it is important to consider when generating a GT, how can the particular substantive GT become a formal GT, and how can this be made relevant to practice? How I have considered this will be explored later in this thesis.

### *3.5 Doing GT*

Beginning the GT research, and how a researcher enters the field of research, should be considered as much a part of the methodological process as any of the following phases. (Glaser, 2021)

Grounded Theory is based on the systematic generating a theory from data, that itself is systematically obtained from social research. Thus, the Grounded Theory method offers a rigorous, orderly guide to theory development that each stage is closely integrated with the methodology of social research. Generating theory doing social research to parts of the same process how the analyst enters the field to collect the data, his method of collection and codification of the data, his integrating of the categories, generating memos, and constructing theory – the full continuum of both the processes of generating theory and of social research – are *all* guided and integrated by the *emerging* theory (Glaser, 1978, p. 2; emphasis in original)

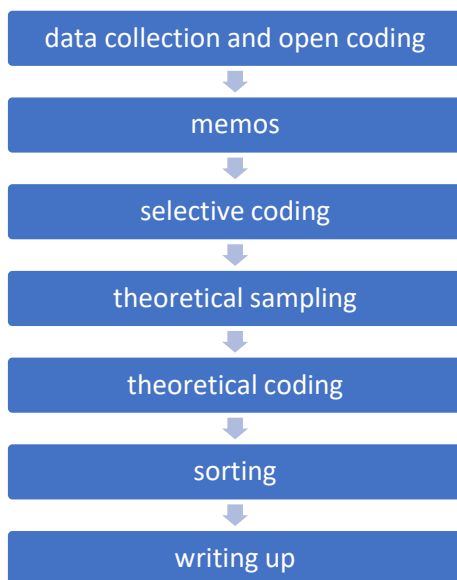
One of the core challenges of beginning the GT research process is trying to enter it with as few preconceived and predetermined notions as possible (Glaser, 1978). However, this challenge is clarified by Glaser in several texts, whereby he explains that it is *theoretical* and *practical* ideas related to the focus of study that need to be ignored, rather than entering the

research without any knowledge of any theory or practice at all (Glaser and Strauss, 1967; Glaser, 1978).

Another key challenge in engaging with GT as a research process is that the researcher (i.e., me) remains skilful, motivated, lacking fatigue, and capable of remaining interested and sensitive to the data, and the research journey (Glaser, 1978). However, Glaser also recognised that researchers are human beings who can switch between being “intimately involved with and other times quite distant from the data – [someone] who is surely plagued by other conditions in his life.” (Glaser, 1978, p. 2). This was a factor in this research, as conducting the fieldwork, alongside other personal factors, including a global pandemic, meant that I was more immersed in the research at some stages more than others.

For the data analysis stage, there are several steps which need to be engaged with (fig. 1). Whilst this process is presented as linear, it is iterative. These are how the theory is developed, it is not experienced in a straight line, instead stages are visited and revisited as the theory develops (Lazenbatt and Elliott, 2005). Glaser (1998, p. 1) explained “GT is multivariate. It happens sequentially, subsequently, simultaneously, serendipitously and scheduled”

Next I will present the data collection and analysis phases following the order presented in fig.1.



*Figure 1 The process of developing a GT*

### 3.6 Data ‘collection’ and open coding

One of the greatest challenges I have experienced during the process of coding has been navigating the idea that data ‘emerges’ (Glaser, 1978; 1998; 2005; 2016; 2021); as referenced in the thematic analysis maxim: ‘themes do not emerge’ (although you would be forgiven for thinking otherwise, based on the results on Google Scholar). Nevertheless, I have used the language of emergence throughout this chapter, and the wider thesis, not because I believe that I have *discovered* data, patterns, concepts, and/or categories. I know that the data was generated by co-researchers, and interpreted by me, and that the data has been constructed through the lens of individuals. Nevertheless, a key point in generating a Glaserian GT is to avoid forcing the data based on this individual lens (Glaser, 1978). When I say parts of the research ‘emerge’, I mean that I constructed it using the processes presented here, without attempting to force it using preconceived notions, theories, or ideas. It emerged through a systematic process in which I continually engaged and reflected upon the data and the overall process, but it was not forced to fit an assumption or pre-existing theory.

During the open coding aspect of analysis, I utilised NViVO 12 whereby I engaged in a line-by-line coding approach, and each code represented a concept. Glaser (2016) does not recommend this approach, due to the vast number of codes which emerge, but he does recognise that, particularly in the initial stages, line-by-line coding can be helpful “until a pattern emerges” (Glaser, 2016, p. 109). I continued to line-by-line code well beyond finding any patterns in the data. This continuation was mainly due to my novice state and lack of confidence in my own capabilities as a researcher, and resulted in me gathering a large amount of codes which were irrelevant to the GT, as was cautioned by Glaser.

#### 3.6.1 ‘Good’ data

One of the challenges in Glaserian GT is whether the researcher is collecting ‘good’ GT data. For GT, there are four different data types (Glaser, 1998, p. 9):

- Baseline data (participant description)
- Proper line data (distorted by participant who tells the researcher what they think the researcher wants to hear)
- Interpreted data (professionalisation of data)
- Vaguing out (conceals because the participant has no stake in the research)

It is the skill of the researcher which should clarify whether the data is good or not, and this comes from questioning the data, is it relevant? How does it relate to the main concern of the substantive population? Based on the methods I used, and the recruitment strategy, both of which will be discussed in the next chapter, all data came from the substantive population or those who work directly with the substantive population. They all had a stake in the outcome, therefore I consider all of the data in this research 'good' data.

### 3.6.2 All is data

Due to my choice of a Glaserian approach to GT, 'all is data' and can be included in the process of comparison. This means that anything relevant to the main concern can be incorporated into the analysis. As I have had the opportunity to develop theoretical sensitivity, as I became more sensitive to what was relevant to the main concern. I was also able to integrate data from multiple sources to develop the GT (Glaser, 1978). 'All is data' references that data can come from anywhere and be anything. The important considerations of what to include, and when, comes from the theoretically sensitive field notes, and these can also be anything (i.e. Glaserian GT interviews should not involve transcriptions, but the researcher will take field notes during the interview, having become theoretically sensitive to that which is important). Glaser (1998) argues that in most research, more data is collected than analysed, but good GT analysts analyse all the data. Thus, GT is neither a qualitative nor quantitative method, it is a tool "that can be used with any type of quantitative data or qualitative data or combinations thereof" (Glaser, 2007, p. 83). Thus, this gave me a huge opportunity in utilising participant-focused methods and combining a multi-modal approach to this research.

When I was able to work as though data could come from anywhere, as long as it was relevant, data collection and open coding were a concurrent and simultaneous process. Data collection was also an iterative process whereby I was expected to follow the data. By following the data, researchers are not constrained by pre-existing notions or theoretical foundations, but open to seeing where the data would lead. I found this a useful process, as it prevented me from trying to get the data to fit a theory, instead the data became the theory, as data was coded into a concept, I would constantly compare each concept against the others, and then group these conceptual grouping into conceptual categories to build a framework. It was helpful to consider three questions recommended by Glaser when attempting to integrate the individual codes (incidents), into the growing body of data (Glaser, 1998, p. 140):

1. What category does this incident indicate?
2. What property of what category does this incident indicate?
3. What is the participant's main concern?

These questions assist in the construction of concepts and categories:

The research question in a GT study is not a statement identifying the phenomenon to be studied. The problem emerges and questions regarding the problem emerged by which to guide theoretical sampling (Glaser, 2021, p. 10)

“The problem” refers to the main concern of the substantive population, and once this is identified, all data, questions, and comparisons should be made in relation to this problem (Glaser, 2021).

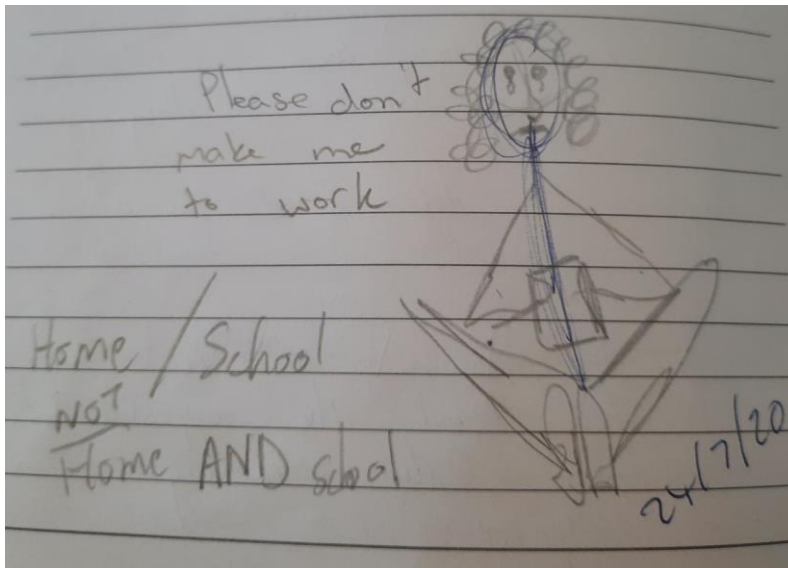
### *3.7 Memoing*

A large part of developing a GT is related to the abductive, it is the process of “transcending ones finite grasp of things” (Glaser, 1978, p. 13). This means GT researchers take descriptions and translate them into concepts and/or categories. “If the analyst skips this stage by going directly from coding to sorting or to writing he is not doing GT” (Glaser, 1978, p. 83). I found it difficult to utilise the abductive approach initially, and it took time and practice to develop this as a skill. Nevertheless, I am comforted by the fact that Glaser did acknowledge that my practice background may be what made it harder for me in the initial stages: “keeping researchers in the abstract or conceptual level is hard. Especially for those in nursing, medicine, business, and social work – since they are trained at the accurate description level” (Glaser, 2005, p. 2). Furthermore, in the initial stages, my memos were brief; a sentence or two. As I became more skilled in abduction, I was able to build memos upon memos; becoming more sophisticated in my approach to conceptualising the phenomena I was exploring.

The purpose of memos is that they:

1. “Define the boundaries of the code. To which contexts are the codes valid?
2. The empirical criteria on which the codes rest: Who said this? Which behaviour did I ground on? How do they correspond?
3. The conditions under which the code emerges
4. The connection and significance to the data and the major themes” (Glaser, 1998, p. 179)

Memos are private things (Glaser, 1978). They are not designed to be perceived by others; thus, I have a plethora of messy memos, and doodle memos, and cartoon memos which are only interpretable to me. Glaser (1978) was clear that memos are not things to be judged or marked. A memo is for the researcher, and should exhaust the analysts momentary ideation, and can be based on data with potentially little conceptual elaboration (Glaser, 1978). Ideally memos should be dated, and I did this to make it easier to see the direction that my thought process took along the GT journey (see figure. 2).



*Figure 2 One of my first memos; on anxiety, school, isolation, and aggression*

There are four components to the practise of memoing (Glaser, 1978):

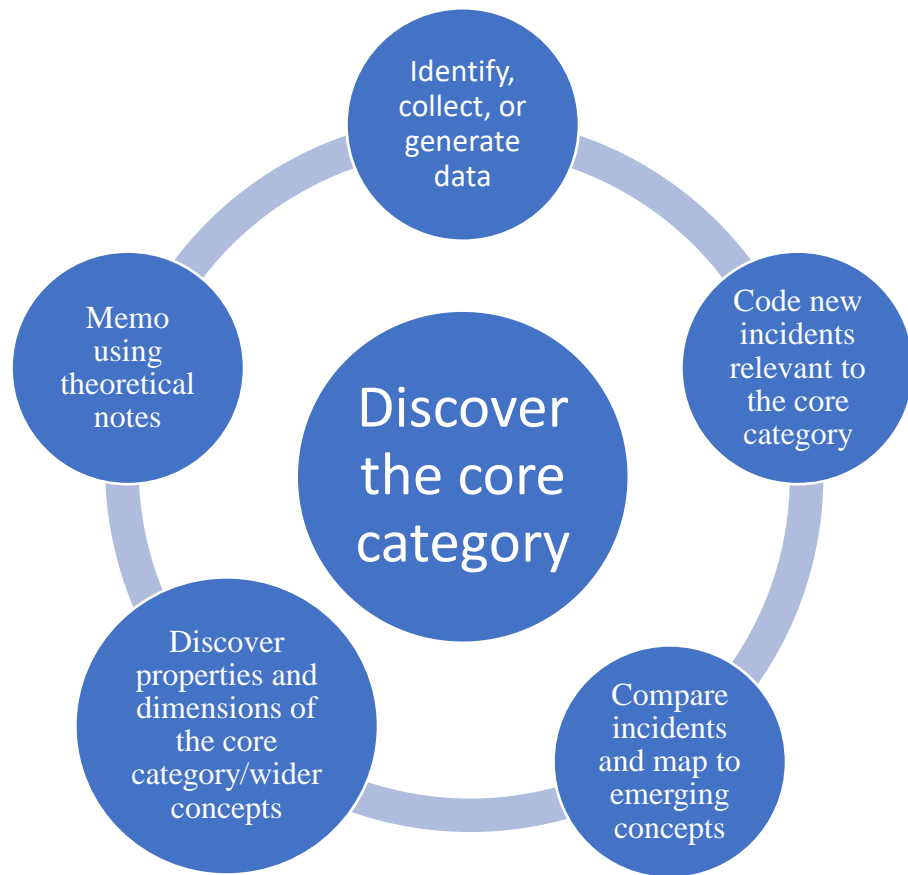
1. Developing ideas
2. Complete freedom
3. Memo fund
4. Highly sortable

Memos follow the research journey. They should capture the research at that point in time, whilst also being stored to collect later. I did this diligently. My phone was stored with texts to myself as ideas came to me whilst I walked the dog, met friends, peers and family. My Amazon Alexa kept a shopping list and a memo list. As soon as I produced an idea, it became a memo, and I followed the advice that I should write it immediately or I would forget it (Glaser, 1978). It was through the sorting of memos that the GT was developed.

### 3.8 Selective coding

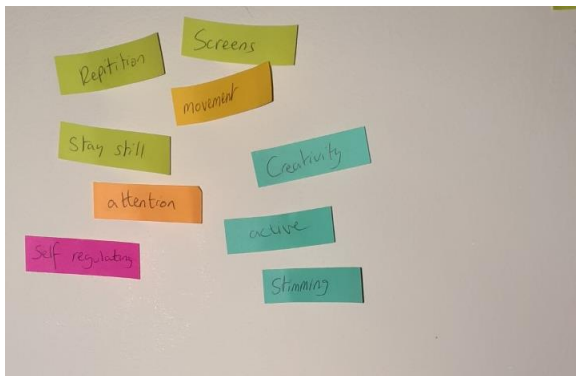
After the initial open coding cycle and memoing to identify patterns in the data, I was able to identify a single category as the central phenomenon. The central phenomenon should be the main concern of the substantive population (those living with ECIs), or the process they engage in to resolve the main concern (Glaser, 1978). In the first round, the central phenomenon appeared to be the concept of rejection. Once I had established this, I continuously compared new data (incidents), to examine whether the new incident related to rejection, and questioned if this was the main concern. If it was related to the main concern, I would construct the story around this; if it did not, I would review the central phenomenon. Very quickly it became apparent that ‘rejection’ was an important concept in the lives of the substantive population, but certainly not the main concern. Such errors and corrections happened frequently, and so I had to continuously review and question the main concern, the core category (the process engaged in to resolve the main concern) and consider how they related through constant comparison as each new incident was considered. This was a constant and sometimes felt un-ending process.

After approximately three months I had changed the main concern of the substantive population from rejection, to understanding, but after nine months of beginning fieldwork I realised that this was also incorrect. I had thought that parents wanted to *understand* why ECIs occurred, but the data did not fit, and it did not seem relevant to any of the processes I was observing. There appeared to be a stage earlier. Parents and children wanted to understand, but not all of them, however, all of them wanted to *explain* the ECIs of their child to themselves and to others. The understanding came later. Nevertheless, the need to explain also came from an earlier concern, they wanted to be perceived as ‘good’. It was a problem relating to identity and wanting to be perceived as a good parent or a good child, but *being invisible* in representations of a good parent, or a good child. Once I had realised that the concern was a ‘*visibility*’, I once again had to return to all my memos to check how well each code related to the problem, and question how the substantive population processed or attempted to resolve this problem (i.e. how did they try to fix it?). This cyclical process can be seen in figure 3.



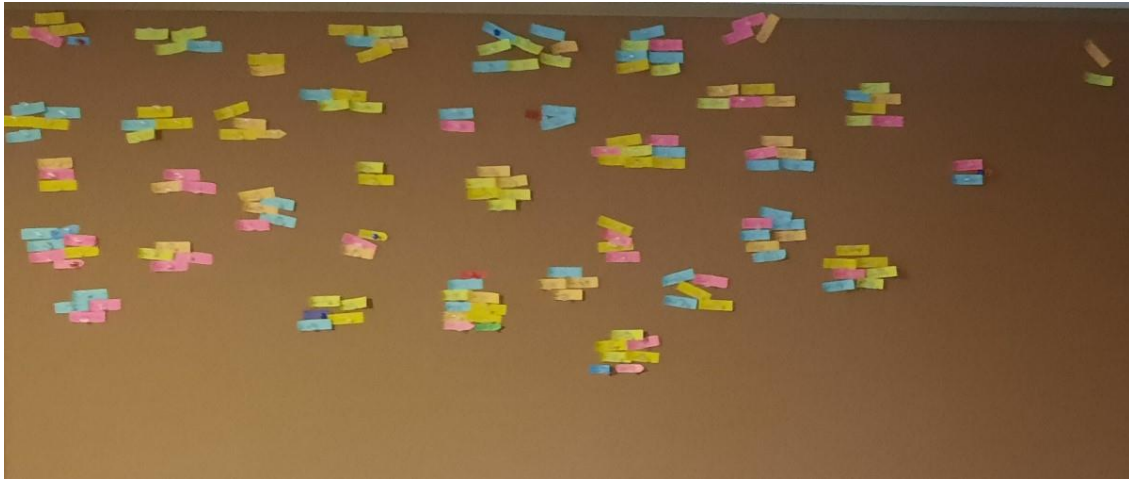
*Figure 3 constant comparison during selective coding*

When at the selective coding part of the research, I took the codes from NViVO 12 and wrote them on post it notes to make it easier to map the incidents to the emerging concepts (fig. 4). As further data was included, more incidents were mapped to concepts, and the relationships between the various groupings was identified for categories (fig. 5).



*Figure 4 example of first round of incidents mapped to a concept (Self-soothing)*

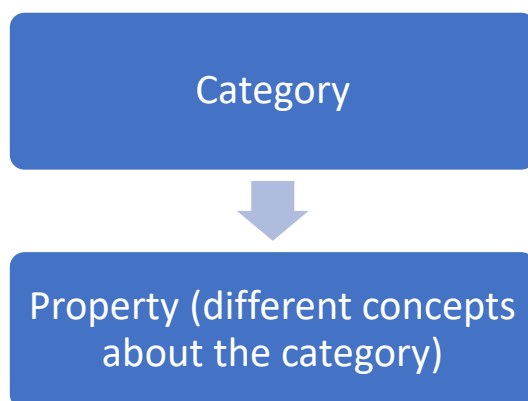




*Figure 5 Concepts mapped across categories, and potential relationships identified*

### 3.8.1 Identifying the core categories

In the following sections for this chapter, I will identify the categories, and their various sub-categories. However, in each sub-section I will present the properties of these categories. This will not be a descriptive overview, but rather a demonstration of the various concepts which are relevant to these categories, as presented in fig. 6.



*Figure 6 how categories and their properties will be presented*

Glaser (2005, p. 96) provided guidance regarding the things that all core categories must be:

1. Central and related to as many of the categories and their properties as possible
2. Re-occur frequently
3. Take more time to saturate than any other categories
4. Relate meaningfully and easily with other categories
5. Have clear and grabbing implications for formal theory
6. Carry through the analysis with its relevance and explanatory power

7. Readily modifiable and completely variable
8. Is a dimension of the concern whilst explaining the concern
9. Can be any kind of theoretical code:
  - a. The process
  - b. A condition
  - c. A consequence

The categories presented in this thesis fulfil all the above criteria, but I believe my categories are particularly strong in terms of requirements eight and nine. Each of the categories presented in this thesis are a dimension of family experiences of ECIs and have a relationship with the main concern. I will identify which theoretical code each category meets as I explain the properties of these categories in the ‘Grounded Theory of ‘rescaling’’ chapter.

### *3.9 Theoretical sampling*

Theoretical sampling is not constrained by data collection methods because all is data, and that which relates is relevant. Theoretical sampling begins as soon as the first codes emerge and ends when each code and their relationship to other codes becomes saturated, with the expectation that this produces categories (Glaser, 1978). It is following this process that the researcher develops theoretical sensitivity and was the aspect I was most keen to develop during my PhD. A precise explanation of how I followed the data through theoretical sampling is available in the next chapter.

Concepts I identified within blogs, videos, books and reports were all included in the data, as they were identified by the co-researchers as relevant. Theoretical sampling means you can skip, skim and review data, and theoretical sensitivity means you will know to include just that which is relevant to the research topic. “Theoretical sampling results in an ideational sample, not a representative sample.” (Glaser, 1998, p. 159). Thus, it is about following the ideas that emerge from the research process, and including them in the process, rather than attempting to represent every aspect of the research topic, or every experience of anyone in the substantive population.

The goal of theoretical sampling is that it “yields collection of data to the saturation of categories and their properties as it strikes out a new theoretical completeness (Glaser, 1998, p. 157). By following the data, and including that which was relevant, I was able to continue to utilise constant comparison with these additional pieces; building more concepts, adding them to categories, and then attempting to saturate the categories so that I was able to test the

boundaries of each of the various categories. I present all of the relevant concepts and categories in the Grounded Theory of rescaling chapter.

### *3.10 Theoretical coding*

Whilst the process of selective coding and following the data through theoretical sampling is long and laborious, this mapping is not the final product in developing the GT. The next stage added to the process is the inclusion of theoretical codes, which are explained here:

Substantive codes are the categories and properties of the theory... Theoretical codes implicitly conceptualise how the substantive codes relate to each other is interrelated, multivariate hypotheses and accounting for resolving the main concern (Glaser, 1998, p. 163).

Not all the GT forms listed earlier in this chapter use theoretical codes, and Glaserian GT does not need theoretical codes to create a theory (Glaser, 2005). However, theoretical codes make it easier to lift the stages that came before into transferable, modifiable, more robust GT, and beyond the superficial (Glaser, 2005). Ultimately, using theoretical codes have made my work better, as I attempted to develop a substantive rather than formal theory, emphasizing conceptualisations which are transferable to other fields of investigation rather than wholly replicable (Glaser, 1978).

The main theoretical codes are:

1. The unit view

These codes are related to the properties of units, i.e., “persons, groups, organisations, aggregates, statuses, nations, and so forth.” (Glaser, 1978, p. 109)

2. Basic social processes

Glaser (1978) advocates for this as the GT, as it is the process in which populations engage in to meet their needs

3. Diagrams

A more interactive approach for the reader in which they can infer meaning (Glaser, 2005).

One of the biggest challenges for researchers using theoretical coding is being cautious of developing or carrying ‘pet’ theoretical codes (Glaser, 1978; 2005). A ‘pet’ theoretical code is one which will be seen as the main theoretical code, observable everywhere, in every social

process and then the researcher is unable to remain open to other potential theoretical codes. I think I have picked up a few ‘pets’ during this research, but I have tried to create some distance from the research when this has occurred, to allow me to come back to it with fresher eyes and less attachments to particular ideas. Furthermore, I have continued to use constant comparison to challenge the boundaries of my ‘pets’. Learning how to develop theoretical codes is an un-ending process and is one I will continue to develop beyond this research (Glaser, 2005).

An example of where I continued to use constant comparison to avoid ‘pet’ theoretical codes was in the ‘relational category’, which I will elaborate on later. The relational category has many properties which come under the umbrella of ‘relational’ considerations, however I did initially conceive of this category as two separate categories; relational and attentional. This was because they initially appeared to have two separate causes and thus as a theoretical code, they presented as two different consequences. However, at the conceptual level there were too many conceptual overlaps and thus I have decided to collapse the two into one category, which is the consequence of an underlying relational need.

### *3.11 Sorting and writing up*

This final stage in the GT methodological process consists of writing-up the piles of memos and ideas through the theoretical sorting (Glaser, 2020). “Sorting literally involves sorting the memos into piles by concepts and these two stages can occur simultaneously” (Scott, 2007, p. 13). Moving away from the descriptive and into the abductive, and thus conceptual, means that it becomes easier for other researchers to interpret the theory and apply it to their own work. Ideas persist beyond the description, but by accepting the descriptive is not important to any GT, and the focus should be on concepts means you as the reader do not get to experience or see the same rich, experiential raw data that I have as the researcher (Glaser, 1978). Nothing is lost, as it is all integrated via the constant comparison method of analysis, but much is not *seen* in the GT.

Explaining a GT is easy, but the evidence of abstraction of the GT is required in the writing up, and so it is the final stage. It should not be presented as a narrative but rather a systematic explanation: “writing is a careful systematic ‘construction job’. It does not really flow from a witty mind” (Glaser, 2020, p. 3). It is this challenge that means most researchers never achieve a full GT. Whilst a “partial GT is common; full GT is better” (Glaser, 1998). Nevertheless, I too was unable to achieve a full GT in this research. However, I believe I

have made significant steps towards a full GT, and this work can continue beyond this research. The steps that I have made were significantly helped by the utilisation of participatory paradigms, which I will outline next.

### *3.12 Participatory paradigms*

Whilst participatory research is predominantly located within the realms of phenomenology (Fals-Borda, 1987; Frauenberger, Good and Keay-Bright, 2010), narrative inquiry (Heikkinen et al., 2012; Estrella and Forinash, M., 2007), or activism (Cancian, 1993; 1996), there is opportunity for it to underpin more systematic methodologies. In fact, I feel that any methodology that is capable of utilising multiple perspectives would benefit with an approach which applies participatory paradigms. GT is one of these methodologies and “lends itself to collaboration” (Glaser, 1998, p. 10), and so GT should have aligned well to the co-researcher element in my research. Furthermore, any paradigm which would promote emancipation, or empowerment for those who have otherwise been oppressed or ignored was very attractive to me, as it aligned well to my value-base, and participatory paradigms promote both the emancipation and empowerment of otherwise hidden populations (Ramcharan, Grant and Flynn, 2004).

Due to the exploratory nature of the research, a GT approach may be particularly useful as GT “is a perspective-based methodology” (Glaser, 2007, p. 168). Thus, the focus of the research was always going to be grounded in the experiences of families living with ECIs; they are considered the substantive population. Thus, I opted to create opportunities for the progression of the research to be guided by their perspectives, ideas, needs and wishes. GT can produce more empowering, ethically sound research when it integrates research paradigms which promote participant autonomy (Teram, Schachter and Stalker, 2005). GT also reduces the probability of distorting or manipulating the data in a way to make it fit with preconceived ideas created due to the literature review, or a pre-existing theory, because it generates theory grounded in data generated by the participants themselves (Kong, 2010).

The epistemological basis of both GT and participatory research may initially appear contradictions, as GT has historically been associated with positivist principles, whereas participatory paradigms are interpretivist. Participatory approaches are typically focused upon how people understand their lives as a method to promote social change. Participatory approaches require an interest and acceptance of collective realities, whereas there is debate regarding the appropriateness of using Glaserian GT to understand collective or co-

constructed realities (Glaser, 2005). However, I posit that GT discovers a real process which exists outside the research, whilst also recognising that our interpretations of it exist as a collective reality; as such I believed a combined Glaserian GT, and participatory methodological approach could work well in this research.

Whilst this is not an exhaustive list, for this research, the area of ECIs has 3 stakeholders:

1. Children who instigate ECIs
2. Parents experiencing ECIs
3. Practitioners trying to support families where there are ECIs

As the three groups have varying needs and perspectives, each group was provided with their own method, meaning that not only were they participating in a participant-centric research method, but different stakeholder groups were offered distinct roles within the research; with the substantive population (those families living with ECIs) the foundation of the theory generation, and the experts providing data which tested the boundaries and fit of the GT. The different methods meant I was also able to be more adaptable to the Covid-19-related restrictions.

Children took on a co-researcher role. Engaging children -particularly very young children – as co-researchers presents with several challenges (Bradbury-Jones and Taylor, 2015; Lundy, McEvoy and Byrne, 2011) which will be explored further in the next chapter. Parents also took on a co-researcher role, however I worked with them in a more dynamic way; whereby they were able to change their role based upon their capacity to engage with that aspect of the research. This is not uncommon in co-research (Pope, 2020). The specifics of this co-researching relationship will be explored later in this chapter. Practitioners, and those parents with older children instigating CAPVA, fed into the iterative process via a series of questionnaires which will be covered in more detail in the next chapter.

Through the utilisation of the Glaserian GT, underpinned by participatory paradigms, I believe my methodology was the appropriate one to answer my three research questions, which I restate here:

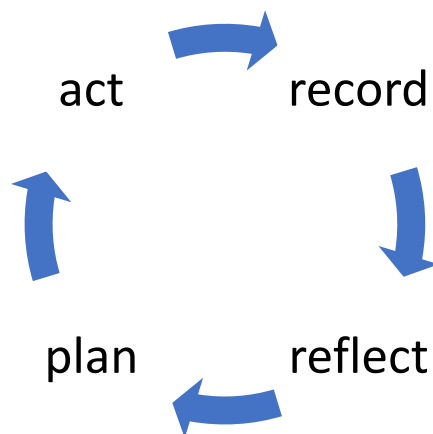
1. What is the main concern of the substantive population?
2. How is this concern resolved or processed?
3. What terminology and definitions are appropriate for the child-instigated harms within the home covered by this research?

Using the GT methodology, underpinned by participatory paradigms, I believe I was well situated to explore the main concern of the substantive population. As stated:

It is about time that researchers studied a problem that exists for the participants in the area, not what is supposed to exist [nor should it be] or what professional says is important. (Glaser, 1998, p. 116)

### 3.12.1 Participatory action research (PAR)

Participatory action research is not a methodology, or a method, but rather it is an orientation to the world; it sits alongside interpretivist and positivist perspectives rather than settling within them (Banks and Brydon-Miller, 2018; 2019). This GT is particularly well suited to participatory paradigms. The action research cycle I utilised in this research, like Glaserian GT, is an iterative process. It is influenced by the processes that came before it, and the action it is aimed towards. In this research, the cycle was influenced by the substantive population i.e., parents and children living with ECIs.



*Figure 7 the action research cycle*

In response to the increasing interest – and therefore growth – of participatory research, several academics, community members, and groups identified that specific criteria and guidelines needed to be met to ensure that participatory research was both *good* and *ethical*. One of the criteria which has been identified by Burns (2007) in his book on participatory research, is regarding the effectiveness of participatory research on local policy and whether it promotes changes effectively beyond the immediate research group. He states that participatory research is not effective if it does not benefit all who are oppressed:

If action research is to be an effective political tool, then it has to move beyond the single local group, team or organisation to work across organisations, networks and partnerships, on multiple sites and at multiple levels (Burns, 2007, p. 15)

Furthermore, those researchers who follow the orthodox expectations of PAR in particular, emphasise the importance of those with lived experience of the phenomenon of interest being centralised at *all* stages of the research. From conception, development, and completion, steps should be taken to engage and maximise the involvement of those with lived experience:

The goal of [participatory research] is to maximize the participation of those whose life or work is the subject of the research in all stages of the research process, including the formulation of the research question and Goal, the development of a research design, the selection of appropriate methods for data collection and analysis, the implementation of the research, the interpretation of the results, and dissemination of the findings (Cook, 2021, no pagination)

However, there can be significant challenges in engaging those with lived experience at every aspect of the research process, some of which are based upon the constraints and capacity of the research, and others relating to the constraints and capacity of the individuals we wish to work with (Banks and Brydon-Miller, 2019).

### 3.12.2 My participatory process

All participants and co-researchers in this research either lived or worked with children who experience ECIs. Parents living with 4–11-year-old children who experience ECIs were identified as co-researchers and worked on methods, research questions, topics for exploration, with smaller numbers working on interpretation and dissemination. As with all GT studies, it was appropriate to consider co-researchers as research assistants, and myself the primary investigator to ensure consistency across theoretical sensitivity without becoming distracted by the other interesting topics (Glaser, 1978).

Participatory research follows the explicit goal of creating positive social change because of the research process for those persons whose life or work is the focus of the research. I believe this is a significant strength of this research, and whilst it was not research focused upon creating action in terms of changing policy or guidance, it created change for those who engaged in the process (some of which can be seen in appendix 1), and provided space and opportunity for the co-researchers to decide on what *action* meant for them. However, for the



research as a whole, my participatory approach was dynamic, and co-researchers had more or less input into the process at different stages.

I explained how this research came to fruition in the prologue of this thesis, and some of the challenges I have experienced being an adjacent-researcher, rather than an insider. Therefore, the methodology, area for exploration, and research questions came from me as the researcher, and conversations I have had with those who have lived experience prior to beginning this work. Furthermore, as an ESRC-funded postgraduate researcher I was constrained in terms of the time I had to conduct this work, build relationships with families, and individuals.

The research questions are a mixture of participatory and traditional development, as all parent co-researchers commented that they disliked the terminology and definition of CAPVA, thus a question was included as to what terminology and definition we should use in this research. The other two research questions, which examine the main concern of the substantive population, and how this concern was processed or resolved, comes from the Glaserian GT approach, which uses these questions to ensure the data remains grounded in the phenomenon of interest. I regularly considered whether the research questions should be modified to facilitate an opportunity for co-researchers to consider what questions they would like answering. However, due to the differences between stakeholder groups and methods, which will be explored in the next chapter, I felt that using the traditional GT questions would be more focused on the experiences of co-researchers and grounded in their experiences in comparison to a more participatory approach which would take time and energy away from aspects of the research which were more specific to their experiences.

The methods used in this research will be explored further in the next chapter, including how the participatory paradigms were utilised, however I will note now that I decided what methods I wanted to use at the proposal stage of this research, and co-researchers did not decide what they wanted to do. Nevertheless, there was some flexibility, as whilst the methods were fixed at the engagement level, co-researchers had complete control over how to engage with the methods, what purpose they would serve, and how the methods would be utilised. There was also opportunity for the methods to be adapted based on co-researcher feedback as the research progressed.

Co-researchers decided what was relevant to the research, based upon what they consented to share, and what they did not. At the analytical level, whilst I was restrictive through my use

of Glaserian GT, the iterative process of this methodology meant I was able to take concepts to the co-researchers to check their analysis of their own data, and the data of others.

Furthermore, as the research progressed, child co-researchers began to interpret the work of others, and it was through these interpretations that I built further concepts and categories, thus building multiple phases of participatory, and non-participatory conceptual analysis.

For parent co-researchers, the participatory and non-participatory (GT) work separated and there became two strands to the research process; 1) to develop a GT based upon the research processes described in this chapter, and 2) the action-based component of the research where co-researcher groups decided what they wanted to develop or create based upon their own experiences. The first strand is presented here, as this thesis. The second strand has produced presentations, displays at school, open conversations with others, the development of teaching resources, and at the completion of this thesis, was continuing to raise awareness of the experiences of families living with ECIs, as well as providing guidance for those supporting them (examples are available appendix 2).

One of the key benefits of the GT approach was how well it suited this collaboration, how the research questions were partly designed by those from the substantive population, and the eventual GT is grounded in the research data. The abductive-deductive GT approach revolves around the conceptual, but analysis occurs through a constant comparison of the concepts and categories. One of the challenges of having a GT utilising participatory paradigms was how to manage the tensions of all of the parents entering the research process with their own concepts, and their own conceptual categories about what was happening. This was important to me, as my positioning as a researcher was that parents were the experts in their own families and have done more research into their children, and their experiences than I could within the PhD research timeframe. They have spent years living with, and researching their experiences, comparing specific concepts (ideas, identities, etc.), and attempting to humanise their experiences by constantly comparing them to those described elsewhere to see what fit, and what did not. They have, to an extent, completed their own mini-GTs with their case study of their own one or two children, which I have then been able to integrate into this larger GT.

Through the process of integrating the parent co-researcher mini-GTs, I identified patterns that particular types of parent would align with particular concepts. For instance, adoptive parents had variations on the window of tolerance, and children becoming explosive when

their tolerance level had been reached. I considered this initially very useful, as it was mainly presented in this way by adoptive parents, thus demonstrative of how different parent groups approach the GT in a slightly different way. However, after completing the fieldwork, I began stage 1 of the adoption process, which involved training which included presentations of this window of tolerance, some examples in the training were verbatim what had been given to me during this research. This means that the co-researchers who had undertaken this training prior to becoming parents, had not built up knowledge through research and constant comparison. Their explanations were not developed from mini-GTs they had developed, but what they were imposing 'pet codes' from their training.

This training experience challenged me, as I had engaged in my methodological approach because it held the people with lived experience as the people who knew their main concern already. *They* had identified the problem, engaged in the relevant processes, *they* were doing the thing. I had not expected to encounter pre-conceived notions such as adoption training, I was not prepared to unpack it and so I have not done any unpacking with adoptive families. They were not building concepts and constantly comparing them to see if they fit their individual child, instead they were imposing the lens of adoption onto their experiences of ECIs. There may have been the view that all difficulties and ECIs were related to child maltreatment, or adoption, rather than integrating other concepts, such as the immediate family context. Reflecting on this, I feel like we, as people, are more than what has been done to us. We are all more than our traumas. And so how to navigate the tensions between my own values, and the knowledge or interpretation of the parent co-researchers when they have received training from other systems (social work training on adoption), has been difficult to reconcile and is a weakness in my process.

### 3.12.3 Ethically good participatory research (PR)

Ethics are inherent and I feel that they should be grounded in their communities and not created by academic institutions, as how a community understands and recognises ethical research is different to the bureaucratic, but necessary ethical processes and procedures that exist in Universities. In fact, academic hierarchies can emphasise the inequalities experienced between researchers and researched. As such, I engaged in ethical community level practices alongside institutional ones for this research, and all fieldwork aspects of this research received ethical approval from the department of Sociology at Durham University. There were multiple ethical considerations in this research.

### *3.12.3.1 Relational ethics*

Relational ethics are a key component in participatory research; particularly as most communities and individuals engaging with participatory-based research are oppressed, and so this form of research should be used as a “relational praxis of social change” (Cahill, 2007, p. 360). Participatory research can be conceptualised as a form of activism and centralises the research in the experiences of the oppressed group – in this case parents and children living with ECIs – and not the interests of oppressive structures. I consider Higher Education, and myself as a researcher, an oppressive force. I have ‘bought into’ the model of Higher Education which sustains and perpetuates problematic hierarchies. I am taking time, and energy from the substantive (oppressed) population which could otherwise be spent on their families, without offering much by way of compensation.

Balancing my identity as an individual who is part of an oppressive Higher Education institution, whilst also wanting to present myself as an activist who wants to promote change, has been a process of constant reflection and re-evaluation in an attempt to be as ethical as possible (Banks et al., 2013). These relationships have been messy, but honest, and authenticity in relationships are rarely tidy (Mayan and Daum, 2016). These messy relationships were compounded when engaging with children, who have their own agency, but also required higher levels of support (Canosa, Graham, and Wilson, 2018; Meloni, Vanthuyne and Rousseau, 2015; Truscott, Graham and Powell, 2019). Engaging with the substantive population (parent and child co-researchers) using participatory approaches made this research ethically easier, but practically harder, as well as being a difficult process emotionally as the relationships I built with co-researchers became incredibly important to me, I cared deeply about them, and continue to do so (Rutter, 2021a).

### *3.12.3.2 An ethics of care*

It has been argued that care can be both a moral value and the foundation for societal achievement; and those who embrace virtuous, honest research, and are concerned for others, are also those who embrace an ethics of care (French and Weis, 2000). It was important to me, throughout this research that the research design was underpinned at all times, by an ethics of care. That the wellbeing and routines of the co-researchers was paramount. The specifics of how I tried to achieve this will be demonstrated in the next chapter, however I think it is important to note here that the approach I took, both regarding the coding of the data, and the participatory work, was based in empathy for the lives and experiences of co-

researchers. Their needs, wants, and my relationship with them came before the needs of the research design, and this was fundamental to my engagement with each of them.

### ***3.13 Limitations***

When engaging in this research, I did not want this to be a process of power over, but instead power to, and power with. However, due to the constraints mentioned previously, this is not a 'pure' PAR project, and is instead a more dynamic approach whereby co-researchers had different levels of control over the research, depending upon the stage. The irregularity of the Covid-19 pandemic restrictions also had an impact on the fieldwork, as I wanted to complete the research when possible in an attempt to not be further impacted by lockdown restrictions. If there was more time to engage in fieldwork, and I was able to manage the emotional burden of conducting this research over a longer period of time, then I would have been able to extend the fieldwork and potentially conduct more participatory work.

The Glaserian GT process is particularly laborious and, at times, was intrusive to my everyday life, 'all is data' and coding, analysis, and memos needed to be done immediately (Glaser, 1998). This challenge was compounded by periods of fatigue when I felt particularly unclear about the direction of the research, saw that I had made errors, or questioned whether I would ever find core categories. Furthermore, I have found this work a challenge at times due to the lack of control I feel I have had during the research process. I am not alone in this feeling, as "GT requires a tolerance for feeling out of control while generating the beginning of the relevant main concern, the core category, and sub- core categories" (Glaser, 1998, p. 11). At times, it has been important to just trust the process, as my GT mentor continuously repeated.

### ***3.14 Conclusion***

"Nothing is as practical as a good theory" (Lewin, 1943), is an old maxim which means that good theories promote positive action, by creating wisdom. Thus, by working in a participatory way, and centralising the lives of co-researchers in this work, the development of theory *can* be the action component, promoting change by changing minds. In this chapter I have demonstrated how I have utilised a Glaserian GT approach alongside participatory paradigms, in an attempt to research in an ethical and careful way, by centring the co-researchers in the research story.

By beginning the research with line-by-line coding at the 'open coding' stage, I think I was able to deconstruct some of my own theoretical assumptions, thus providing a fresher overview of the data, which also allowed me to complete a more in-depth analysis (Charmaz and Thornberg, 2020). Using the constant comparison method of analysis was useful in developing this research, both through abduction and theoretical sampling. I was guided by co-researchers regarding saturation, as co-researchers identified that they were sending me the same thing all of the time. It is important to note that in this form of GT, codes are used as conceptual labels; they cannot be overly descriptive. These codes are classified as indicators and helped me to build concepts, these concepts then built categories. The connections between the categories build the core category which can be developed into a GT. In the next chapter, I will take you through the methods that were selected and used at each stage of the research. Finally, underpinning all the stages of GT are these words:

Good ideas must earn their way into the theory through emergence or emergence fit; they cannot be imposed because of learning because of its extreme form: doctrinairism. Good ideas are one good test of the theory. They last, people cannot resist using them (Glaser, 1978, p. 8)

## Chapter 4. Methods

### *4.1 Introduction*

In this chapter, I present the multimodal methods I used with the three main stakeholders to develop the GT, and the various stages and iterations as the research progressed. As mentioned in the previous chapter, Glaserian Grounded Theory (GT) and participatory paradigms can work together methodologically, and this has been my approach throughout this research process. The main stakeholders in this work included parents of children who present with explosive and controlling impulses (ECIs), they were parent co-researchers and will henceforth be referred to as ‘parents’; children who have ECIs, who were child co-researchers, and will henceforth be referred to as ‘children’; and experts in the field of child or adolescent-to-parent violence and abuse (CAPVA). Where I refer to parents or children from the general, and not ECI population, I will specify this.

As each stakeholder group had different needs and priorities, which I will highlight later in this chapter, I opted to be as participant-centric with my methods as possible and each stakeholder group undertook a different research method. This is appropriate for use within a GT methodological package, which “can be used on any data or combination of data” (Glaser, 1999, p. 842).

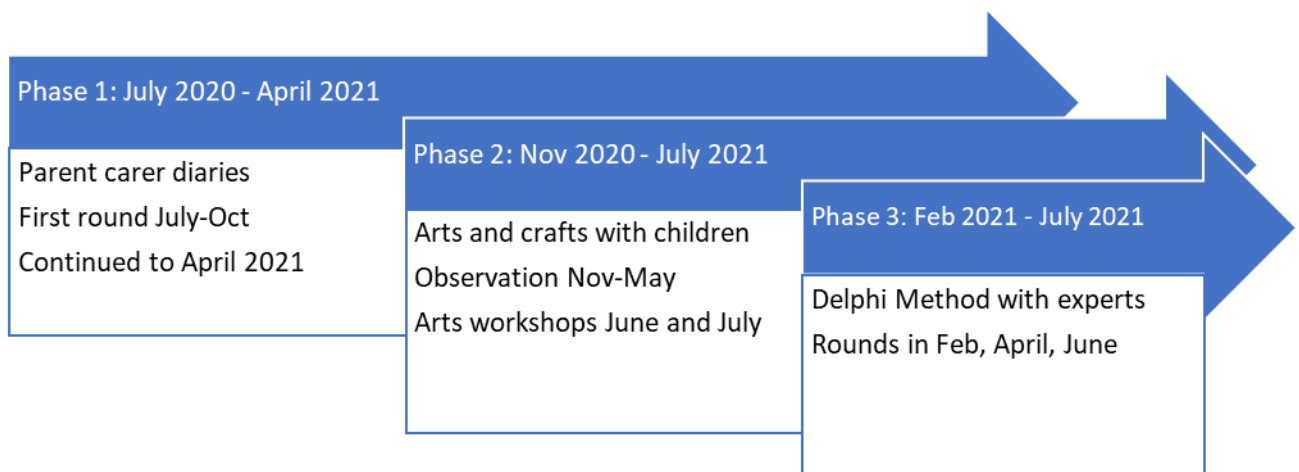
In this chapter, I will begin by briefly explaining the impact the Covid-19 pandemic had on the research design; then I will outline the research process before introducing the parents and the appropriateness of using diary-based methods, how this process changed over the course of the research, and how it became transformational for both the parents, and myself as the researcher. I will then introduce the arts-based workshops and the children who engaged with them. I will then introduce the Delphi technique, who were experts? And the various stages of the Delphi method. I will then explain how the data were integrated. Finally, I critically evaluate the methods, and highlight my ethical considerations which, as evidenced in the previous chapter, I considered of paramount concern throughout the research.

### *4.2 Covid-19 statement*

I think it is important to note here that Covid-19 had a significant impact on the capacity of myself, co-researchers and participants to continuously engage with this research project. I have covered some of these challenges in a peer-reviewed article, whereby I identified that whilst I found the structure and flexibility provided by PhD study helpful, it eventually

became harmful as “the structure of my day [became] so stifling, it’s suffocating.” (Rutter et al., 2021, p. 6). Overall, the extended period of fieldwork during school closures, and isolations were difficult to navigate. Particularly in relation to remaining motivated, for both myself and co-researchers.

I planned the phases in this research due to the Covid-19 pandemic, which was occurring concurrently to my fieldwork. As diaries are flexible, they were the most accessible of the three methods and did not require parents to commit to specific days or times whilst they were juggling other commitments, therefore I began with them first. The second phase was staggered and dates were changed due to multiple UK lockdowns, and so I began with observations and communication with staff at my fieldwork site prior to working directly with children. The final phase was the work with experts during the period where most areas had adapted to changing Covid-19 related guidelines and were able to provide perspectives. A timeline of the phases is available at fig. 8.



*Figure 8 Timeline of the phases*

Other than longitudinal research, most social science research is arguably a snapshot into the lives of participants. This research is not only a ‘snapshot’ into a specific time, experience or place for co-researchers and participants; it is also a snapshot during the Covid-19 pandemic. Therefore, how the research was undertaken, analysed, and presented is different than it would have been had I had access to more face-to-face opportunities. The arts-based workshops I will describe later in the chapter were based in a school. This meant the initial start date was delayed several times, several groups were required to self-isolate which interrupted their progress, and low staff numbers meant many sessions were cancelled. When planning this research, I believed children were the most disenfranchised group of the three



stakeholders and so I had planned to begin the work with them first, with them providing the foundation for all future direction. However this was not possible.

This research includes international responses as the move to online and remote research provided opportunities to include those from outside of the UK and Republic of Ireland. Whilst there was a notable increase in risk that lockdowns had on families in the UK living with any form of CAPVA (Condry et al., 2020), there was not much international exploration of the topic. Therefore, by including international co-researchers and participants, their local and national Covid-19 guidelines differed, which meant that opportunities to record their experiences were dependent upon their local Covid-19 guidelines at the time (for instance, it would not be possible to record a video diary at home if children were being home-schooled).

### *4.3 Parent diaries and journals*

Traditionally, the initial open coding stage of GT involves semi-structured interviews. However, I opted not to ask parents questions at the start of the research, in an attempt to reduce the impact of my preconceptions on the research, and instead utilised interactive interviewing at regular points. My concern was, particularly as a novice researcher, I may accidentally impose my own ideas even on open ended questions. Thus, I began the first phase of the research with parents using diaries in various formats.

Diaries are a particularly useful research tool in relation to recognising that those who use them are complex, and we often hold contradictory, complex, and overlapping emotions. Diaries have successfully been used to “make visible the whole person” (Bartlett, 2012, p. 1717), rather than see a snapshot of their existence. Diaries have also managed to provide evidence of the challenges associated with parent-child conflict (LoBraico et al., 2020). As I considered the parents and carers in the research experts in their own lives, families, and experiences, it made sense to me to give them a method which they could adapt; providing them with an opportunity to be creative with the data that they wished to share. This, compounded by the lack of in-depth understanding or knowledge around CAPVA, meant that I did not see it appropriate to push my agenda too heavily onto the research design. I did not want to interview participants, which would have forced the emergence of my own priorities, and potentially ‘properline’ data. Furthermore, I did want to provide an intervention without being confident about the *needs* of parents. Instead, I used the diaries as a participatory format to pace the research and see what emerged through the participants themselves.

Whilst the process of using diary-based methods is arguably more ethically sound, it also conforms to the requirements of ‘open coding’ whereby the data is grounded in the phenomena itself. By being as open as possible, I hoped to be guided by both those who became involved in the research, as well as the data itself. Parents could record diaries as frequently as they like, in whatever mode or format worked for them, this creativity seemed to have evoked more embodied reflections, as parents would record in-depth, evocative experiences which I will cover later in this chapter.

#### 4.3.1 Recruitment

Parents were recruited in two separate phases: one in July 2020, and one in September 2020. In the first round, I wanted to control the level of interest in the research, whilst also making it accessible due to the limits placed on parent support groups during Covid-19. Therefore, I initially opted to recruit parents/carers of children aged 4-11 years old with ECIs through open sampling via two online support groups available through Facebook. Whilst social media users are not representative of the general population, with a tendency to be younger, and have higher-level qualifications (Mellon and Prosser, 2017), these groups were ones I had pre-existing affiliation with, through ‘real world’ interactions. Furthermore, the pandemic meant that virtual recruitment was more accessible to potential participants than real-world attempts would have been. Advertising research as an opportunity to ‘vent’ on a specific topic can be helpful and provides the opportunity to remove from the descriptive and enter the conceptual (Glaser, 1998).

This first round of recruitment resulted in interest from a self-selecting sample of nine potential parent co-researchers. I followed this up with an email explaining the basis for the research, and phone call or video call to explain the research project stages. It was explained to potential parent co-researchers that this research would be grounded in their own priorities and therefore, whatever they wanted to share, in whatever format they wished to share, would be appropriate. It was emphasised to all that they are the experts of their lives, and therefore I did not want to interview them and project my own priorities into this research. We would be co-researchers; with them collecting whatever data they felt relevant and were prepared to share, in whatever format was meaningful for them, with me analysing and interpreting this data ready to return to parents for feedback and discussion. Parents were informed that they were one part of the research, but work would also be completed with children, and ‘experts’, with each aspect of the research feeding into the next through an iterative process.

Interactive interviews took place every six weeks to provide updates and a platform for discussion. This was an opportunity to analyse, direct, and theoretically sample data further. Interactive interviews, particularly when used in online contexts, have been defined as an ethnographic process effective at assisting in relationship-building with participants, and involve numerous meaningful conversations with participants about the topic of interest (Crichton and Kinash, 2003). I wanted the research to be useful to parents, whilst also recognising that the plan was to continue this work until April 2021, and thus expecting engagement with the research, reflections, and conversations for nine months. Eight parents agreed to be involved and continued to work on the research.

Through the process of diaries, parents were following the data too. After three months, and two sets of interactive interviews with parents, the second parent co-researcher recruitment round began, based upon concepts that had begun emerging with the original eight parents. All parent diaries had reported some level of demand avoidance in children, and all parents wanted to know more about this. In the interviews, parents queried whether we could recruit parents who had already identified demand avoidance as an important part of their experiences, and they had all identified this through analysing their own diary entries. Despite the parents having different parenting styles, socio-economic status, different levels and types of education, and living-in different parts of the UK, all of them found - through their reflective process - signs that there were more ECIs when there were more demands placed upon their child.

Parents were identifying demands as a potential trigger for ECIs, thus the sampling required change and more parents were recruited. As requested by the original eight parents, the newer parents needed to be further along in this part of their parenting journey, and therefore their insights and input offered opportunity for theoretical completeness; having spent more time testing the hypotheses within their own family. In the first three months of this research, one of the parents had arranged a private assessment for their child during the research and had received a diagnosis of 'Pathological Demand Avoidance' (PDA), whereas others had identified that their child was demand avoidant and thus found lower demands equalled less ECIs.

I will discuss more about PDA in the Parent Illustrations chapter, but my second recruitment round involved contacting a PDA charity and explaining my research and asking whether they would be interested in sharing a poster to help with recruitment, which they did. 84

potential co-researchers responded to the advert, and once again a phone call or video call was arranged to go over what it meant to be a co-researcher in this research. There were several individuals interested in the research from outside of the UK, and I had some concerns regarding how concepts such as childhood, parenting, violence, aggression, and harm may vary across countries which could impact my analysis, and so took some steps to try and negate these differences. If parents identified with the research and wished to participate, the first online or phone conversation was a quick way to uncover if we were a good fit for one another, and whether we were describing the same issues. The 84 interested individuals were reduced to 26 when filtered based on age of their child, whether they would be able to record a diary, and whether their child's behaviours were appropriate to the research topic. Potential co-researchers, like the first round, were then sent the information sheet (appendix 3) and consent form (appendix 4), which were returned to me before beginning their research.

In total, 34 parents agreed to be co-researchers, and completed diary-based methods and interactive interviews for this research, I have included a table of participants (table 2), however I have not specified the *type* of parent in this table (adoptive, birth, foster), as two parents were concerned this information may make them identifiable. Regarding the international recruitment strategy, I think it is worth noting from the table of participants (table 2) that the family in United Arab Emirates were expats (UK citizens who were living abroad permanently), but there was a British-South Asian family, a UK-based parent from the Netherlands and a family from the Middle East living in the UK. To not include international participants would be to ignore that ECIs are a global issue and that many of us live international lives. Indeed, the first intervention I could find for CAPVA came from Haim Omer who was born in Brazil and developed non-violent resistance in Israel (Weinblatt and Omer, 2008). Accessing parents internationally was also one of the few benefits of this research being held remotely.

Table 2 Parent co-researchers

Name	Recruited Round	Sex of parent	Age of child	Sex of child	Location
Claire	1	F	9	M	England
'Jessica'	1	F	8	M	England
Lou	1	F	10	M	England
'Hannah'	1	F	6	M	England
Josie	1	F	7	F	England
'Malcolm'	1	M	7	M	Belgium
'Catherine'	1	F	6	M	England
'Karen'	1	F	8	F	England
'Silvia'	2	F	7	M	Netherlands
'Harriet'	2	F	9	M	Finland
Clair	2	F	10	F	USA
Jane	2	F	10	M	England
'Sasha'	2	F	6	F	Brazil
'Rose'	2	F	8	M	Portugal
Rav	2	F	7	M	England
Beth	2	F	7	F	England
Summer	2	F	10	M	USA
Michelle	2	F	7	M	England
'Erin'	2	F	8	M	Canada
'Kalley'	2	F	9	M	Canada
'Alison'	2	F	8	M	England
'Sharon'	2	F	10	F	Wales
Helen	2	F	9	F	England
Nicola	2	F	10	F	UAE
Sarah	2	F	8	M	England
Jay	2	M	8	M	England
'Louisa'	2	F	9	M	England
Michelle	2	F	11	F	England
'Izzy'	2	F	7	M	Netherlands
Natalie	2	F	6	M	England
Emma	2	F	8	M	England
'Cassie'	2	F	5	F	England
'Jason'	2	M	8	M	England
'Sharon'	2	F	11	F	England

#### 4.3.2 The data process

Glaser (1998) recommended that researchers do not record and transcribe interviews, as transcribing provides too much unnecessary data, and takes too long, particularly when compared to field notes which can be done within days. However, due to the assistive

technologies I need to use, I found I was able to transcribe a one-hour interactive interview within two hours (not the five hours, as experienced by Glaser when he employed a professional transcriber). Furthermore, particularly in the initial stages of speaking with parents, I did not know what was conceptually important, and what was irrelevant. Thus, my first two interactive interviews with parents after they had consented to take part in the research, were all recorded and transcribed as I developed my theoretical sensitivity. Follow-up interviews with parents were also recorded, and I took two sets of field notes with each interview; one set of field notes were taken during the interview with memos, and another set of field notes were created when I listened back to each recording.

Parents were initially asked to journal or reflect on their lives, families, and experiences in whichever way they felt most authentic. There was initially no guidance, and I emphasised that they were the experts in their own family dynamics, what was important to them, and the focus should emerge from their own perspectives. Some parents requested guidance on their reflections, but mostly I left them to work out what worked best for them and ‘checked in’ two weeks after they started, to see how things were going and if they needed any guidance. Some parents used this check in to send me data and get feedback, but predominantly this was useful as a prompt to begin sending me their first diary entries or whatever variation they had opted to use.

Parents initially used general reflections, video diaries, daily recordings, or weekly overviews to record their lives, and experiences, and we spoke, either online or via phone every six-to-eight weeks for their interactive interview. Every aspect of the research was voluntary, and not every parent engaged with every interview. Many of the diary entries did not focus upon incidents of ECIs, but rather were descriptions of events which provoked difficult emotions in the parent, and thus the diaries were used as a process of catharsis, although this wasn’t the case for everyone. As some parents did not have regular access to the internet, I accepted whatever method was most useful to them and their lives, as such I received WhatsApp voice notes, emails, photographs of written diaries (Figure 9), video diaries, cloud-based storage links to online diaries. Parents often analysed their own work and included these analyses in their diary entries, and everything that was sent to me was coded, and constantly compared with the existing concepts and categories (Glaser, 1965).

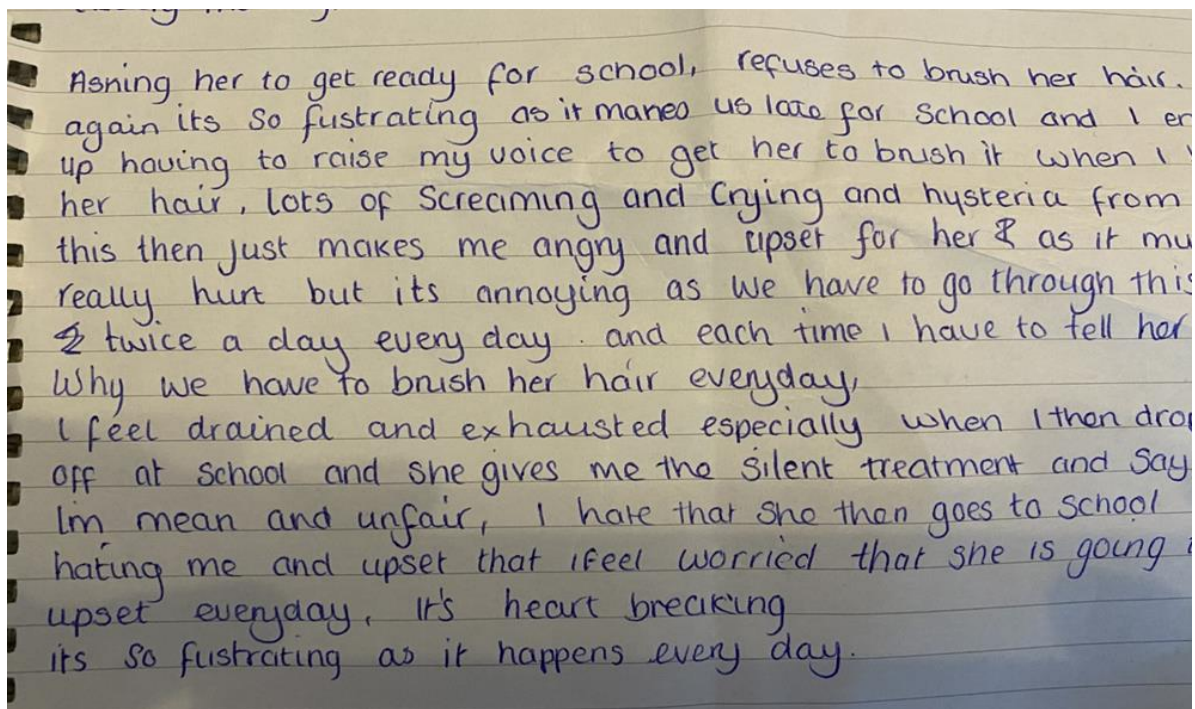


Figure 9 A photograph of one diary from a school day

Parents also directed me to blogs, books, conferences, speakers, and YouTube videos that they thought could be relevant to the research and recommended that I access or attend these to learn more about their experiences. I accessed as much as I had capacity for, and access to, and would write a reflection for each of these inputs, which was included as data. Through this process, I was able to work alongside the parents as collaborators. All parents had a deadline as to when they needed to send me their writings/reports, so I had time to explore them, and often code them, before interactive interviews. Each of these meetings took place via phone or online. As mentioned, this process did prove difficult during various Covid-19 lockdowns, which were variable and the limited access to schools, childcare, and often working from home meant that regularly recording their lives became difficult for the parents. Many paused their involvement or reduced the frequency of reflecting during lockdown periods.

#### 4.3.3 Friendship as method

Much of the early stages of this PhD were about habit building, as well as relationship building. It is important in this type of research design that I engaged in relationship-building practice, and so it required commitment in terms of time, emotion, and energy as a friendship (Tillmann-Healy, 2003). Furthermore, as with previous research which engaged with parents as co-researchers, the direction of the research evolved over time and was heavily guided by

my relationship with them as individuals (Hackett, 2017). Whilst friendships typically occur between individuals who have many similarities, friendship as method promotes friendship between individuals who seek similar outcomes, such as social change (Tillmann-Healy, 2003). Over time, the parents and myself were seeking change, both in a form of personal growth, as well as attempting to shine a light on ECIs so that families in the future would feel less alone in their struggle.

When friendships do cross social groups, the bonds take on political dimensions. Opportunities exist for dual consciousness-raising and for members of dominant groups to serve as allies for friends in marginalised groups. As a result, those who are ‘just friends’ can become just friends, interpersonal and political allies who seek personal growth, meaningful relationships, and social justice (Tillmann-Healy, 2003, p. 3).

By engaging in participatory work with parents, I have been able to navigate the challenge of being a researcher with power, as I have come to interpret this as not necessarily meaning *power over*. Instead, I have continuously attempted to re-evaluate my position within this research and identifying with the researcher identity of having *power to*. I can promote justice in the lives of my co-researchers by accessing their stories and platforming them for change. Guided, supported, and engaged with them. Some of the additional resources I have co-developed with a smaller group of the co-researchers is evidence of this (appendix 2).

Some parents identified that the diaries themselves were a useful tool in identifying (and therefore reducing) the triggers for ECIs. This was an unintended result in the research, however Glaser recognised that people are not static, and thus the interaction with the research can affect and change their behaviours (Benoliel, 1996). Many of the parents provided pen portraits at the end of the research (appendix 1) which demonstrate that the research process was transformational for them, as they changed their parenting in response to what they found through participating in the work. It will be discussed more in the Parents Illustrations chapter, but most parents found incidents of ECIs reduced during this research, as they became more reflective parents. Thus, it became a transformational *action* research; as they worked to create change for others, they created change for themselves (Lykes and Mallona, 2008).

Feminist researchers paved the way for friendship as method, and emphasised that lived experiences can, and should be central to the research process (Tillmann-Healy, 2003).



Participatory research does not require the same level of intimate experience-sharing, but equally centralises the lived experiences and promotes collaboration. Tillmann-Healy's (2003) clarified the difference between friendship as method and other forms of participatory research:

Although we employ traditional forms of data gathering, our primary procedures are those we use to build and sustain friendship: conversation, everyday involvement, compassion, generosity, and vulnerability (Tillmann-Healy, 2003, p. 6)

This reinforces my interest in promoting an ethics of care in research (Rutter et al., 2021), and for the majority of researchers employing friendship as method, I imagine their situational circumstances did not involve a global pandemic. The everyday ways in which I maintained friendships were no different to the practices I employed in this research. They were all remote, all digital, all required planning and consideration of the challenges we were all facing during Covid-19. What I did manage, however, was to commit to the typical *pace* of friendships. Parents and I worked together on the GT for between six and nine months. We did this through two lockdowns, and variations of this depending on our region, or part of the world. Initially our conversations were private, and one-to-one, but by the end I had (virtually) met most of the children, husbands, partners, and pets. Most of them had met my son and dog too, as our lives became entwined in many ways.

Through this research, parents and I have shared relationship breakdowns, deaths, house moves, changing careers, and family illnesses. I shared my own confidences, and they would share many 'off the record' events too. Friendship as method requires different contexts to apply, and for the friendship to exist in different environments, but I don't think that is necessarily true, any more than I believe that my other friendships require multiple environments to be genuine. I have work friends, and research friends, coffee friends, and pub friends. My relationships with parents are no less genuine to me as any of my other friendships, and this potentially expands how the tensions of friendship apply. I have experienced what Tillmann-Healy (2003, p. 8) describes as "an ethic of friendship". I experience, with each of the parents "a stance of hope, caring, justice, even love" (Tillmann-Healy, 2003, p. 8). They *matter* to me, in a way that is immeasurable, and I shared this with them through a written piece (Rutter, 2021a).

One of the challenges of conducting research in such an intimate way was the way in which closure occurred. One of the benefits of having the two-strand approach of participatory

research mentioned in a previous chapter was that those who wanted to continue to work together had the opportunity to. However, in conducting this research, I needed to be flexible to the lives of parents, as they all lived full, busy lives, and now that I do not have the same time, which was protected to spend with parents during fieldwork, it feels as though many of these relationships have naturally come to an end. As many friendships and relationships do. This closure was helped with the opportunity for a final interactive interview, and the opportunity to complete the pen portrait (appendix 1). With some other parents, the friendship will continue, primarily because they are more sustainable and we do not have different time zones to navigate, and there are things we still want to change, and develop together, in more creative ways.

#### *4.4 Arts and crafts*

For the children involved in this research, I hoped the process would also involve transformation, as their stories and perspectives were platformed. I have volunteered for a primary school supporting children with social, emotional, and mental health (SEMH) needs for approximately six years. Children at this school all have educational health and care plans (EHCPs), and all have SEMH as their primary need. Whilst there is no clear definition within the SEND code of practice for SEMH needs (Martin-Denham, 2021), this generally means that the children struggle to regulate their emotional responses, but research recording descriptions of children with an SEMH profile found the most common were: “violent... aggressive... verbally abusive... defiant...” (Stanbridge and Mercer, 2022, p. 272).

Prior to me approaching the school about potential fieldwork, they completed their own research into CAPVA and found 85% of parents with children attending the school reported that they were experiencing CAPVA on a regular basis within the home. As the school were already interested in the topic, it seemed an ideal environment to conduct the research. Furthermore, as I understood the school, its ethos, its focus, I was able to frame the research to fit the school improvement strategy. As I had this long-standing relationship with the school, I wanted to maintain our existing positive relationship and considered how my work could benefit not only the children, but the whole school. I first looked at the school improvement plan and considered how the research could add to this work. I then considered how the work could be beneficial to the children themselves in a child-led way, maintaining my participatory principles.

Arguably, every interaction with a child has the opportunity to be an intervention (Treisman, 2016) and so I considered whether one-to-one, group, or one-off sessions would be most beneficial to the children. Eventually I decided to provide a space whereby children would be able to explore their experiences through a process of ethno-mimesis; a blend of art, ethnography, and storytelling (O'Neill et al., 2002; O'Neill and Hubbard, 2010). This method was utilised and presented as a therapeutic intervention for the children. The focus of each session was not on 'violence' and we did not discuss violence directly. Instead, children were provided with a space to explore how the social environment impacted on their emotions, how these emotions were experienced, and what impact these emotions might have on themselves and others. Children were expected to learn through the process of engaging with the art, engaging with one another, and engaging in narratives around their experiences of violence and the complex emotions underpinning their behaviours (Eaton, Doherty and Widrick, 2007).

The school itself identified a training space within the school grounds which would only be accessed during the period of the research by myself, the children, and learning support assistants (LSAs). Previously the space had been used as a training room but due to Covid-19 restrictions, I was offered the whole space and storage. They also provided financial and practical support, and invested in supplies for the children, which included small rewards to thank them for their participation and engagement each week. The ethno-mimetic approach meant that I was able to observe the children, as well as interact with them; allowing them to interact with one another in a, child-led, child-centric environment, which was also safe and familiar. Creating art can be a cathartic way to explore challenging and evocative experiences, such as violence (Bird, 2018; Brady and Brown, 2013; Clover, 2011), and methods which utilize 'art education' can assist in the development of both empathetic and aesthetic understanding (Bresler, 2006; Kamlongera, 2021). As such, I hoped that these workshops would be a supportive environment for the children to explore their experiences together.

#### 4.4.1 Recruitment

I expected to begin my work with children in November 2020. At this time, I presented the research to school staff, explained which children I wished to work with, and what the benefits of the work should be. A purposive sampling approach was taken whereby class teachers were asked by the Headteacher to identify two children from their class who were

most suited to the project and to complete a referral form outlining the needs of the child, and concerns of the class teacher (appendix 5). However, due to repeated lockdowns, school bereavements, and a mini-school epidemic, I was unable to complete regular, consecutive weekly sessions until June 2021-July 2021. Nevertheless, between November 2020-June 2021 I was able to conduct irregular visits, which I have coded as observational, rather than participatory-based arts-based workshops. These observational session consisted of five hours of observation, and are the ‘ethno’ in ethno-mimesis.

The June-July sessions consisted of a total of 20 separate arts-workshops, which ran every Wednesday in term time. Each workshop consisted of four or five children and every session was audio recorded on an Olympus linear PCM recorder LS-P1. The workshops were class-based and were run to prevent ‘class bubbles’ from crossing (class bubbles were a Covid-19 prevention method between upper school and lower school to stop cross contamination). The timetable for the sessions is available (appendix 6).

When children participate in research protocols, consent (by a parent or legal guardian) and assent (by the children) must be gained (Masseti et al., 2018). Assent is the term used to convey a sense of agreement obtained from those who are not able to enter into a legal contract to participate in the study. Parents or caregivers consented to all the children participating after receiving a consent form (appendix 7) and information sheet (appendix 8) and children received an information sheet (appendix 9) and gave assent. As consent is an on-going process, children were regularly asked if they were happy to have their work included, with a reminder of what it was for. During one workshop a child stated she did not give assent for her work to be used in the research, and so her work has not been included for that session.

In total, I was assigned 21 children (approximately one-third of the total school population), and further detail regarding each of these children is available in the below table (table 3).

*Table 3 Child co-researchers*

Name	Sex	Age	Primary concern
Malcolm	M	6	Highly anxious and fearful of failure
Zakary	M	7	Quick to display fight/flight behaviours
Tony	M	7	Fear of failure and does not like being told no
Scout	M	8	Very shy, very little confidence
Laura	F	8	Struggles to talk about their own emotions (compared to chronological age)
Leanne	F	9	Struggles to talk about their own emotions (compared to chronological age)
Andrew	M	8	Aggression

Jacob	M	9	Struggles to recognise their own emotional state
Charlie	M	9	Low engagement and enthusiasm for learning
Chris	M	10	Struggles to recognise their own emotional state until crisis
Matty	M	10	Aggression and low self-esteem
Mark	M	10	Struggles to recognise their own emotional state
Luke	M	10	Aggression and recognising their own emotions
Danny	M	10	Struggles to identify and talk about their own emotions (compared with their chronological age)
Taylor	M	10	Aggressive behaviour
Theo	M	10	Aggressive behaviours
Louis	M	11	Struggles to recognise their own emotional state until crisis
Terri	F	11	Struggles to talk about how she is feeling
George	M	11	Reduced aggression in the home
David	M	11	Oppositional and low self-esteem

As can be seen in the above table, violence was not the primary concern of the teachers, which is reflective of how parent/carers also framed ECIs. The majority of the children were boys, which is representative of the wider school profile. The mean age of the children participating in the pilot was 9 years (mode = 10, median = 10), which, as I am focusing upon primary-aged children, is at the top end of my age criteria. However, this is a feature of the school at large which has a ‘top-heavy’ population, with most children joining the school in years 5 and 6 (English academic years). Some of the children had a diagnosis of autism or ADHD, but most did not. Nevertheless, a lack of diagnosis is not demonstrable of a lack of neurodivergence. Indeed, that all the children were attending an SEMH school means they can be conceptualised as neurodivergent, as the way in which they interact with others does not conform to social expectations. Furthermore, whilst the average age of identification of autism in the UK is 4.5 years (Brett et al., 2016), ADHD is 10.5 years (Hoang et al., 2019), and most children and young people with foetal alcohol spectrum disorder (FASD) are never diagnosed (Landgraf, Nothacker and Heinen, 2013). There is an increase in the number of adults seeking confirmation of a neurodivergent profile (Huang et al., 2020).

#### 4.4.2 First session

All session ran collaboratively with children. In the first session, each group gave themselves a group name, created their own group working document, and explained what they wanted the output of their work to be. I explained to the children who I was, why I was there, and presented them with a comic strip information sheet as an explanation (appendix 9), as comic strips have been identified as a useful tool in engaging children in research and assisting them in understanding it (Grootens-Wiegers et al., 2015; Massetti et al., 2018). At each session, the

group had their own office box which they would fill with their creative tools and work, these boxes remained in the room at all times, and were decorated by the children in their first session.

As the first session was an introduction to the research, and an introduction to the activity of exploring emotional experiences and how they affect our own behaviour through art, I started off the first emotion and chose safety. For the safety activity, each group used tables, chairs, and blankets to create dens (fig. 10). This was a popular activity that several groups repeated at further sessions and promoted discussion around the embodied experience of safety. For instance, some children engaged in discussion around what makes us feel safe; times we have not felt safe; and how we sometimes respond when we do not feel safe. Some of these responses will be further explored in the Child Illustrations chapter.



*Figure 10 Den made by the children*

The end of the session involved asking children to draw around themselves on a large piece of paper to create a body map. They then picked a coloured pencil or pen which they thought ‘felt’ like safety, and then coloured in the parts of their body they could *feel* safety on their body map. The Olympus recorder was always central to view, so the children had access to it and could switch it off if they wished (fig. 11). Some children, particularly the youngest ones, needed reminding that they were taking part in research, and the availability of the recorder was a good prompt for them to see that the sessions would be recorded, and I would explain what I would do with their recordings.



*Figure 11 Olympus linear PCM recorder LS-P1 on view*

#### 4.4.3 Subsequent sessions

The small groupwork was created to protect the Covid-19-bubble but became instrumental in supporting those children who were less confident and more fearful of failure. Two learning support assistants (LSAs) were assigned for workshops, and these LSAs were known to the children and were allocated to groups which contained their own class children (i.e., if a group had two children from class seven; and two children from class eight, I would be allocated one LSA from class seven and one LSA from class eight). The LSAs provided an essential role in supporting both me and the children, and could support children who were distressed or disinterested in the activity by comforting them, or returning them to their classroom. However, some sessions were challenging for LSAs, as they were used to providing a high level of support to the children, whereas the arts workshops were child-led and there was a little interference as possible. For instance, when each group started to develop the rules for their working document, I provided the resources and the activities but not prompts; facilitating the activity rather than leading it. However, in one of the arts workshops, LSAs responded on behalf of the children, and in another a LSA told the children what to write directly.

The tensions which occurred when running arts-based participatory workshops in an SEMH primary school was understandable, as LSAs were expecting children to follow the school rules, whereas I was asking them to walk through my door and create their own rules. These and similar tensions emerged several times, as children became more savvy to the arts

workshops and took more control over each session, but LSAs wanted to continue to support and guide children.

Each workshop involved focusing on a different emotion, as chosen by the children, and children could pick from a smorgasbord of creative activities which were made available. Occasionally this resulted in one or two children avoiding the activity or giggling or disengaging. This was fine from my perspective; the activity was voluntary, and the children knew they could opt-out at any time. However, from the perspective of an LSA this was rude, inappropriate, or distracted. From an ethnographic perspective, I was learning a lot from seeing which activities, and emotions some of the children tried to avoid. The strategies they employed when they weren't interested in the activity, or the topic made them uncomfortable. I had already completed work with parents by this stage and they had given me a number of signs to 'look out for' with children in terms of avoidant behaviours and so it was important to me to observe these behaviours and make notes on them as part of my theoretical sampling strategy. Nevertheless, LSAs were sometimes concerned that the few children who did behave this way, would not benefit from the activity.

When considering which arts-based activities I needed to make available for the children, different age groups had different opportunities. The main focus was to provide an environment which could help them explain, explore, and understand their own emotions and how these factors affected their behaviours. Some activities were not practical, for instance I considered the house-tree-person assessment (Fukunishi, Mirami and Kikuchi, 1997), which would have been particularly useful once it became evident many children lived with alexithymia (Velotti et al., 2016). However, it takes 150 minutes to do a full assessment, and I only had 45 minutes per workshop. However, alternative tools I have used in my social work practice were useful to prompt discussion, such as three islands, (fig. 12), an adaption of the 'three houses' model (Turnell and Edwards, 1999).





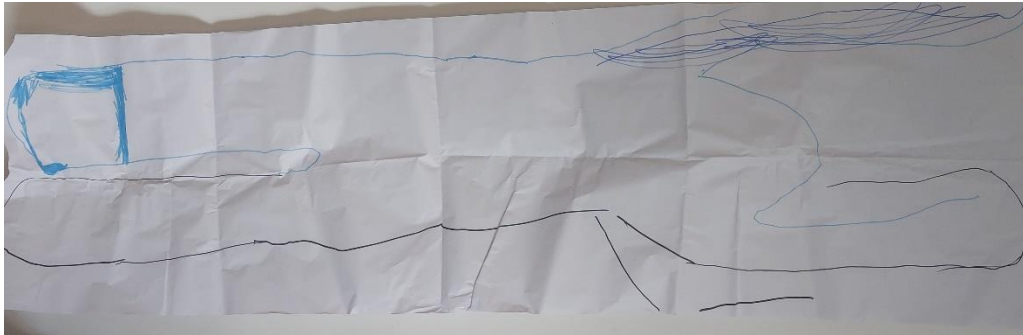
*Figure 12 Three islands prompt*

During workshop sessions, I would sit on the floor, and I found that standing up encouraged children to stand and move around the room themselves. Sitting together on the floor was stabilising for both myself and the children. By week two I had provided sensory toys as well as the arts and crafts, although some children just wanted to throw them at the wall, which fulfilled some of their sensory needs. Overall, I believe it took three weeks for most of the children to become comfortable in my sessions, as it was at this time that I was able to physically support one child who had previously avoided me and would seek physical comfort from his LSA by sitting on her knee, and giving her hugs, but in week three he sat on my knee to seek physical comfort.

There were also occasions where sessions were adapted according to the needs of individual children within groups. For instance, when doing a session on loneliness, one child saw his classmates were playing in the school park outside our room window and his LSA identified his distress and so I asked if he wanted to go to the park instead. All of the children decided to go to the park instead and we talked and played, and shared stories of loneliness in the school park, which I think was not only more ethical in this instance, but a more appropriate environment for the topic.

The only consistent events that happened in every workshop was we would do a 'check in' at the start of the session, where each child would say something they felt good about, and something they felt worried or bad about; the main part of the session would be led by the children regarding their emotions; and every session would end with the children colouring in

their body map, which they kept going back to for the entirety of the research. For the body maps, they would pick a colour that they felt represented the emotion chosen that week, and then colour in their body where they felt that colour (fig. 13). Body mapping has been used previously in understanding young people's experiences of violence (D'Souza et al., 2021), but it was also helpful to see how they experienced *being* the instigators of harm.



*Figure 13 Body map by a child co-researcher*

Initially I considered the use of arts workshops to be a method of representing the narratives of children; a way of explaining how they understood what it means to be explosive when they do not necessarily have the language skills to articulate it verbally. However, upon development of this work, it has become clear to me that art is a form of language in and of itself. Thus, to explore the experiences of the children through the creation of their art is not only to create, but to interpret. By interpreting the rich, complex experiences of the children, I have been faced with the challenges faced by all interpreters; how to reduce the amount of *I* in the interpretation. What *I* feel is relevant will most likely be emphasized, and what I place less semantic value on will not be a focus. I have tried to mediate this through supervision, reflection, prompting reflexivity within my research journal. The children themselves also regularly analysed their own body maps, interpreting their own drawings, as well as that of other children, and we have been able to develop some conceptual interpretations relating to this, but *I* was unfortunately still the dominant voice in this aspect.

#### ***4.5 Delphi the oracle***

The Delphi technique was initially developed in the 1950s, in the USA, by the RAND corporation as a policy research tool. Its name comes from the oracle of Delphi; women in ancient Greece whose predictions were so revered that no political decision could be made without their wisdom. As such the technique has been used widely in international studies, including business (Schmiedel, vom Brocke and Recker, 2013; Danilova, 2018); health

(Odland et al., 2021; Downing et al., 2015); and interpersonal violence (Mikton et al., 2017) to assess likely or best potential outcomes. However, the Delphi is arguably better suited as a “heuristic device rather than means of predicting the future” (Hasson, Keeney and McKenna, 2000, p. 1013). The Delphi technique is based on the idea that pooled intelligence enhances individual judgement and captures the collective opinion of experts (De Villiers, De Villiers and Kent, 2005). It requires the design and administration of two or more sequential questionnaires in which the points of view of respondents are represented to one another anonymously, like an anonymous focus group. This process allows participants to respond as individuals and not as representative of all practitioners, or all parents, whilst affording them the time to consider and respond to other respondents statements. As the rounds progress, participants viewpoints are selected to encourage the development of a consensus, whilst also providing space for explanation for each response.

Including a questionnaire in a GT study has been critiqued, as questionnaires and surveys often establish how respondents believe things *should be*, rather than how they are (Kempster and Parry, 2011). Furthermore, practitioners will have been training which results in “pet categories and pet interests. It usually is irrelevant to the participants” (Glaser, 1998, p. 115). However the recruitment strategy I employed ensured the inclusion of practitioners who also had lived experience of ECIs, and an analysis strategy to identify if there was a significant difference between those participants who were a part of the substantive population and those who were not. I used the Delphi method to test the boundaries of the established core categories, rather than creating data to be coded and triangulated into the co-researcher data (Glaser, 1998; 2005). The aim of using this approach was to establish the degree of consensus about key aspects of theory, knowledge and value-based-practice relating to children with ECIs, rather than responding to how the main concern was resolved, although this aspect of the research began after the main concern was identified. This stage of the research still followed the systematic process observed in GT studies; beginning open and then theoretically sampling,

#### 4.5.1 Recruitment

Participants were recruited using a purposive sampling approach, as is usual in the Delphi technique (Hackett, Masson and Phillips, 2006). This was initially via invite to specific services providing interventions for families experiencing CAPVA, and then broadened to a social media recruitment drive requesting experts, which included a post on the ‘Holes in the

Wall’; a dedicated CAPVA information website. There is no minimum requirement of experts for a Delphi questionnaire, and previous studies have identified that successful Delphi methods have been applied with between 4-3000 respondents (Cantrill, Sibbald and Buetow, 1996). The recommended minimum is 15 (McMillan, King and Tully, 2016). All three rounds of the Delphi questionnaire were hosted on JISC surveys and the first two rounds also contained an information letter (appendix 10).

#### 4.5.2 Practitioner experts

As CAPVA interventions are often multidisciplinary, and provided by multiple voluntary and statutory sectors, I did not require practitioner respondents to have specific professional qualifications, or a specific amount of experience. However, some teams predominantly or only work with children over the age of criminal responsibility (10 in England and Wales), meaning they may not have worked with children in the primary-aged bracket I was interested. Therefore, at least one of two criteria needed to be met for practitioners working in this field:

1. The adolescent I work with first showed violent/aggressive/controlling behaviours before the age of 12?

Or

2. The adolescent I work with lives with a child under 12 who is showing similar violent/aggressive/controlling behaviours

#### 4.5.3 Experts by Experience

Experts by experience have successfully been participants in health research using the Delphi approach (Law and Morrison, 2014), and I included them in this component of the research to reinforce my participatory approach. By recognising those with lived experience as experts, I hoped to provide a more ethically sound piece of research. It should be noted, however, that by having a personal interest in the outcome of the Delphi, this recruitment practice will have had a high-level of both researcher (because I have selected the topic and participant group), as well as participant-bias (also called subject-bias, but my co-researchers are not subjects). However, these biases have also been considered *strengths* of the Delphi, as it assists in the development of a consensus (Hasson, Keeney and Mckenna, 2000).

Participants were considered ‘experts-by-experience’ if they were parents of an adolescent or adult child who first presented with ECIs prior to the age of 12. These parents and caregivers

did not have to be the biological parents of the child but needed to have been providing a caregiving role prior to the child reaching adolescence.

#### 4.5.4 Delphi round one

This stage ran for six-weeks from February 2021-April 2021 and was the most open of the three rounds, allowing extensive written responses to questions. The first-round questions included in the Delphi were developed through three processes:

1. Directly with the co-researchers by asking them individually what they would like to know.
2. Interrogating the co-researcher reflections and picking out the questions they ask of themselves.
3. Examining the first-round Delphi questionnaires from two research projects and identifying potentially useful questions and framing:
  - a. ‘Mapping and Exploring Services for Young People who have Sexually Abused Others’ (Hackett, Masson and Phillips, 2006).
  - b. “Normal” and “inappropriate” childhood sexual behaviours: Findings from a Delphi study of professionals in the United Kingdom (Vosmer, Hackett and Callanan, 2009).

The first-round questionnaire was initially sent to co-researchers to ensure they were happy with the questions and then piloted with five experts; three experts by experience and two experts in practice across three countries to ensure clarity of language, and that the inclusion of experts outside of the UK and Republic of Ireland would not create data which could be considered irrelevant to this study. Based on feedback from co-researchers and overlap of responses from the pilot, several minor changes were made to improve the questionnaire; two questions were removed from the final first questionnaire which were designed to explore gender-based differences in behaviours, due to poor response or repetition. However, respondents from outside of the UK and Republic of Ireland did not provide significantly different feedback compared to the UK respondents, and so I deemed it acceptable for experts outside of the UK to take part.

The round one questionnaire was available to participate via JISC surveys and was split into two sections: values and principles, whereby open questions allowed for unlimited commentary; and theory and practice, which still permitted open responses, but on more

specific aspects of practice relating to CAPVA. The questions from the two sections are presented below:

**Values and principles:**

1. What are your core beliefs about child-to-parent violence?
2. What do you see as the most important ideas that should inform practice with young people who use violent strategies?
3. What are the underlying aims/ goals of work with this group of young people?
4. What are the essential needs of families living with this form of violent behaviour?
5. What approaches should be used for the assessment, therapeutic or treatment work with this population of children?
6. What approaches should not be used with this population of children?
7. What would you define as healthy forms of conflict initiated by children aged under 11 within the home (please give examples)?
8. How would you define unhealthy, or concerning aggressive behaviours by children under the age of 11 within the home (please give examples)?
9. Where do you think your views on child-to-parent violence comes from?
10. Is there specific language you think should be avoided when talking about violent, controlling, or aggressive behaviours initiated by children towards parents?

**Theory and practice:**

1. Are interventions for these types of behaviours always necessary?
2. How should support for families in this field be organised? If different levels of intervention or therapeutic response are necessary, what should they be and when should they be offered?
3. Should there be a minimum level of training for practitioners involved in this work and, if so, what should this be?
4. What are the major issues and challenges that practitioners face in working in this field?
5. What are the major issues and challenges that families face in living with these behaviours?

There were a total of 31 respondents in round one:

- 25 (80.6%) respondents were from the UK, two (6.5%) were from Ireland, one (3.2%) was from Australia, and three (9.7%) were from USA.
- 14 (45.2%) were experts-by-experience, nine (29%) were expert practitioners, and eight (25.8%) stated that both criteria applied to them.

#### 4.5.5 Delphi round two

The second round of the Delphi ran for six weeks from April to May 2021 and was also hosted by JISC surveys. Responses from round one were collated, grouped, and of these I picked statements which I thought both represented a theme from each group, but would also provoke a comment-based response. 46 statements were chosen and were presented alongside a 10-point Likert scale for respondents to identify how much they agree or disagree with each statement (appendix 11), with space to provide a qualitative response. I could not find literature presenting a consensus on how often an event had to occur for it to be considered an ECI issue, so ten questions were included with a frequency scale to try to develop a consensus of when a behaviour may require additional resources or support.

There was an increase in responses from round one to round two (from 21-to-46 responses), and 96.8% of round one respondents also responded to round two. The increase may be for several reasons; whilst round two was live, I was forwarded an email from a potential respondent containing details of my research which had been circulated from an adoption organisation. Furthermore, I had engaged in conversations with organisations who had been unable to participate in round one, but circulated information amongst their members in round two. Of the 46 respondents to round two:

- 96.8% of respondents from round one also completed round two.
- Two (4.3%) were from USA; two (4.3%) were from Australia; four (8.7%) were from Canada; two (4.3%) were from Republic of Ireland, 36 (78.3%) were from the UK.
- 23 (50%) were experts-by-experience; 13 (28.3%) were expert practitioners, 10 (21.7%) stated that both criteria applied to them.

#### 4.5.6 Delphi round three

The third round was another JISC survey and was comprised of the same items as in round two except: Seven responses which had already achieved a strong consensus score were removed from round three; a 'don't know' response was included alongside the Likert scale

after an analysis of round two qualitative responses demonstrated that some statements were given scores which were not reflective of the respondents thoughts.

The seven statements not included in the third round as they achieved a 70% or above consensus score at strongly agree in the second round were:

1. All professionals who come into contact with children and parents should be trained to identify child-to-parent violence.
2. Existing safeguarding pathways which are meant to keep children and adults safe from abuse are not adequate in cases of child-to-parent violence.
3. A clear understanding of family dynamics is crucial before beginning any work.
4. Help should be offered as soon as families ask for it.
5. child-to-parent violence is more widespread than we realise
6. We should always see the child before the behaviour (i.e. the child bites, not they are a biter)
7. Children do not want to be violent and are also victims.

This third round was only sent to respondents who had completed the round two survey, with a completion period of a further six weeks Each respondent from round two was presented with a personalised survey, whereby they could see the percentage consensus (or lack thereof) of each statement, as well as their own score in the previous round, so that the respondents were able to review their individual scores against those of the group as a whole. Respondents were also presented with an anonymised statement that agreed with their score, and an anonymised statement which disagreed, taken from the round two responses. Respondents were then asked to reconsider their scores and re-score based upon the current consensus and statements provided.

There were 40 respondents in the round three questionnaire. 86.96% of round two participants also completed round three, and 87.1% of round one respondents completed all three rounds. This is well above the level of 70% required to maintain rigor according to Sumsion (1998) and reinforced by Hasson, Keeney and McKenna (2000). Of the 40 round three respondents:

- Two (5%) were from USA; two (5%) were from Australia; four (10%) were from Canada; two (5%) were from Republic of Ireland, 30 (75%) were from the UK.
- 23 (57.5%) were experts-by-experience; 11 (27.5%) were expert practitioners, six (15%) stated that both criteria applied to them.



#### *4.6 Integrating the data*

As separate methods were used for the three stakeholder groups, integrating the data involved an integrative analysis which involved constant comparison (Glaser and Holton, 2004). For the initial open coding stages, NVivo 12 was used to conduct line-by-line coding and then codes were grouped into concepts whereby I would constantly compare codes, concepts, and eventually categories as outlined in the previous chapter. This resulted in an iterative and simultaneous data collection and analysis process whereby I engaged with the data sent to me by co-researchers; selected the data which was related to the concepts which were emerging and compared to check and test the boundaries of the categories.

For the visual data I took the open coding, memoing, and a contextualisation approach, and facilitated a space where the children were able to interpret and analyse their own creative work. It was through the joint abductive-deductive approach that I was able to integrate with the other concepts in categories through constant comparison (Glaser, 2004). Advocates for using a visual GT methodology have also recommended 'segmentation', whereby the image would be broken into sections, and interpreted based upon these sections (Breckner, 2007). However, I have not adopted a visual GT methodology, as this would have made integrating multiple forms of data problematic, and I did not feel confident there was enough of a research base into the visual GT methodologies to navigate this process within this PhD as a novice researcher. Furthermore, segmentation has been heavily criticised as not being GT, as by breaking up data into parts it is impossible to remain authentic to the GT process (Charmaz and Thornberg, 2020).

#### *4.7 Critical evaluation of the methods*

As this is a GT study, all three methods follow the requirements of a Glaserian GT whereby the research approach is to begin open, and then theoretically sample to be more specific. The process was iterative, and I was able to go backwards and forwards between the various stakeholder groups. Furthermore, I believe I managed to strike a balance between the methods employed regarding managing to observe behaviour and processes, as much as asking about them, which was a criticism Glaser made of some research designs which utilised ethnographic processes:

There is no observation without interviews to give the meaning. The reverse is also true. Interviews without some observations are not embodied by behaviour, and in this

regard not as grounded in meaning... Taping just collect words, not observation.  
(Glaser 1998, p. 109).

#### 4.7.1 Parent co-researchers

The three methods I have employed are innovative in this field of research. Furthermore, by providing such flexibility for the co-researchers means that the stories of some co-researchers may be more evident in this study than others, although the GT process does attempt to account for this. For instance, parents submitted diaries at different frequencies; some submitted a diary every two weeks for nine months, and others only submitted one or two pieces over the full course. Compare this to structured interviews which facilitate participants getting equal opportunity to share their experiences, often giving them the same amount of time. However, by engaging with parents as individuals, there was less concern around the power dynamics that exist within this type of fieldwork. I was able to build good relationships with most of the parents, as they each had individual opportunity to engage with the research process as much, or as little, as they wished.

Despite attempting to negate power relationships in this research, the lack of opportunity for parents to engage with the analysis was a problem in terms of participatory paradigms and the GT process was prioritised in these instances. Whilst parents recommended certain forms of analysis (such as comparing types of experts for the Delphi), and I would often talk them through the research as a way of member-checking (Caretta and Pérez, 2019), it was not as authentically participatory as it could have been in there had been broader opportunity to work directly with parents. Furthermore, the diaries themselves were so broad to promote parent autonomy within the research, however the breadth of data meant a lot of information was irrelevant to the GT once it had been established.

In addition to these challenges, working with parents experiencing ECIs using diaries, whilst being a parent, home-schooling my own child for much of the fieldwork due to the pandemic created additional emotional difficulties. The intimacy of the diaries and interviews were evocative and the intensity of the emotionality I experienced as a researcher was at times overwhelming, and has produced a wealth of data through my researcher reflections which are beyond the scope of this thesis. Nevertheless, I aim to use these reflections in future publications, to highlight how these challenges were not unique, as other researchers using diary methods during the Covid-19 pandemic have already explored (Scott, 2022).

#### 4.7.2 Child co-researchers

When designing the arts-based workshops for children there was a clear emphasis on understanding the mechanisms underpinning the behaviours, which is evident through my focus upon emotions and how children understand and present their emotions via an ethnomimetic practice. My recruitment was through a specialist primary school where the children have identified SEMH needs. All the children had behavioural expressions outside of the home which were described as aggressive or violent, which is not representative of all children with ECIs as many access mainstream education and only display their ECIs within the family home. Thus, the subtleties of the behavioural expressions may have been very different if the same work was conducted with children who presented with ECIs at home, but attended a mainstream school. Similarly, the children who were referred into the research project from each class had a variety of primary needs such as difficulty in recognising their emotions and low self-esteem. Whilst this could be considered a weakness of the recruitment, I consider it a strength as this is reflective of the profiles described by parents of their own children.

#### 4.7.3 Experts

The Delphi technique is one which transcends paradigms (Fink-Hafner et al., 2019) in the same way Glaserian GT does. Whilst this can often be a problem in sociological research, in this context it is well suited to the idea that ‘all is data’. As a research method, the Delphi is designed to be iterative and allowed me to follow the data and be responsive to it. As with the work with the co-researchers, the first iteration was very open and subsequent Delphi questionnaires were more specific which facilitated selective coding, which was particularly useful when testing the boundaries of my GT. However, I became frustrated regarding guidelines for conducting and analysing a Delphi study. As mentioned, acceptable numbers are between 4-3000 (Cantrill, Sibbald and Buetow, 1996) and a consensus, which is the main finding of a Delphi approach, does not have a universally agreed percentage or score. McKenna (1994) used Loughlin and Moore (1979) to suggest a consensus should be 51% agreement or above; Crisp et al. (1997) suggested that stability of responses is more reliable than percentage scoring; Sumsion (1998) suggested 70% agreement or above, while Green et al. (1999) suggested 80%. In response to this, I developed my own criteria for acceptable consensus, which will be explained further in the Expert Illustrations chapter.

#### *4.8 Ethical considerations*

The ethics of conducting research on emotions and similar are very sensitive. As mentioned, I opted to focus on the emotions experienced by children in my fieldwork, rather than the ‘violence’, as it was conceptualised at the recruitment stage. Ethical and emotionally sensitive research should involve the research being authentic in the navigation of their own emotional vulnerabilities, as much as the emotional vulnerabilities of those they research with (Scott, 2022). The blurring or ‘leaky boundaries’ that occurred because of the blurring of family, research and home life as the digital and personal sphere collided (Scott, 2022). This immersion in the research whereby I could not tell where I ended and it began is another example of why I feel that an ethics of care in research is vital, not only for co-researchers, or participants, but also to assist in the navigation of significant emotional labour when researching emotive and sensitive topics.

The ESRC framework for research ethics and University guidelines were adhered to and informed consent was received from all participants and co-researchers before participating. Parents were given anonymity, if they wanted it, but there was also opportunity to be named if they wished. All other participants and children have been given pseudonyms. This was something I found when conducting a previous piece of research into CAPVA, whereby participants were sharing the artwork they had created on open social media accounts and explaining what it was for (Rutter, 2021b). I recognise that, for some parents living with CAPVA, or ECIs more specifically, sharing their experiences with others can be empowering, and so I have opted to share names where requested.

The artwork created by the children through this research was their own property, and I did not claim ownership of it. Children gave assent for their work to be shared and where they withdrew this assent, their work and words are not been presented in this thesis. There were some safeguarding concerns raised during the course of the arts-based workshops, including one reported injury sustained at home and school safeguarding procedures were followed. This was one of the key benefits of having LSAs present with the children, but it also meant that if any of the children became distressed during the workshops there was a staff member available to support the child.

Sensitivity was used with all co-researchers who were frequently disclosing personal experiences of violence and abuse (Dominelli, 1998). I also attempted to ensure that all co-researchers had full and direct participation in this research; in line with promoting the

dignity, rights and welfare of research participants. Data was stored on a password protected laptop, and transcribed word documents have all been password protected.

As mentioned in a previous chapter, children are more vulnerable to instigating ECIs if they have special educational needs, care experience, a history of trauma, or have experienced domestic abuse (Coogan, 2014; 2016; Van Holen et al., 2018; Jakob, 2018; Omer and Lebowitz, 2016). This meant that there was an increased risk that the children I wanted to work with had experienced abuse which could have been on-going. As such, I implemented two factors to safeguard potential co-researchers at the recruitment stage.

1. Children and parents were not recruited together.
2. Caregivers were not asked to participate in group work.

Also, as consent is a process, I continually reviewed the ethics of the work, and when co-researchers no longer attended sessions or stopped replying to emails, I assumed they had withdrawn consent and no follow ups were completed. Data generated by the participant prior to this was still included, and no-one requested their data be removed from the research pool.

#### *4.9 Conclusion*

In this chapter, I have touched upon the impact the Covid-19 pandemic had on the research design. I introduced the parents, how we engaged in diary-based methods, how this process changed over the course of the research, and how it became transformational for both myself and some of the parents. I also introduced the arts-based workshops conducted with children, and outlined the Delphi technique and the various stages of the Delphi I used. I have outlined my data analysis procedure before critically evaluating the methods and highlighting my ethical considerations.

The methods were not as participatory as I had initially endeavoured, although participatory paradigms were utilised throughout each stage of the research design, challenges relating to Covid-19 and the paramountcy of the GT approach meant that the process was relatively dynamic. As the area of ECIs is an emergent field which can benefit from innovative and creative methods, future research could engage co-researchers more in the analysis component of the research, and potentially in the initial planning of the whole research design. In the next chapter, I will present the GT itself, and the conceptual indicators that assisted in its construction through engaging with the methods presented in this chapter.

Presenting the GT before the data or the literature can be confusing for those unfamiliar to the Glaserian GT methodological process (Dunne, 2011). However, by *nesting* the GT, and presenting it directly after the Methods Chapter, and prior to the data or literature, assists the reader in several ways. Firstly, the reader understands exactly how the GT was developed through the flow of chapters from methodology, to methods, to theory. The presentation of concepts and not data in the GT chapter means the reader should be able to consider where else the GT could be applied, rather than becoming distracted by the indicators (quotes or data) and developing their own pet codes of interest. Secondly, by presenting the data as illustrations *after* the GT, the reader is provided with an opportunity to approach the illustrations with a clear understanding of the framework that underpins the rescaling GT, and thus provide evidence in support of it. As this is a complex and relatively sophisticated GT for a PhD thesis, with a large amount of data, it would have been difficult to remain focused on the rescaling GT if the data was presented prior to the theory, and therefore rescaling is the focus of the next chapter.

## Chapter 5. A Grounded Theory of ‘rescaling’

### 5.1 Theory introduction

The purpose of this chapter is to present my Grounded Theory (GT), which is the result of the various research processes outlined in the previous two chapters. I have named the GT ‘*rescaling*’. ‘Rescaling’ is the process of *taking up space* to resolve the main concern of *invisibility* (how this was found will be outlined later), and that families living with ECIs do not feel *visible* in symbolic and structural representations of a ‘good family’. It is where a parent or child makes themselves bigger (aggrandisement), or smaller (abasement), based upon the considerations that are presented throughout in this chapter. For example, A parent may see that their child has ECIs and families where there are ECIs are not *visible* in a ‘good family’. Thus, the parent abases their own needs, and aggrandises the needs of their child in an effort to make the needs of their child and the needs of their child the focus. In this example, the parent becomes *visible* in the construction of the ‘good parent’ because they are putting the needs of their child first, and they understand this to be what a ‘good parent’ does. Similarly, a parent may aggrandise their own needs, and will become ‘stricter’ or have less flexible boundaries; as they are becoming *visible* as a ‘good parent’, because a good parent provides boundaries and has ‘control’ over their child.

Children engage in the same processes, but in different ways, and this was explored in the Illustrations chapter, later in this thesis.

As rescaling is about the *visibility* of an individual, a context, or a factor, in a familial interaction, and whether a family member increases the focus on an individual, context or factor (*aggrandisement*), or decreases the focus on an individual, context or factor (*abasement*). I created the following metaphor as a memo to myself to understand the rescaling process:

### **A metaphor of circles:**

Imagine we are all circles. Dynamic circles which can change size, shape, and the amount of space we take up in the world. We can make ourselves small, or big. How and when we choose to alter our size and shape is based upon social and emotional factors. For instance, as you are reading this, we are engaging in a social interaction where you are altering our size as you read. To begin with, I am the larger circle, imposing myself upon your world as you read these words, my words. Occasionally you will wish to increase the size of your own circle as you pause and reflect on the words, considering them in relation to your own identity, knowledge base, or reality.

In a classroom environment a teacher is structurally expected to be the largest circle in the room as the students sit back and listen to their words. In this case the teacher is *aggrandised*; they take up the most space in this environment; whereas the students take up less individual space, they are smaller circles, and this position is usually *static*, which means they are maintaining their smallness during a lesson. There may be instances where a student makes their circle bigger by asking a question, or responding to one. However, the classroom structure, whereby the teacher holds the most power, usually ensures that the position of the educator as the aggrandised circle is *static*.

Childhood is usually the period where we learn how to control the size and shape of our circle. Some children struggle to stabilise their circle; swinging from too large to too small; some children have circles which are too large, and they impose their circles on others as they do not take turns, control their volume, or share. Some children have very small circles, and they are often overlooked for being very quiet, very shy, and not engaging in play. Learning when it is socially appropriate to increase the size of their circle (*aggrandise*), when to shrink (*abase*), and when to maintain their size (*static*), is a key learning stage for children, but can also be observed in many professional arenas (knowing when to speak, when to listen, and when to step back).

Parenthood is time where most people re-evaluate the size of their circle; often shrinking it as they prioritise the needs of their child. This can be both a difficult adjustment and a re-learning of how dynamic their circle should be; with children frequently imposing their circles on their parents to have their own emotional, social and physical needs met.

As the rescaling GT is about the social space taken up by an individual family member, a context or a factor. Where the rescaling involves an aggrandisement of a thing, there needs to be an abasement of other things, otherwise tension and/or conflict can arise both between family members or internally, within an individual. Rescaling is dynamic, and fluid, and what is abased or aggrandised is dependent upon specific categories which will be presented in this chapter. These are best understood as interconnected concepts which each interact with one another to create the rescaling GT, as a “Grounded Theory is... an integrated set of conceptual hypotheses” (Glaser, 1998, p. 3).

Rescaling is a process which can be observed to some extent in all family relationships and is the way in which the substantive population attempt to resolve their main concern. However, there are a number of things that need to exist for the process to be a ‘rescale’:

1. An ‘idealised’ structure with socially expected power dynamics



- a. i.e. A good family structure is hierarchal with the good parent in control and the good child, compliant.
2. A requirement for a reframing of what the structure should be.
  - a. i.e. A child with explosive and controlling impulses (ECIs) cannot meet the idealised version of a good, compliant child.
  - b. i.e. Reassess the power dynamics underpinning the idealised structure
3. Recognising the individual needs of those within the structure
4. Adapting to those needs
  - a. i.e. making accommodations for others in the structure
  - b. i.e. making decisions about who has the dominant needs within the structure.

In line with these considerations, I will begin this chapter by explaining the main concern of the co-researchers, and how this was resolved. After introducing the main concern, I will explore the subcategory of the *idealised family*, and how this is understood, constructed, and reframed. I will then explore the subcategory of *power and resistance* which contains two separate concepts: imposed inclusion, and punishment and reward. The next subcategory will be *categorising the needs of the child* which I present as ‘PRAR’ (proactive, reactive, affective, and relational needs). I will finally outline the subcategory of *adapting to the dominant needs*, in which I demonstrate how accommodations are made within families to adapt to, respond to, and meet the needs of others. The various codes I used to build the above subcategories, and their respective properties, will be presented in **bold**. In this chapter I have focused upon the concepts, categories and core categories which I used to build the rescaling GT through my data analysis and integration, rather than the individual indicators, which will be explored in the Illustrations chapters.

#### 5.1.1 What is the main concern?

The process of rescaling is used by the substantive population; in this case the families living with ECIs, to resolve their main concern. Uncovering what the main concern is, as a participatory process understood from the perspective of the substantive population, as described by Glaser (1998):

[A Grounded Theory] tries to understand the action in the substantive area from the point of view of the actors involved. This understanding revolves around the main concern for participants his behaviour continually resolves their main concern. Their continual resolving is the core variable. (Glaser, 1998, p. 115).

The main concern was identified through an iterative process with the parent and child co-researchers, and was:

*A lack of visibility.*

This lack of visibility relates to the social or cultural expectations of what the family should look like (structural expectations). The family is expected to have specific members, routines, rites of passage, and power dynamics. The occurrence of the ECIs, and the dissonance that occurs between living with ECIs and feeling like a good parent, or good child, means that families living with ECIs cannot achieve the idealised relationship (good parent, providing a good childhood, experienced by the good child). A child who has ECIs cannot be seen in the framing of a 'good child'; a parent of a child with ECIs does not see themselves represented in the 'good parent'; despite them feeling as though they are a 'good child' because they try their best, or they feel like a good parent, because they do everything socially expected. Therefore, families where there are ECIs are invisible in narratives or descriptions a good child, good parent, or good family. Thus, they experience multiple layers of invisibility, including through social exclusion which involves shame, parent blame, isolation, and a lack of understanding or compassion from local social groups and wider societal expectations.

A key concept in helping families navigate this invisibility and assist in the process of rescaling is **humanising**. **Humanising** involves considering the phenomenon of interest a normal variation of shared human experience; i.e. it is not wrong, or bad but different. Most of the **humanising** in this research was done through the aggrandisement of particular factors, such as the identification of a **mediator**. Mediators in this research are anything that helps a co-researcher or participant situate their experiences, or the experiences of the families they work with. Mediators are the way in which the substantive population explain the underlying cause of the ECIs. They demonstrate that a child is not **bad** but is a child in need of additional help and support. Thus, they are a **good child** with exceptional difficulties. Despite the stigma associated with disability, it is better to have an additional need than to be **bad**; parents are aligning themselves to the lesser stigmatised concept when presented with two identities which experience stigma (Susman, 1994; Ramcharan, Grant and Flynn, 2004). This means the mediator becomes the focus, it is made most visible by members of the family, and through the rescaling there is also an abatement of the impact of ECIs. Therefore individual family members can minimise the **impact** of ECIs on themselves and other

members of the family, because the mediator (a factor or context) is aggrandised, and therefore made most visible.

There are two types of mediator; Firstly, **identity mediators**, which are the result of an internal state which is part of the identity of a child. These **mediators** can be *conventional* as the complement existing structural models, such as medical models where diagnoses can be found in a diagnostic manual (autism, ADHD, rejection sensitive); or they can be *contentious*, as they are useful to the parent and/or child but they do not fit within other accepted models (pathological demand avoidance). The second type of **mediators** are **‘wrapping’ mediators**. These mediators are due to an external factor, and typically challenge the expectations of a ‘good childhood’ (school refusal, child maltreatment, domestic abuse, bullying). Mediators can be helpful when navigating the social exclusion which is often experienced by families where there are ECIs, as they are able to aggrandise the mediator, and rescale accordingly which can result in a parent, for instance, feeling as though they are visibly represented in the construction of a good parent, because they are the only one who can help their child, as they are the only one who understands them and their needs.

### *5.2 The core categories as a theoretical and conceptual framework*

The most common outcome for a GT research is (contrary to its name) not a fully developed theory, but rather a set of conceptual frameworks, or conceptual clarity (Glaser, 1998; 2021; Timonen, Foley and Conlon, 2018). For the remainder of this chapter I will present a framework to conceptualise how families process and attempt to resolve their main concern. This framework was built by the concepts underpinning the ‘rescaling’ processes and consists of four categories: (1) Reframing the idealised family; (2) Power and resistance; (3) Categorising the needs of the child; (4) Adapting to the dominant needs. Within these categories there are substantive codes (broader concepts) which work together as part of the rescaling GT: (1) Imposed inclusion, and punishment and reward; (2) Proactive, reactive, affective, and relational; (3) Parent, child, partner, or other children. I will now present this framework using the above headings.

### *5.3 Reframing the idealised family*

One of the ways in which families can find themselves socially included, is by being able to achieve some aspect of the ‘idealised family’. They conform to societal expectations by being a family in which each family member is understood as *good*. The idealised family is often middle class, law abiding, they are obedient, and their children develop at the rate expected of

medicalised reference points, with authoritative parents (Arendell, 1999; Rawsthorne, 2010). Thus, they are *good parents*, they provide *good childhoods*, and they are *good children*, making *good progress*. ECIs can be considered evidence that the family do not fit into this construction of the *ideal family*, and therefore this needs to be reframed by families living with ECIs so that they can resolve the problem of being invisible in these constructions of ‘good’. By reframing the idealised family, there is opportunity to find inclusion with others who have also needed to reframe the idealised family, if they have found themselves invisible for similar reasons.

The idealised family can also be rescaled, and how aggrandised or abased it is alters how easy it is for it to be reframed. For example, those in the substantive population who attempt to resolve the main concern by rescaling through an aggrandisement of the socially constructed ideal child will make attempts to force the child with ECIs to behave in a way which meets the criteria of good child, as this meets their relational needs as a parent, and they consider their needs to meet this ideal as dominant. However, using this power can produce resistance and result in an increase in ECIs. How the needs of family members are understood, interpreted and categorised will be explored in the next section.

#### *5.4 Power and resistance*

When children are observed as having ECIs, their parents are often blamed, and expected to fix or correct the behaviours through force (Hunter, Nixon and Parr, 2010; Lee et al., 2014)). This **power over** is a structural expectation, as well as a political one. For instance teachers, police officers, social workers are all adults who have power to make decisions on behalf of children, and they have power to disrupt the lives of children. Children are expected to recognise, acknowledge and accept the **power** and **authority** that adults have over them. However, as I highlighted in a previous chapter, ECIs often escalate through authoritarian parenting practices and so the social expectation of increasing control over the child is also connected to increasing ECIs, and thus can create a bidirectional escalation. This means that if families wish to reduce the visibility of the ECIs, it helps to reduce the ECIs, and this can be done through a reframing of what the idealised family is, and how they can achieve a new ‘ideal’ for themselves.

The two main categories I have identified as demonstrative or representative of these power and resistance dynamics are ‘Imposed inclusion’, and ‘Punishment and rewards’. These are both theoretical codes classified as *conditions*.

#### 5.4.1 Imposed inclusion

This concept reconsiders what it means to have a *good childhood* and is one which demonstrates how the *idealised family* can be reframed. Within the *good childhood*, there are expectations of what children should be involved in, accessing, and enjoying. As such, parents may believe that children should be invited to parties or to the park, and children may believe they need to go, because these are things that are necessary under the concept of a *good childhood*. Similarly, under the concept of *good childhood* is developing and maintaining friendships. These things are framed as something all children should strive for, despite the substantive population experiencing an increase in ECIs when they attempt to meet the criteria of a *good family* providing a *good childhood*. When this type of childhood is imposed upon the family, the increase in ECIs is observed by others, increasing the feeling of social exclusion and compounding the main problem as the substantive population feels further and further from the ideal. Thus this difficulty needs to be resolved in some way.

Taking children to activities that they struggle with, or including them in activities they do not enjoy, or find difficult, can increase levels of ECIs and these come under the concept of *imposed activity*. Some of these activities, which induce resistance from a child, I have coded as *oppressive*. It is a particular struggle of childhood, whereby there are particular behavioural expectations which are not expected of autonomous adults. For instance, if I do not enjoy working with someone in my department, I can avoid them quite easily. However, in a classroom environment, children can be forced to sit together, to apologise to one another for minor transgressions, or play together in the park. These behavioural expectations are another component of the *good child* who is submissive and compliant. For many children, the activities framed as necessary for a *good childhood* are enjoyable and fulfilling. The activities are not imposed and children are able to regulate themselves well. However, for the significant minority who experience ECIs, this expectation of what children *should* find enjoyable, is actually overwhelming, and this compounds their sense of powerlessness, and fails to meet their needs:

Trying to make things exciting for children and including them in all the different activities you think children should be participating in, is often more about meeting a need in yourself (Wendy Ellis, personal correspondence, 12<sup>th</sup> August 2021).

One of the key words in the above quote is “should”, and whether or not children *should* be participating in activities is entrenched in social and cultural expectations of childhood. This

also creates a tension between whose needs and wants should be prioritised in these scenarios, and often it is the parent who holds the power and makes the choices.

When children resist this imposed inclusion and present with ECIs in response to it, often through reactive or proactive strategies, these are often met by parents who will respond by rescaling, aggrandising their own needs, and this often involves trying to control or punish their child (thus increasing conflict and increasing levels of ECIs). This way of rescaling may meet the structural expectation of good parenting, but it can also result in the child rescaling by aggrandising their own needs, creating conflict between parent and child who have both aggrandised their own needs, thus increasing ECIs, because they are both attempting to ‘take up space.’

#### 5.4.2 Punishment and reward

Having the opportunity to punish or reward another person usually requires a level of **power over** the person, and also have *access* to, and *knowledge of* what the person may or may not consider a punishment or reward. Parents are in this position. Having this **power over** another does not have to be problematic and recognising power and how power can be used to benefit those who are underserved is well evidenced in education (Freire, 2000), health (Teram, Schachter and Stalker, 2005; Abma et al., 2019), and my own background, social work (Cahill, 2007; Dominelli, 1998). Thus, having **power over** a child is not only socially accepted, but structurally expected (Smith, 2010). Nevertheless, for the children within the substantive population, when this dynamic involves punishment and reward, it emphasises their lack of power, that they do not have control of any given situation, and another has the ability to give and take away *privileges*. Thus, they can resist this environment through ECIs or alternative harmful behaviours.

What can be presented as a punishment or reward can also have economic or social associations. Rewards do not have to be material rewards such as sticker charts or financial gifts, but rather they are also represented by opportunities to access facilities, trips, or time doing an activity the child enjoys. Whilst the lack of power is demonstrable through the giving of punishments or rewards, there is also the impact of these factors. Within this category there is an element of *belonging*, of *acknowledgement*, and this can be **internalised** and integrated into the *identity* of members of the substantive population. A reward can become less about the steps required to achieve the award, and more about the positive feelings and sense of *identity* that comes from achieving the reward. Thus, rewarding so-

called ‘good behaviour’ of a child may not reinforce that particular behaviours are required, but that if you do not get the rewards then you are a *bad* child. It can become internalised or integrated into their identity, or will alter the behaviours, and the alternative strategies (ECIs) will be used to access the reward.

Similarly, that adults are able to punish a child but a child should not or cannot punish an adult for similar transgressions can be interpreted by children as **oppressive**; particularly if the punishment is interpreted to be an *unfair, unjust or unreasonable* response. Some children will then resist the punishments, or they will resist activities which they know may result in punishment due to PRAR needs. This form of resistance can then be escalated by those adults who insist upon, or force engagement because they are rescaling through an aggrandisement of the structural expectations of what a *good parent* provides, and adapting their behaviour to meet their own needs as a parent. They will not or cannot adapt to the needs of their child, which I will explore through the PRAR now.

### *5.5 Categorising needs*

There were four categories of need identified as relevant as part of the rescaling GT, ‘PRAR’. Each of them provided opportunity for the substantive population to recognise and respond to their own needs and the needs of others. Without having these categories, the substantive population would have no reason to rescale, as the rescaling GT makes visible an individual, a context, or a factor and these things are often abused due to the needs which underpin them.

#### *5.5.1 Proactive category*

This category represents those goal-directed behaviours whereby ECIs are used to achieve a specific goal. However, this does not necessarily mean it is an intentional or pre-meditated behaviour (although it can be), but rather it can be the consequence of an individual wanting something, or wanting to avoid something in the future.

**Avoidance** is a common property of the proactive category, and consists of concepts such as **fear, discomfort, poor sleep, and anxiety**. The behaviours that sit under the proactive category can often be used to help a child feel in control of the environment and can help them **avoid** what they may otherwise consider unpleasant or unsafe (i.e. transitioning to a new activity when in flow). There will usually be a clearly identifiable outcome to the behaviour e.g. a parent tells child they can’t go on a game, so child is aggressive until they

relent, or a child wants to **avoid** going to school, so they hit and kick to avoid being made to put on their uniform.

**Anxiety** was of particular relevance, which will be explored further in the Parent Illustrations chapter, however I will briefly mention here that *Pathological Demand Avoidance (PDA)* was a concept, and a diagnosis, which saturated quickly as it was a popular concept, probably because of my recruitment strategy. PDA will be further explored in the Parent Illustrations chapter.. It is thought to be a neurodivergence which is underpinned by high levels of anxiety (O’Nions et al., 2016; Newson, Le Maréchal and David, 2003).

**Poor sleep** as a concept had a number of different characteristics which meant poor sleep for the parent rather than the child. Some children required *medication* to help them sleep which could be anything from a low dose of melatonin (a hormone which is naturally produced to help us feel drowsy, but some individuals are not receptive to it, or do not make enough of it (Parker et al., 2021)), to sleeping tablets. Some children would present with ECIs at bedtime more than at any other time, and whilst there were a number of theories as to why this would be, there was not enough saturation to build a separate category, as once I moved from the descriptive into the conceptual, all the incidents were about **avoidance**. **Poor sleep** often resulted in *co-sleeping*, and whilst this could be the child in bed with a parent, it could sometimes mean parents sleeping on the floor in the bedroom of a child. Alternatively, **poor sleep** could refer to barricading themselves and other children in a bedroom throughout the nights to avoid ECIs, this was more likely in children who were being proactive in something they wanted, and how they were attempting to have their immediate needs met.

### 5.5.2 Reactive category

This category identifies the needs of the substantive population which are met through a reactive response. Some reactive responses are understood through the conceptual framing of **physiological responses**. Physiological responses include the concepts of **fight** or **flight**, and these are two of the main concepts which sit within this category and are very different responses to the same or similar stimuli. Responses can be immediate or delayed, and this is dependent upon the stressor and the individual. For instance, children who **mask** their needs in **education**, are more likely to have **delayed** reactions. Masking is a behaviour in which an individual consciously or unconsciously changes their behaviour to avoid stigma in social environments; however masking can have negative effects on the masker who may struggle



with emotional regulation and mental illness in the long-term (Miller, Rees and Pearson, 2021).

The behaviour of individual family members is associated with ECIs in three separate ways when examining the reactive category, responding, preventing, or causing: Firstly, the reactive category can be observed **in response** to ECIs (usually via the parent), whereby an ECI occurs and there is a reaction to this to meet the need of that family member. A second example of the reactive category can be a family member reacting to something negative **to prevent** ECIs (usually the parent, but occasionally the child), which can be a strategy to avoid escalation of distress. Finally, the reactive category can be understood as **causation**, whereby the ECIs occur as a reaction to unpleasant or undesirable stimuli (usually the child).

### 5.5.3 Affective category

The affective category refers to those needs which are met through intellectual, physical, social, and/or emotional stimulation. Much of the category was saturated by the concept **sensory needs**, as many of the children had challenges with *proprioception* (an awareness of where their bodies are positioned in space); experienced *hyper-sensitivity* (an over-reactive sensitivity to stimulation), which could result in pain, unexpected discomfort, and what could be perceived as an over-reaction; or *hypo-sensitivity* (an under-reactive sensitivity to stimulation), which could result in poor awareness of how rough they were being with others, how hard they had hit, or would promote *sensory-seeking behaviours* whereby there was an urge or an impulse to engage in harmful acts (Gabel et al., 1994).

The differing sensory experiences meant that many ECIs were triggered by everyday expectations. Bathing, hair-brushing, and certain clothing became distressing for the children living with touch hyper-sensitivity, and their need to avoid this resulted in proactive or reactive responses. However, for those children with touch hypo-sensitivity, they were attempting to meet their needs through physical aggression. In many cases, hurting other members of the family was physically enjoyable to the child as they met their affective needs through harming others. In some cases this was navigated by family members who encouraged and promoted alternative activities, such as body socks, trampolining, or physical play. Nevertheless, as many of the children with ECIs struggled to self-regulate, often the activities would escalate until the child or their siblings became distressed, and when a child tried to avoid hurting others, they would hurt themselves instead. This *self-harm* could involve biting, scratching, head-banging, or destruction of their own property.

#### 5.5.4 Relational category

A relational need is one which involves other people; it involves **attachment, intimacy, closeness, belonging, connection** but also **attention** and **adoration**. At the other end of the spectrum, there was also **loneliness** and **isolation**. The consequence of this is particularly seen in children who experience *rejection sensitivity*, and in those children who are often seeking connection with others. Conflict in the relational category can occur when both parent and child are seeking to have their relational needs met. However, where there has been a **rupture** (history of loss), the parent can experience **loneliness**, with these needs only met with another adult. When the child seeks to **connect** using ECIs or alternative methods, this reinforces to the parent why they are alone and, so the parent rejects this particular attempt at connection. This escalates the ECIs as the child continues to seek the relational connection in increasingly harmful ways.

Relational aggression is an example of externalising behaviours (Tackett et al., 2013; 2014). Practically, relational aggression usually affects parents, but others can be affected too, such as siblings, teachers and friends. This consequence is often observable when a child is so concerned about being rejected, that they attempt to force the rejection (e.g. playing with a parent and a sibling wants to play, so they hurt their sibling to prevent them from being the preferred parental playmate). At the individual level, children who present with ECIs from the Relational category often have very low *self-esteem* although can appear over confident. These children benefit from one-on-one time with adults and manage better when they have undivided attention. Children who present this way have historically been pathologised in terms of classifying them with a disorganised attachment style or personality disorders (Fonagy, 1999), as their need to connect and feel connected with others is significant.

#### 5.5.5 Categorising needs summary

The level of overlap between particular categories can help identify dynamics where there may be a higher level of proactive ECIs, or relational ECIs. For instance, imposed inclusion on a child who has affective needs will result in a child using the activity to fulfil their sensory needs and this can result in what would be observed as physical aggression, self-harming, or intense physical play with others. This will escalate as the child attempt to regulate their sensory system

Many of these categories will look similar to an observer, so the focus of these categories is not to describe them, but to present the underlying needs at the conceptual level. At the

conceptual level there are clearly different motivations and needs underpinning the observable behaviours. However, I would like to note that there are many overlaps between the categories and whilst they are all about the core category of meeting the needs of the child, human experience is not neat and tidy, and therefore models which attempt to describe them should not be either. As such there will be children who may present with ECIs who have needs which come from the affective category, but these children may also have needs in the relational category. Nevertheless, the rescaling process involves a member of the substantive population picking one of these needs and aggrandising or abasing the needs which they consider dominant or less relevant. By rescaling in this way, the child is not a 'bad child', but they have needs which are not being met.

Exploring how to identify and categorise needs of the individual within a family, is a good example of why Glaserian GT is a useful tool in unpacking the experiences of families living with ECIs. However, the situational factors which exist within this subcategory were helpful when considering some of the contextual factors that influenced most intra-family interactions for the substantive population, not specifically the ECIs. It can be useful to reflect upon the six Cs of GT; condition, causes, category, consequences, covariance, contingencies (fig. 14):

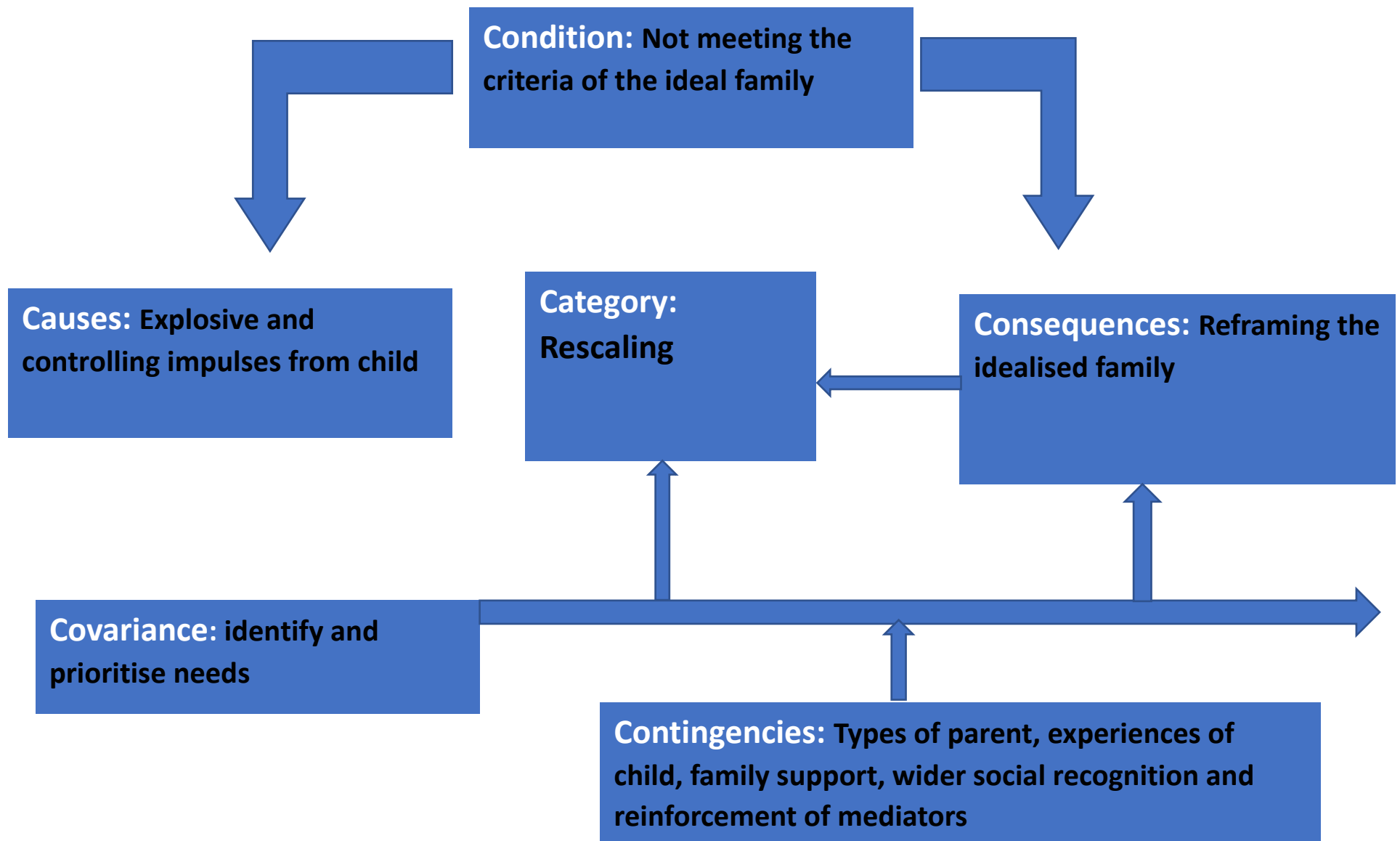


Figure 14 Relationship between the 6 Cs of GT

## 5.6 Adapting to the dominant needs

These theoretical codes are *processes* and relate to how the dominant needs of the member of the substantive population (parent, child, partner, or other children) are identified, and the **accommodations** taken to meet these needs. Every member of the family or household at any one time will be able to recognise who has the most significant needs at any one time. For instance, in a household with a newborn baby, the baby will have the dominant needs as they are incapable of doing anything for themselves. Thus, those in the household who can complete tasks independently will be expected to do so. However, where there are ECIs, and needs of a child have been categorised into one of the PRAR categories, then prioritising those needs can reduce the frequency or intensity of ECIs which would otherwise impact the whole household. In this section I will give conceptual examples of how the substantive population adapt their behaviour to **accommodate** the needs of whomever they consider has the dominant needs.

### 5.6.1 Parent

Despite dominant needs of the parent being one of the slowest categories to saturate, one of the quickest subcategories to reach saturation was regarding co-regulation. “You can’t pour from an empty cup” is an old maxim that means caregivers should take care of themselves before attempting to look after others. This can mean that when parents are engaging with a child who has ECIs, they sometimes need to focus on their own capacity to care for and respond to their child in a way which is helpful. Expecting parents to co-regulate with a dysregulated child when they are dysregulated themselves is difficult if not impossible (Gulsrud, Jahromi and Kasari, 2010). Similarly, children who present with ECIs could attempt to prioritise the needs of their parents but were often so dysregulated that they struggled to navigate the social environment within the home.

Parents were most often identified as having the dominant needs when there was a lack of **support**. As a sub-category I found that support was divided into *practical*, *emotional* and *work-based* support. Practical support consists of friends or family members who were able to provide childcare, or drop other children off at school when there was school refusal. Alternatively, when there was a child with needs as identified in the relational category, they were able to spend some one-on-one time with the child or cook or clean for the primary care-giving parent. Emotional support for a parent was that which supported the parenting choices made by the parent(s) and vocally respected and defended decisions they made.

As mentioned, there are structural expectations placed upon parents, who are expected to fulfil the obligations of a *good parent*. However, there are also **socio-cultural** expectations placed upon them, such as being able to parent effectively independently, which are difficult to shift when seeking **support** to navigate ECIs. As *invisibility* is the main concern of families living with ECIs, parents are particularly impacted by the *parent blame*. Parents are often referred to as *failing* if their child does not meet the expectations of a *good child* (Jensen, 2018; Cohen-Filipic and Bentley, 2015). This perspective is embedded with ableist and problematic ideas, as it assumes that any child who is not developing in a socially expected way then there is something *wrong* with them, however these assumptions are systemic and therefore reflected in everyday life.

Outside of the home, there were additional needs for the parents, particularly relating to employment. Work-based support took a while to saturate but has properties which recognise the importance of facilitating the ability of a parent to work, whilst also recognising they may require *flexibility* or support to access employment opportunities. Parents feel like their needs matter when an employer supports them.

Doing the *right thing* as a parent of a child with ECIs is frequently presented as a parent who needs to *control* their child. Therefore, when prioritising the needs of the parent over that of other members of the substantive population, parents will be navigating complex and overlapping societal expectations of what parenting and childhood should be, as will their partner, as will other children in the family. The rescaling here occurs as they aggrandise their own parenting successes, or their commitment to following the socially expected practices of a *good parent*, and they will abase the individual needs of their child, and the need to adapt or reframe their understanding of the *idealised family*. In many cases this will mean the parent holds the child or an extrafamilial factor responsible for the ECIs.

Explanations for ECIs were often dependent upon the *type* of person the member of the substantive population was. For instance, in parents there appeared to be differences depending on whether the parent was biological, foster, or adoptive. Mothers and fathers had a different approach. There were also differences depending on the family history, such as there being a history of domestic abuse, or postnatal depression. These will be explored in more depth in the illustrations chapters, however those members of the substantive population who had experienced domestic abuse rescaled in a very specific way, in that they were less able to adapt to the needs of others, and more consistent in retaining static

boundaries of what they considered acceptable and unacceptable behaviour. Here the rescale was more static as it was more predictable, less flexible, and created more ECIs as the aggrandisement was that **control** of others was unacceptable; they were trying to reduce the ECIs but ended up fixating on them.

### 5.6.2 Child

Particularly in Anglocentric perspectives of family life, there is the structural expectation that a *good parent* puts their children first but does not give them everything they want. They should offer their children freedom, whilst knowing where they are at all times. Children need to be independent or they will never learn, but boundaries are important. There is a tightrope to walk when prioritising the needs of children, for the child themselves, as well as adults around them. Parenting children who initiate the broader field of child or adolescent-to-parent violence and abuse (CAPVA) has been placed on a continuum from these parents are *overly permissive* as parents (Calvete et al., 2014), to these parents are *overly strict* and use authoritarian practices such as physical punishment (Lyons et al., 2015). It is similar for the more specific area of ECIs. What are the *needs* of a child versus what are the *wants* of a child?

In terms of the needs of a child, keeping a child **safe** is a priority. The paramountcy principle (Children Act, 1989,) identifies that the needs of the child are the primary focus and should come first in all cases of child safeguarding. This is complicated when it is the child presenting with ECIs, due to the harm they are causing to themselves and others. This idea of **safety** is relevant to the needs of the child, as many of the categories are related to whether or not a child feels **safe** and the strategies they maintain to sustain or achieve their sense of **safety**.

When supporting children and adapting to their dominant needs, for those children with relational needs, this may mean changing behaviours such as *routines*, *sleeping behaviours* and engaging in activities which increase the sense of **connection** within the household. I will give further examples of this in the Child Illustrations chapter, however it can be understood as taking time and engaging in *slow* socialising in which members of the household are able to engage in one-on-one time with the child who has ECIs, although this can be more difficult for those families where there are multiple children with ECIs.

Making accommodations for a child with ECIs and recognising those needs as dominant can mean restricting activities for all members of the household to avoid imposing inclusion upon

the child with ECIs. It requires reframing what it is to be a *good parent* offering a *good child*, a *good childhood*. These accommodations make it important to **identify**, **remove**, and **avoid** triggers for distress and therefore triggers for ECIs. This can mean **liberating** oneself from those socio-cultural expectations of what parenting and childhood should be or should look like. This **liberation** was experienced by those who had unburdened themselves from the expectations of others and opted to live their lives prioritising their child. These parents identified the needs of their child as the dominant needs, but they also balanced that with their own needs and how much they were prepared to fight with various systems which seemed to increase the rate and level of ECIs.

For the substantive population, adapting to the needs of the child with ECIs is about creating and maintaining an environment which promotes feelings of **safety** and security. This can result in parents leaving work to home-school their child. However, more often it involves a rescale through an abasement of their own needs and experiences whilst minimising or making invisible the impact the ECIs have on them, whilst aggrandizing the needs and vulnerabilities of their child, often managing this through the use of a **mediator**, such as autism, PDA, trauma, loss, brain injury. These mediated identities interacted with the **personal histories** of the family, such as **ruptured families** (history of loss), **contained families** (where both parents agreed on parenting strategies), **reconstituted families** (where parents were together but disagreed on the required strategies). For the children, mediators were underpinned by **belonging**, and these were different depending on the home and school experiences. For instance, where there were **ruptured families** *and* a history of domestic abuse, the child would manage their experiences of powerlessness by being aggressive. Further illustrations of the different ways these concepts are processed are available in their respective chapters.

### 5.6.3 Partner

Having a partner adds an additional component to consider within the substantive population, as they are usually also the parent of the child(ren), or they will be taking on some form of parenting role within the household. There is a level of consistency that is expected within parenting relationships and even when there are **differences in parenting styles** or strategies which can be strained if one partner reframes their perspective of the *ideal family* and the other does not. If there is no **respect** for the strategies employed by the other party, this can result in conflict both within the partnership and with the child(ren).



Recognising, prioritising and adapting to the needs of a partner was explored differently dependent upon the form of partnership. For instance, where there was a **cohesive** partnership, with an agreed parenting strategy, and agreement on the needs that will be met. **Cohesive relationships** were more adaptive to the needs of the partner. Married partners who were both parents to the child but with different parenting strategies were **disputing** relationships, and these were less adaptive and more resentful of the other parent. Partnerships where one parent was a birth parent, and the other parent was not were **practical** relationships, where partners offer more practical and less emotional support, so adaptations were relating to what needed to be done.

Both parties in a partnership were impacted by the socio-cultural expectations of parenting and therefore, if one partner wished to resist the expectations of **traditional parenting** and the other did not, then alternative strategies needed to be employed to reduce conflict or disagreement between the two partners. **Traditional parenting** is the form of parenting that fulfils societal expectations of parents being in control and children being obedient. If one partner is particularly strongly opposed to deviating from this form of parenting, and the other adapts to their partner accordingly, they are identifying their partner as having the dominant needs and are likely to continue parenting traditionally to provide **consistency** for the child(ren). Partnerships can be strained when there are differences in parenting styles, and therefore, to adapt as a parent to the needs of your partner can be an attempt to reduce the likelihood of **separation**.

**Delegation** is a concept which represents a behaviour whereby one partner removes themselves from the parenting role in certain circumstances or situations and therefore **leaves the other partner to manage** the ECIs or similar. In this research it was only fathers who engaged in this practice. This can be considered **supportive** or **unsupportive** depending upon the family dynamics. For instance, if one partner has decided to parent a child who has ECIs from the reactive category, they may need to spend a significant amount of time co-regulating with their child and reducing stress from the environment; the other partner may leave the former to manage this to not to escalate the behaviours or present as an additional source of **stress**. Alternatively, in the same situation, the latter partner may choose not to get involved because they feel or express that their parenting opinions or values are not **listened to** or **respected**.

#### 5.6.4 Other children

Risks associated with ECIs are increased when there are other children in the home, and when using an abductive approach, there are elements of ECIs which place other children in the household at the intersection of domestic abuse and young carer. This is particularly true when the child with ECIs has been identified as having a neurodevelopmental condition, which was true of many of the children involved in this research.

When other children, those who do not have ECIs, are identified as having the dominant needs it is often related to their basic needs, such as **sleep** and **safety** (Maslow, 1943; 1981). Where ECIs place other children in the household at **risk**, the substantive population (except the child with ECIs) adapt their behaviours to make the other child(ren) safe. When parents are aggrandising the needs of other children in the household, this can put parents at risk as they seek to protect the other child(ren). However, when there are multiple children within the home with ECIs, this can become more difficult and there are multiple considerations to be made regarding which child has the dominant needs at any one time, and often it will be the child presenting as the most distressed.

#### 5.6.5 Summary

Glaser (1998) provided guidance that when you have your GT you will see it everywhere, and it is a modifiable conceptual process, meaning that whilst it is observed through the substantive population, it will be evident in a myriad of situations and circumstances, and therefore there is scope for the development of a formal theory of rescaling. To test this theory, there are four requirements:

1. An idealised structure with socially expected power dynamics.
2. A need to reframe of what the structure should expect.
3. Recognising the individual needs of those within the structure.
4. Adapting to those needs.

GT studies do not have reliability or validity measures, but rather the test of its usefulness is whether the GT fits the substantive area, is relevant to the main concern, and works as a process to resolve the main concern (Glaser, 1978). I believe that the rescaling process meets all of the relevant criteria and this is evidenced through the framework I have presented. The framework of the rescaling theory contains all three potential theoretical codes (a process, a

condition, a consequence). However how the rescaling GT may be useful could be developed, through further research attempt to make the rescaling GT into a formal theory.

### *5.7 Conclusion*

The rescaling process exists to resolve the main concern of the substantive population, which is that they are not visible in representations of the socially constructed idealised family due to their experiences of ECIs. This creates a dissonance which results in members of the substantive population aggrandising or abasing a factor, individual or context. In this chapter I demonstrated how (1) reframing the idealised family; (2) categorising the needs of the child; (3) adapting to the dominant needs, provide a framework which underpins the rescaling theory. By making particular aspects of their experience visible, members of the substantive population to provide evidence that they are *good*. Through rescaling, it is possible to resolve the main concern and find social inclusion within their own family dynamic (us against the world), or by connecting with other families who have undertaken the same rescaling process.

Rescaling should be considered a dynamic process. This was particularly relevant for this study as, from the basic social processes view:

Much of what we call deviant behaviour now could be sociologically less emphasised and call and considered as a product of the basic social process which accounts for the deviant behaviour among other covariant behaviours and for the person engaging in it.” (Glaser, 1978, p. 104)

Whilst I have not attempted to cover every behaviour that may be considered relevant to the broader CAPVA umbrella, I have been able to identify some of the basic social processes which underpin some ECIs.

One of the categories underpinning the rescaling process, as mentioned, is the idea that adults hold **power over** children, and they can submit to, or resist this. Between the needs of the child and adaptations required to identify and prioritise those with the dominant needs, whether or not adults and adult expectations are considered an oppressive force can change the way in which the rescaling process occurs. This will be explored in later illustrations chapters, as parents, children, and experts all explained the importance of this category differently; however at the conceptual level, the two main aspects of this ‘reframing the idealised family’

(imposed inclusion, and punishment and rewards) were useful in changing how, when, and why the rescale occurred.

We exist in the world as physical beings; thus, we take up physical space. However, we also take up social and emotional space and as narrators of the world, we are often central in our own stories, the lead character (Fisher, 1984). To rescale in a way which abases their own needs, and makes themselves smaller, can make an individual more invisible, which is the main concern of the substantive population to begin with. However, it does make them visible as a good *mother* in particular, as they make sacrifices for their child.

As rescaling is a dynamic process, the dominant needs will shift over time, and as the ECIs may increase, or the impact of them may increase, so too will be the willingness of parents to adapt to who they perceive to have the dominant needs. This may be themselves, other children in the household, a partner, or others outside of the home. However, where there are compounding issues, i.e. mental health needs, it may be more difficult to rescale the focus from the needs and vulnerabilities of the child to the impact and needs of others in the household. Whilst parents in this research did not generally align their experiences to that of a ‘victim’, the etymology is from the Latin ‘*victima*’, meaning sacrificial animal, and parents in this research continually sacrificed for their children, in line with their views of what it meant to be a ‘good mother’ or a ‘good parent’.

### 5.7.1 Recommendations

One of the benefits of the Glaserian GT approach was that, whilst most GTs are developed through the process of deduction, Glaserian GT is also an abductive process, and this approach meant that I was able to lift the differences between parenting types, or situational environments into the conceptual level, which helped navigate some of those differences, particularly between, birth, adoptive, and foster parents. However, further theoretical and selective sampling based upon these different family constructions may be interesting to explore in future research. Furthermore, I have not investigated the processes undertaken by siblings of children with ECIs, and this should be explored in more depth. This was a modest but important study and the first step towards understanding rescaling as a process to made aspects of the ECI experience more or less visible.

As there were differences between parents with a history of domestic abuse, and those without in terms of their ability or willingness to rescale to the needs of their child, and there were often conflicts between partners when they reframed the idealised family differently, or

one did not reframe it at all, there is scope for further exploration into how the needs of the parent can be subsumed into the needs of the child, and how the identity of parent can facilitate the rescale as they and their needs are abased, whilst the needs of their child are aggrandised. As to whether there are differences in this process between mothers and fathers, or whether this rescaling process has clear gender differences is beyond the scope of this thesis, but there is potential to test a formative theory through a comparison of the rescaling of fathers and mothers, as well as sons and daughters.

If future research into the rescaling process is to occur, then this could be tested through an assessment model. How an individual rescales; what is aggrandised and what is abased, and whether there are patterns within the process could be explored through questions posed to family members, such as the following:

1. How did the individual reframe the idealised family?
  - a. This could be explored through “what makes a good parent?”, what does a good child do?”
2. What are the needs of each individual family member?
3. How do you adapt to these needs?

Existing assessment practices, such as the exchange model of communication (Aryee, Budhwar and Chen, 2002) allow for a collaborative conversational way of working and by asking the above questions there is opportunity to make visible that which has otherwise been hidden. For instance, a family may be talking about their child, and requesting support for their mental health. However, mental health is a **mediator**, it helps the substantive population make sense of their experiences and is aggrandised which makes less visible the *impact* of the ECIs on the family. Thus, by recognising, and recording the details of the rescaling components makes visible the practices the substantive population are engaging in which would otherwise be hidden until crisis.

## Chapter 6. Parent Illustrations

### *6.1 Introduction*

In the previous chapter, I nested the rescaling Grounded Theory (GT) and presented how it was constructed at the conceptual level. Now I will present how the rescaling GT was constructed based on the data recorded by parents. These data are presented as incidents which were shared by the parents, and broader illustrations which re-enforced the categories, and the relationships between concepts. As with all Glaserian GT studies, this, and the following three chapters should not be viewed as findings, but illustrations in support of my GT as “incidents are illustrations of the meaning of categories and their properties and interrelations; they should never be used as findings” (Glaser, 1998, p. 113).

The illustrations of the concepts which helped to build the rescaling GT include interchangeable indicators. Interchangeable indicators, also referred to as interchangeable indices (Glaser, 1978), are examples of data (indicators/indices) which can be used interchangeably to represent any kind of theoretical code (a process, a condition, or a consequence). An example of this is evident in work by Tom Andrews, in his research on nursing:

What I conceptualized as ‘soft signs’ was what nurses would say they observed when a patient was deteriorating. One would say it was how a patient moved about, another would say it’s the patient’s colour, others would name specific behaviours they expected had stopped, like reading the newspaper. These are all different behaviours which are all still ‘soft signs’ at the conceptual level. (Tom Andrews, personal correspondence, 29 October 2021)

‘Parent’ in this chapter, refers to any adult over the age of 18 who had a parenting role for a child with explosive and controlling impulses (ECIs). Parents had different approaches to anonymity, and so where a pseudonym is used, the name is in inverted commas. In this chapter I follow the framework outlined in the previous chapter, and so I will cover the following four categories: (1) The idealised family; (2) Power and resistance; (3) Categorising the needs of the child; (4) Adapting to the dominant needs. Within these sections, I have included qualitative responses from the parents’ diaries and conversations to illustrate the relevance of the framework underpinning the rescaling GT. It is often recommended that Glaserian GT write ups do not include quotations, at the risk of making

what should be conceptual, a descriptive write up. However, I have already presented the conceptual hypothesis, and so these quotations are illustrative to represent the consistency of the categories which have been identified through the process of conducting this research.

One parent provided a caveat in their first diary submission, but I think it represents the submissions of all the parents, and their feelings towards this research:

I am writing this as ‘Danyl’s’ mum and main caregiver. When preparing documentation for observations, what is written often only shows half the person – the problems, challenges and behaviour, which can often take over and detract from the individual, and can, paint a very negative picture. With this document, I am seeking to provide you with an insight into the world of my son. A world, which I have only recently come to understand. (Natalie)

Before covering the parent responses which developed the rescaling GT, I will reflect on how the parent co-researchers felt about ‘child or adolescent-to-parent violence and abuse’ (CAPVA) or its many variations, and why they wanted a new or different terminology for this thesis. Whilst both co-researcher groups preferred the more descriptive title of ‘explosive and controlling (instinctive) impulses’ (ECIs) as a name for their experiences, the following section will cover the rationale for parents preferring ECI over CAPVA.

#### 6.1.1 Explosive and controlling impulses

As with all aspects of this research, developing a name for their experience was an iterative process, and not one which was immediately resolved. It became clear immediately that all of the first round parents disliked the language of CAPVA, and this was true of almost all of the second round parents too. Despite this, all but one of the parents confirmed that they did recognise the behaviour as violent, or violence. Nevertheless, the framing of CAPVA was provocative and parents did not want to describe their relationship with their child using the language of violence or abuse, despite acknowledging the harm that was being caused.

Every time I read ‘violence’ in your research it makes me feel... just uncomfortable, even though I know what we have with ‘Amy’. It is violence. (Josie)

It is abuse, I am abused and it’s taken me a long time to get my head around that. But it’s his crocodile brain causing it. He’s not abusive. (Lou)

Whilst ‘violence’ and ‘abuse’ were rejected, the ‘explosive’ component of ECIs emerged quite quickly, as almost all of the parents had read “The Explosive Child” (Greene, 1998), and recommended it as one of the pieces of literature I included in the review of the literature (see Literature Illustrations for more information). Those who had not read it, had heard of it, and intended to read it at some point themselves. “The Explosive Child” was a title which attracted parents because they felt it described their experiences and the experiences of their child; for some it was the unpredictability of the ECIs, for others it was the significant destruction an ECI could cause, for others it was both.

Once the ‘explosive’ description of the behaviour was accepted by all of the parents (some of the children would also describe themselves as being “like a bomb” and similar, which will be explored further in the next chapter), it needed to be extended. Not all behaviours were explosive, or felt like “a bomb”, or an explosion of emotion. Some were about managing the environment, and others within it. For some families this component was the most significant in their lives, as they felt they were being “micro-managed by a child” (‘Izzy’). So ‘explosive behaviours’ was extended to ‘explosive and controlling behaviours’. Still, ‘explosive and controlling behaviours’ did not meet the needs of approximately half of the parents, with one explaining:

Even explosive and controlling behaviours... like, I dunno, it gives me that tightening in my chest, I don’t like it. It’s the behaviour part... like it’s a choice. School say behavioural when they don’t want to give support. CAMHS call it behavioural when they want to say it’s my parenting, or him making a choice. It’s not a behaviour, it’s not a choice, it’s an instinct or something. We need a word that isn’t behavioural, and isn’t violence but shows it’s explosive and controlling but not behavioural. (‘Jessica’)

Similarly, another parent avoided language that they considered blaming the child, and so wanted terminology that avoided language which could be understood as blame. However, one parent explained how she would avoid this type of language publicly, but would use it when accessing support, advice, or intervention:

Explosive and controlling behaviour applies both then and now. I don’t like to think of [my son]’s behaviour as controlling, and don’t describe him as this to anyone (with the exception of doctors), as if you say it out loud I think it’s like the parent placing blame on their child (I think that’s why I had the initial gut punch reaction I did on



our zoom). However, it would grab my attention and wouldn't stop me accessing the content. ('Katie')

As the parents wanted to be clear that they did not consider their child's behaviour to be about them being **bad**, 'behaviour' had negative connotations. Reports from parents indicated that when they first initiated help-seeking behaviours, frontline services termed the challenges the families were facing as 'behavioural', and used this as an indicator of why there was no need for intervention. Some parents described this framing as why some practitioners described the child as "bad" or naughty" or the parent was "negligent" (Nicola). Parents further explained that they had inferred from these responses that this was services implying that the behaviour was deliberate, or the parenting was to blame. What parents wanted for this research, was a recognition that being explosive, and controlling, was necessary for their child(ren). They understood the behaviour as an ECI, and for most of the parents, this was underpinned by a "pervasive need for autonomy" (Nicola), which I will unpack by exploring Pathological Demand Avoidance (PDA) and its relevance to the research illustrations later in this chapter.

## *6.2 Idealised family*

As mentioned earlier in this thesis, the concept of the **idealised family** is a **structure** which is created, maintained, and perpetuated by the **social** and **cultural** environment families are situated. Different families are impacted by this differently depending on those **cultural** expectations, for instance the parents raising children from Arabic backgrounds were expected to engage their children with additional schooling to learn the language. In these examples a **good parent** is one whom facilitates additional learning, and a **good child** is one who attends this learning and engages with their family history. In another example, the two Dutch families in this research explained that their culture held the mother particularly responsible for the behaviours and attitudes of her child and she had a role in maintaining the emotional wellbeing of their children.

In all parental experiences, when their child could not fulfil the expectations of a **good child**, others in the community were willing to provide advice for what a **good parent** should do. In some cases this is helpful and was requested by the parents, in other cases, as expressed by this parent, advice was unwanted and unhelpful:

Everyone gives you unsolicited advice all of the time, saying 'oh, this is what you should be doing'. Friends, professionals, family. It's made me really question myself

and not be able to trust my own instincts because when people are constantly questioning why you are doing certain things, to go against that is really, really hard ('Alison')

Challenging the expectations of the **good parent** and finding a different way that works for their individual family, many parents also recognised that their child was aware of the expectations of a **good child**. Whilst some children were unable to meet these expectations in any environment, other parents reported their child would behave differently between the public and private sphere; as though they were two different personalities. Several parents described this as though their child had a “Jekyll and Hyde” personality, and others were more descriptive:

[My daughter] almost has two sides, the one at home where she is at ease and behaves however she feels, and the one she displays for the rest of the world. Despite the scale of the meltdown she had in the car on the way to school, once she arrived at school, she emerges from the car serene and pristine as though none of the distress of the morning ever happened. (Michelle)

### *6.3 Power and resistance*

From middle childhood (age six upwards), resistance to parental demands is not uncommon, with little to no gender difference (Newson and Newson, 1976). Nevertheless, in this research, parents indicated that their experience of demand resistance, or demand avoidance was above what is expected of a typical child. As a result, due the demand avoidance, parents were often critical of structural expectations that a child should be obedient, and the parent should hold authority. For many this was oppressive as their children are considered chronically inflexible (Ross Greene, 1998), and could not adapt to be the obedient **good child**.

By framing the traditional parenting-child structure as oppressive means that parents **minimised** the impact upon themselves and **emphasised** the impact of the experience of their child; **mediating** the tensions generated by identifying their child as having a **demand avoidant identity**. This then framed the lack of autonomy offered to children as the problem, rather than the negative experiences had by family members due to the resulting ECIs, and this was exemplified through examples of imposed inclusion, which I will now cover.

### 6.3.1 Imposed inclusion

Parents shared some of the challenges their child had with relationships, such as with siblings or friendships. Often there are **expectations** that a **good childhood** involves positive relationships with peers and siblings, however in some cases, space away from these relationships was what was needed, and some parents illustrated that forcing their child to interact with others, or encouraging them to make friendships or spend time with others caused more harm, and resulted in more ECIs than occurred when their child was left alone:

[He] has been quiet and keeping himself entertained today with no violence or aggression. He hasn't had much interaction with his sisters, he has just kept himself to himself. It's been a refreshing change and much needed break from the recent bad days! ('Hannah')

Another example offered by many parents was that a **good childhood** involved lots of **learning opportunities**. However, the way this was provided was often imposed on the child. For instance, almost all of the parents had needed to home-school their child due to various lockdown rules during the Covid-19 pandemic, and some parents opted to continue this, as their belief that school was the correct environment to learn was no longer applicable when they saw their child do much better outside of the school environment. Similarly, sometimes the way a child is taught is done so because it is traditional, rather than because it is suitable, as demonstrated by Louise when taking her son to swimming lessons:

I used to take him for swimming lessons which was really difficult. Interestingly he had a teacher that was very old school as in "I'm the teacher you are the pupil- you do what I say". He hated her and ended up hitting her. Luckily his next teacher was the total opposite - she would let him take the lead and made things into a game and he thrived with her. (Louise)

Roughly half of the parents explained that their child only had ECIs within the home, however this meant that approximately half had ECIs in the community or school environment, with some schools stating they could not meet the needs of the child and parents were expected to find an alternative provision. Many of these 'alternative provisions' were not as inclusive as parents hoped, meaning opportunities were limited to schools which were not appropriate or suitable:

There was a lot of managing our expectations e.g. special schools are often for lower achievers, and specialist schools/private schools (for smaller class sizes) will often say they can't meet needs. [We were] advised mainstream is best wherever possible ('Katie')

Parents also illustrated that attending a school which did not meet the needs of their child resulted in not only ECIs from their child, but also impacted their own mental health, as the unpredictability was anxiety-provoking and often debilitating:

I realised this week that most of my anxiety comes from [my son] being in school and never quite knowing how his day was or knowing what to expect when I collect him. I have started waiting in the car as the anxiety is crippling. There is always a thumbs up or some other hand gesture to signal how he has been. This has been a constant through [my son]'s entire school life. We can't quite believe we are back there so quickly here too. ('Rose')

Despite this, some parents had found schools which had different expectations of what a **good childhood** was, in comparison to other schools which imposed expectations of compliance. Instead, there were indications that some schools did not impose expectations, and instead provided opportunities for learning which were led by the child and their creativity (fig. 15). This form of education was framed as 'child-led' whereas when similar practices were utilized by parent co-researchers in the home they were accused of "pandering" or being "over-permissive" (Jane).



*Figure 15: Jane's photo of 'Oliver' at school*

### 6.3.2 Punishment and rewards

Similar to the issue of imposed inclusion, several parent co-researchers identified that the unequal power dynamics was one of many significant challenges facing their children within school. This was partially related to the punishment and reward strategies that were implemented in school environments, which did not suit the children and their needs:

We know exclusions don't work; [my son] couldn't remember why he was being sent to the school 'reflection room' so it was a completely pointless endeavour. (Lou)

Power dynamics which emphasise the different status of parent and child (inferior vs superior), such as punishment and excessive demands from the parent to the child highlight the powerlessness of the child and can result in humiliation when they are punished (Newson in Tutt, 1976, p. 93). Some parents described this humiliation as a "shame spiral" whereby ECIs would occur because of the shame and rejection that was experienced by the child in response to punishment. Some parents were able to reframe their approach through research, training, or reflecting on their own experiences as a child:

When you think about traditional parenting, and it's very, you will do this, you will do that, because I am the adult and you are the child, and almost negates the feelings that a child might have. And so I sort of think that whilst you know, as a neurotypical child, that's how I was brought up, and maybe hasn't done me brilliant favours. I look

at my own mental health struggles and my anxiety. And I sort of look back and think my parents could have been; my mom in particular, could have been so much more understanding of how things made me feel. (Lou)

A small number of parents explained they would remove a console or PC as a punishment (**power over** child). However, more often they would remove a console or PC as a way to protect their child after they observed their child becoming upset through a gaming activity. Parents in the latter example were trying to avoid ECIs, they saw a reactive need, as they could see their child becoming more stimulated, or more distressed, however the removal of the console or PC would consequently result in an ECI due to the distress at having their property removed. Natural consequences were referred to frequently by those parents engaging in therapeutic parenting practices. For example, if a child stole money then there was no money to buy the snacks they liked. However other parents explained their child needed to know there were clear and significant consequences for them to be acknowledged:

If you do this, then this will happen... that strategy doesn't really work, it has to be a pretty harsh threat (Emma)

#### *6.4 Categories of need*

There were four categories of need identified, and parents were primarily interested in recording their understanding of the needs of their child before their own needs. However, in the four categories of proactive, reactive, affective and relational (PRAR) needs. I will present illustrations of both the needs of the child as well as the needs of the parent, these will be presented in square brackets in relevant quotes. Prior to exploring the four PRAR needs, I will present illustrations on how PDA was understood and interpreted by parents. As mentioned previously, PDA was an important part of the recruitment, and so the four categories of need can be connected to this distinct label.

##### *6.4.1 Pathological Demand Avoidance*

PDA can be defined as “an obsessional avoidance of the ordinary demands of life coupled with a degree of sociability that allowed social manipulation as a major skill.” (Newson, Le Marechal and David, 2003, p. 596). It was initially conceptualised by Elizabeth Newson as a distinct profile within pervasive developmental disorders which impact girls and boys equally, requires different support strategies than autism, but provides families with a more concrete understanding of their child than a diagnosis of atypical autism would (Newson, Le

Marechal and David, 2003). A concrete category for their experience facilitates visibility and connection for families, as well as acceptance, which is particularly important to families as, “families, like individuals, resist efforts to change them by people they feel don't understand and accept them.” (Price, 1999, p. 6).

As I mentioned in the Methods chapter, the recruitment strategy resulted in the majority of parents self-selecting from a pool of parents accessing a PDA charity online support group, which also shared information on PDA. From a conceptual point of view, a process undertaken by parents was to situate their experiences more broadly, to **humanise** it. In this context this means to find a name for what they were experiencing, why they were experiencing it, or how they were experiencing it. It presents their experience as one which is part of the variation of human life. Humanising their experience means to have the language to articulate what has happened to them, how it has impacted them, and what it was caused by. For almost all of the parents, they situated their experiences through the concept of *identity*. *Identity mediators* in this research include PDA (and other forms of autism), ADHD, mental illness, and these mediators are used to reject the concerns of **bad child** or **bad parent**, and instead *being* PDA, or being a PDA parent is central to their *personhood* rather than a *quality*.

By framing ECIs as a response to PDA needs not being met, there is an aggrandisement of their needs through the **mediator** of the PDA identity, and the expectation of a *good childhood* is abased. Parents gave examples of PDA expressions, such as washing, or dressing, or eating whereby their child was incapable of decision making, rather than an unwillingness to eat or make choices; framing this as demand avoidance:

He can't choose what he wants for dinner, but if I make suggestions, he won't say yes to anything. I quite literally have to make the food within the very limited selection of foods he likes, and put it before him (on his own plate)... otherwise he refuses to eat! Most people would say we are pandering... and maybe it is. But none of my other children behave this way, and one of them is Asperger's! The truth is, if I don't do this, he CANNOT eat, CANNOT Get dressed. The demand is too huge and he will simply refuse. (Jane)

There is some contention regarding the “pathological” in PDA, with Newson, Le Maréchal and David (2003) explaining that it is important to recognise that the demand avoidance is

beyond typical expectations and uncontrollable. Nevertheless, one parent explained they preferred a different P:

The name pathological demand avoidance misses the point... I prefer pervasive desire for autonomy. Give way for the need and see how incredible our little humans are.

(Nicola)

Some parents received resistance from family, friends, and professionals when seeking out a diagnosis for their child. It was about more than a label, it was about what that label meant:

Lots of people ask us why we felt we needed a diagnosis for [my daughter]. This is one of the reasons why. It helps us take a deep breath and remind ourselves that [my daughter] can't help behaving in this way. It stops us from losing our temper with her and stops us wishing her to be like other children. It helps us accept her for who she is and not try to change her, even if it can be exhausting ('Cassie')

Nevertheless, for another parent, there was a mixture of emotions at receiving a diagnosis, because of what that meant:

We had the assessment at [redacted] last Thursday and it went well. They diagnosed 'Amy' with ADHD and ASD with PDA traits. I would say I feel quite good about my amateur diagnosis skills, but I'm also a bit annoyed that it took so much effort, nearly 2 grand, a day off school/work for all of us and driving to a place over an hour away to get a diagnosis. If I have understood the test they did for ADHD, her results were so far up the scale that I feel the teaching staff should have recognised it before us, especially given that we raised it specifically as a possibility from year 1 onwards. Anyway, 'Amy' is quite pleased to have "a condition" and we were told by the paediatrician that we'd "done well" which was very validating, as we have felt like the worst parents in the world on quite a frequent basis (Josie)

Some of the parents explained that their child did not meet criteria for a specific diagnosis, and once a service decided that a diagnostic threshold had not been met, the **mediator** was rejected by professionals and parents then experienced cycles of parent blame. These cycles involved a referral into a service due to the risk-taking behaviours in the child, the parent would not want the child (or themselves) to be perceived as **bad**, so they would test various **mediators** in an attempt to humanise their experiences. These mediators were then accepted or rejected by the parent based on their fit, rather than by diagnostic confirmation; and was



accepted or rejected by professionals based upon the diagnostic threshold being met or not. When the mediator fit, and represented the experiences of the parent, the rescale would occur and involve an aggrandisement of the mediator, it would become the most visible part of their ECI experience. Once this aggrandisement occurred, parents were able to resolve their main concern of invisibility by finding a community and name for their experience thus making themselves visible, as a good parent.

#### 6.4.2 Proactive category

The proactive category were those behaviours and impulses that were engaged in as a method of avoiding something unpleasant or undesirable. It was often presented as parents avoiding saying or doing something they knew would cause an ECI, or walking on eggshells around their child. Sometimes, however, an undesirable event was unavoidable and children would present with ECIs as an attempt to prevent the event from happening, as was found by ‘Hannah’:

[H]e sat on the floor by the door refusing to put his shoes back on and seeming increasingly agitated. As we were blocking the entrance, I was feeling pressure to get moving, so I offered ‘Josh’ the choice of putting his own shoes on so we could leave, or I could do it for him. He still refused, so I leaned down to help put them on and he became immediately aggressive towards me, kicking out and kicking my arms hard repeatedly as I tried to get his feet in his shoes (‘Hannah’)

School avoidance was the most commonly recorded proactive strategy, but many parents recorded different proactive ECIs, and proactive needs were found even in those children who did not appear to engage in ECIs for reactive needs. School avoidance has been recognised since the 1940s (Klein, 1945), when there was a focus on anticipatory action. This school avoidance could be grouped into three different motives: anxiety, aggression, and secondary gains. In this research, parents were not separating school avoidance into three motives, but instead the three motives were symptoms of the avoidance. Below is an example given by a parent of how their child used different ECIs in an attempt to prevent his parents from sending him to school.

He was refusing to go to school, wouldn’t get his shoes on was thumping doors and picking things up to throw, went and sat in the garden screaming that school is boring. (‘Kalley’)

Within the school environment, proactive ECIs can also occur, as demonstrated by ‘Rose’ after a conversation with a learning support assistant provided for her son at school:

Had a really positive call with [my son]’s 1:1 on Saturday. She says he has got into some bad habits using his aggressiveness to avoid doing things. (‘Rose’)

Within the diary submissions, some parents included videos and photographs of their experiences of various ECIs. One example, which would not meet the threshold for an ECI, but is still demonstrable of the proactive category, was when ‘Oliver’ hid in a curtain when he did not want to leave the house (fig. 16). Below this is a conversation between ‘Oliver’ and his Mum, Jane, as written in her diary submission about their interaction when he was trying to avoid some activities Jane had planned for the following day:



*Figure 16 ‘Oliver’ wrapping himself in a curtain when asked to leave the house*

‘Oliver’ “I’m sad”

Me “why are you sad?”

‘Oliver’ “Because you are going to force me to go tomorrow”

Me “You might be sad now, but when you get out there rolling down the hills and drinking milkshakes, you will be happy.”

‘Oliver’ is very angry with me. (Jane)

Whilst the above examples between Jane and ‘Oliver’ are subtler than some of the ECIs presented in the reactive category below, proactive behaviours resulted in Jane changing her own behaviour in an attempt to pre-empt this, often unsuccessfully. Thus, she also started to engage proactively. Furthermore, there were many examples of children attempting to regulate or calm themselves proactively through sensory-based strategies, more of which will be explored in the ‘affective category’.

#### 6.4.3 Reactive category

Challenges with school were not wholly navigated proactively. For some parents, *education* fit within the reactive category and consisted of concepts such as *masking* (which has been identified as a socially-driven process utilised to avoid stigma by intentionally or unintentionally hiding aspects of yourself (Miller, Rees and Pearson, 2021)), *workload stress*, and *friendship* issues. Regarding the **reactive category**, education resulted in the **coke bottle effect**, whereby children gradually became more ‘shaken up’ (distressed) throughout the day, but waited until they were picked up from school, or until they arrived home to ‘explode’, i.e. react to their stressors.

**Education** provides a specific level of strain on a child, whereby they experience and are constrained by **adult expectations**, that is the expectations placed upon them by teachers, learning support assistants and the broader social expectations that impact children as they grow and learn. Thus, some children contained their emotions until they were in an environment where they were less constrained by social expectations (i.e. the public sphere), and can “explode” away from it, in the home (i.e. the private sphere). Some parents and previous research described this as the parent being “the soft, warm comfort that lets [a child] know he is safe” (Rutter, 2021b, p. 1327), and this feeling of safety is framed as the reason for ECIs within the home and not outside of the home. However, the different constructions of social and private spaces may also explain the differences between how behaviour is observed differently between the two spheres.

Schools provide routines and these can be helpful; school can also provide space between parents and children when they need space from one another; schools can also be unpredictable, with changing staff and pupil populations and occasionally appointments may mean that a late start or early pick up is required, which can result in ECIs:

‘Josh’ became distressed and violent in the car. He screamed loudly and was kicking the backs of the other chairs and generally very upset to the point we couldn't reason

with him. We got home and he went up to his room and trashed it, throwing everything around and banging against walls. He also snapped his TV remote by throwing/banging it against the wall. I think the trigger for this was suddenly taking him from school before home time ('Hannah')

Whilst the above reactive ECI appears to be related to distress that 'Josh' experienced at having his routine disrupted, other reactive ECIs can be reactions to a disruption in activities that are pleasurable, enjoyable, and/or planned. For instance, Michelle has learned not to interrupt these types of activity, as it will result in a reactive ECI:

When she came home from school today and announced she was making a surprise I could have said no but it is just not worth the upset it would have caused [proactive response]. If [my daughter] has a plan in mind, she really struggles to deviate from it and saying no can result in lots of crying, shouting, swearing, verbal abuse and sometimes physical abuse too from [my daughter]. Put simply-aggression (Michelle)

Similarly, 'Hannah' experienced reactive ECIs from her son when his plans were disrupted, or he was unable to access activities which brought him pleasure, such as his tablet:

'Josh' asked for his tablet to play games and I said this wasn't charged yet. He immediately became very aggressive. He threw hard heavy toys across the room towards me and his sisters and kicked my 2 year old so I had to move her across the room out of his way. He then tried to get to his sisters to kick them and I blocked him from moving. 'Josh' then started screaming hysterically and attacked me, kicking hard, punching and I was unable to fully control the situation due to his size. I shouted for my partner... to come and help, and he picked 'Josh' up to take him upstairs to his room where his sensory area/toys are to calm down. He screamed and thrashed around while being carried up the stairs and repeatedly kicked and hit [my partner]. ('Hannah')

'Sharon' shared her experience of trying to understand her daughter. In this case it related to services applying **mediators** which do not fit how 'Sharon' experienced ECIs. In this example, 'Sharon' shared a **reactive** ECI experienced by her daughter when 'Sharon' explained she wanted to buy a desk from a different shop to the one her daughter wanted to buy it from:

I had appointment... to discuss assessment... She has advised [my daughter] doesn't have a neuro disorder, but she feels she is anxious and suffers from low self-esteem... We have a support worker from early help... she has advised she can see ADHD... We are getting so many mixed messages, and nobody seems to listen to me or talk to each other [needs of parent]. We are now over 3 years since 1st referral... and no further down the line. Surely it isn't normal for a child to lose control and lash out. This morning I asked her if the desk I had seen was the same one that she seen in Argos as Argos was sold out - she became hysterical saying amazon is second hand stuff - wouldn't listen to me when I was saying it wasn't. Screamed hysterically for about 15mins. Calling me names. I just don't understand where that relates to low self-esteem or low self-worth. After the meltdown she always apologises - well most of the time, says sorry and says won't happen again - but it does! ('Sharon')

#### 6.4.4 Affective category

This category refers to those needs which were met through intellectual, physical, and/or emotional stimulation, and as such, ECIs can occur when these needs are not being met, and/or the ECIs help to meet these needs. Bedtimes were a trigger for ECIs according to many diary records, with some children requiring melatonin as a sleep prompt, and others reported that their children required significant sensory stimulation before they were ready to sleep. In the case of Josie, her daughter 'Amy' began taking melatonin during the research, which made a significant difference to what had previously been a "fraught" bedtime routine:

Bedtimes are often really fraught in our house and tonight was no exception. [my husband] had to ask her repeatedly to brush her teeth and he ended up doing them for her which she hates. Then she was messing about pulling all the covers off our bed and wearing the super king duvet as a cloak. She then tripped on it and banged her head on the skirting board and cried. This sort of thing happens a lot at bedtime, however calm we try to keep it... Eventually she calmed down and went to sleep about 9pm after making a nest of all her cushions and blankets on her bottom bunk. Come to think of it, making a nest of cushions is a sure sign that she's stressed or anxious (Josie)

30 parents reported their child had issues around food and eating, for some they noticed an increase in ECIs when their child was hungry or thirsty and so they managed this proactively by "always send[ing] him in [to school] with extra drinks and snacks, to make sure there is no

hunger or thirst issues” (Emma). Whereas others found their child had a very restrictive diet and a restrictive way of eating. This was an additional burden on parents, as they had to include additional tasks to their day to accommodate these dietary restrictions.

As can be seen in the pen portraits that have been completed by some of the parents (appendix 1), the diaries provided space for some of the parents to observe and reflect upon patterns of behaviour. In one example of this, Jessica explained how she noticed that affective ECIs could emerge from enjoyable activities, due to how her son finds it difficult to regulate or calm himself. Thus, ECIs escalated until he overwhelmed himself:

A pattern of behaviour I have not taken much notice of became really apparent this week. [my son] seems to run an emotional rollercoaster (I am aware of this but I haven't really acknowledged the sequence). [my son] has been playing with his sister a lot. Between them they get very giddy; running around shouting, giggling and making up silly words. [my daughter] is able to bring herself down without major incident. [my son]'s mood elevates to a point at which it is hard for him to come down. This means that the only route he has to bring his mood down is by becoming very upset. ('Jessica')

30 parents indicated bolting behaviours, which involve a child running away from their caregiver, were common as soon as their child could run. This was frequently described as unexpected, and that their child was indifferent as to whether they were being followed or not. Despite bolting being a common feature of children with developmental differences, multiple parents explained that they had been told variations on “they’ll come back when they realise you aren’t following them”, rather than being advised that these behaviours were indicative of neurodivergence (Call et al., 2019). In all 30 cases, parents explained that their child was indifferent as to whether they were being followed or not, and for them bolting was not about reacting to something negative, or a method of seeking attention, but the need to run.

#### 6.4.5 Relational category

Parents identified many different relationships which were helpful or not so helpful. Receiving support from family members, and the opportunity to have space from ECIs was important, however, in the case of ‘Catherine’, this increased her feelings of isolation when a family member who could recognise that space and practical support was required, was less skilled in communicating in a way which met the needs of her son, escalating the ECIs:

I think my sister, as helpful as she is at times, is a big trigger for [my son]. He picks up on her frustration and uses that. A couple of times she has been sharp with him which has triggered him. And it hurts me to say I think I'd be better without her interference (not sometimes as sometimes I'm at the end of my rope with everything an need someone there so I can take five) but it's left me feeling more lonely ('Catherine')

When help-seeking, continuity of professional involvement is important, particularly in cases of child protection, or where there are other concerns around safeguarding (Butler and Williamson, 2018). Nevertheless, for many of the parents, they did not or could not access support due to variations in thresholds across regions and countries. Occasionally this meant support was privately funded by the families, more frequently it resulted in short-term support from multiple organisations and multiple workers, which did not meet the needs of families who were seeking advice and guidance from professionals who knew their family well:

It seems everyone is under-resourced, and the default is to try to pass us on responsibility to others whenever opportunity presents. This leaves us feeling unsupported. Welcoming new people into your family life takes time and energy, and from experience, the support is often short lived. Then you have to start over again, explaining your story from the beginning. ('Katie')

Most parents reported that generally their relationship with their child was complex and varied day to day. Some reported that it was mostly positive other than the ECIs, others reported it was mostly negative with the occasional positive. One parent highlighted her frustration at wanting time to promote a healthy, positive relationship with her three children which was otherwise spent in meetings telling her to improve attachment with one of her sons:

It makes no sense to me that we have to spend all this time in meetings with all of these professionals every couple of weeks for them to tell me I need to spend more time with my children when that time could be better spent actually with my children ('Katie')

When ECIs are as uncontrollable as they were with some of the children described by parents, some children appear to have identified specific members of the family to be the

target of the ECI, such as ‘Josh’, who was in a family of six but the majority of ECIs were experienced by his Mum, or his older sister:

[His] older sister [redacted] tried to speak to him, he suddenly lashed out. He chased after her causing her to run as she was scared he would hurt her, he then caught up to her and started attacking her - punching and kicking until she was in tears. I caught up and pulled him away, he started to hit me and ran off (‘Hannah’)

In the above example, ‘Josh’ would direct ECIs towards the two people ‘Hannah’ reported to be the most sensitive to his distress. As to whether this was an example of sabotaging those relationships is unclear. As mentioned in the previous chapter, rejection sensitivity can be understood as a relational need, and many parents provided evidence of their children presenting in a way that could be conceptualised as rejection sensitivity. For instance, several parents described the difficulties their child had when a sibling had a friend at the house, such as the case of ‘Harriet’:

If [my daughter]’s older sister has a friend round then [my younger daughter] can be quite manipulative and will encourage her sister’s friend to come and play with her instead – which understandably upsets her sister. (‘Harriet’)

In a different example, Emma described how her son needed to feel included and was very sensitive to *rejection*, *shame*, and *embarrassment*. This meant Emma had to work with school in an attempt to avoid any of these feelings or there would be ECIs: “He gets really upset if he can’t walk home with his friends. And he gets really embarrassed if his teacher has to talk to me” (Emma).

The relational ECIs parents reported were often presented in a direct way, however there were indirect challenges too; some ECIs were not observed until well after the event, such as the case of Josie, who had a number of relational needs not being met, and her daughter who was trying to navigate feelings that sometimes resulted in causing harm:

So this morning Amy tore up my Valentine’s card from [my husband] (just after I’d spent some time digging out an envelope, stamp and [her friend’s] address so she could send one to [her friend]). She denied she’d done it but it just made me really sad because it was quite a nice one and it just encapsulated the state of our marriage generally – some torn up shreds of paper featuring a torn up Marmite jar (Josie)



There were many examples of ‘Amy’ being resistant to adults around her, and Josie explained “you need to be made of strong stuff”, and events quickly escalated, whereby it was “almost like lighting a piece of paper on fire. You know one minute you've got a piece of paper, the next minute, you've got a fire” (Josie). In the next section of this chapter, I will cover some of the illustrations of this resistance, and the power dynamics which prelude it.

### *6.5 Adapting to the dominant needs*

In this section of the chapter, I will present some of the illustrations made by parents regarding the *processes* they identified they undertook to meet the needs of themselves, the child presenting with ECIs, their partner, or other children through **accommodations**, and how these processes related to which family member the co-researcher considered to have the **dominant needs** in their example. For ‘partners’ and ‘other children’, I have taken a broad view of what these terms mean and so, whilst not all of the parents had a partner or spouse, and not all had other children, I included any adult identified by parents as a partner, husband, wife, or similar. I also included the children of these adults within ‘other children’.

#### *6.5.1 Their own needs*

Parents were able to use the diaries and our meetings to reflect on their lived experiences, and over time there was an increase in the number of reflections on their own needs as a parent, and the emotional impact of the ECIs they were facing, sometimes daily.

Today was again one of the hardest days with ‘Josh’ and left me physically and emotionally drained. His level of aggression is definitely worsening, and incidents in the last month or two are becoming a lot more frequent and intense. (‘Hannah’)

One parent shared their feelings about how they were often so engaged with their child on a day-to-day basis that when they had a break, it was difficult to accept their current life:

Having a break actually makes me a bit unhappy... because I miss my old life and things are so much easier without [my son] around (‘Izzy’)

On occasion, parents aggrandised their own needs, as demonstrated by Lou (fig. 17), who had reduced demands on her son because her own mental health was fragile at the time. The protection of her own mental health was more important than meeting the criteria of an *ideal parent* at that point in time.

Date: 24 October 2020

LM: At home

KM: At home

What went well today?

\_\_\_\_\_ has agreed to go out tomorrow & meet up with my step-daughter & grandkids at \_\_\_\_\_. He also came out of his bedroom.

What didn't go well today?

I am still treading on eggshells and not able to face getting him to do things which could be triggering.

What are the triggers?

Actual

Guess

What strategies were in use?

I am avoiding doing anything to rock the boat!! which is feeling like terrible Mum!!

How did it resolve?

If I didn't react well what triggered me?

How did K respond?

He has stayed in the kitchen on the sofa, only getting up to eat and go to the toilet.

How did I react?

My mental health feels fragile & I haven't pushed him to move out his comfort zone.

Three good things from today...

1. A good walk, even though it was raining!
2. A lovely evening meal.
3. Relaxing & watching the TV.

Figure 17 Lou's diary submission

Another parent shared her experiences of speaking to a social worker after realising she had reached her capacity as a parent and needed additional support from services. Whilst this was a difficult and emotive situation to share with a social worker, 'Katie' found herself facing further social control rather than the support that she was seeking:

I shared with our social worker that I'd had suicidal thoughts... and that I'd had more recent visions pop into my head involuntarily about hurting [my son]. I said I knew I would never act on these, but they were scaring me. This was a result of me bottling up everything that had gone on... I felt such shame about my feelings I did not feel able to share them with anyone. I pushed them aside and tried to carry on being my positive self, but I knew the visions were wrong and I had to seek help... As a result of me sharing my feelings with our social worker... my husband and I had to sign an agreement... I was not allowed to leave the house with any of my children without my husband. I understood why, but this placed further pressure on Dad, and in turn on me as I was worried about him ('Katie')

Some parents in this work, particularly the mothers, were keen to emphasise that prioritising the needs of their child was part of their role as a mother, and these mothers were very critical of what they conceptualised as the "martyr parent"; explaining that these parents will identify

as a “autism mom”, or “carer” and this identity is one which is subsumed under the child. These parents were described as those who frame the distress of their child as a problem for themselves. Critics of so-called martyr parents dislike the framing of explosive behaviour as ‘violence’, and prefer to consider such behaviours as ‘distressed behaviours’. However, I found this a contradiction as many parents are able to see ECIs as harmful to them as parents, and concurrently, indicators of their child experiencing distress. Both things can be true, they are not contradictions. Arguably, the term ‘martyr parent’ is better suited to those parents who support a child exhibiting ECIs without highlighting the impact ECIs have on themselves.

Parents who disclosed they had prior experience of domestic abuse were more resistant to the process of rescaling through an abasement of their own needs, and thus found it more difficult to navigate the mutual-rescaling process with their child, which in itself could increase the likelihood of ECIs, as their child struggled with the power dynamics. Whereas parents who were caring for adopted or foster children described their experiences of rescaling through the abasement of their own needs, and an aggrandisement of the needs of their child as an easier process, which will be explored in the next section.

### 6.5.2 Child

Lou was an adoptive parent to two boys, and her diaries frequently recorded the strategies she engaged in to prioritise the needs of her son, and whilst she was able to achieve maintenance between her own needs and her sons on occasion, there were more examples of her prioritising her child and engaging with an aggrandisement of the mediator, in this case trauma:

I just feel we're not having massive explosions. There isn't violence at the minute, but that's only because of the way I'm choosing to manage the situation... I'm deliberately not doing things that I know would cause an explosion... It's a very extreme version of picking your battles. There's no battle here at all. There's nothing to argue about... what I'm hoping with the psychological assessment when that starts... there will be massive amount of therapy... to help heal the harm that has been caused way before he came to us. (Lou)

One of the key components in adapting to the dominant needs of the child was highlighted by a number of parents, and was about listening to, and accepting the experiences of children as

their truth. By listening to their child, parents found that rescaling was easier for both parent and child when the narrative of the child was accepted by the parent, and validated:

The biggest shift was just listening to him and believing what he was saying was the biggest shift. And that was hard because there was a part of me thinking, is he just being manipulative. But when I kind of stopped that just listened to what he said, and then empathize with him. To feel how he feels all of the time, that must be horrendous. ('Alison')

Nevertheless, sometimes this listening resulted in the parent and child rescaling, even when the parent knew the narrative of the child did not fit with their observations as a parent. However it was not clear whether discussing how and why events occurred with a child who was angry or distressed was helpful:

I do often accept his narrative to de-escalate situations. I am not sure whether this is right or wrong. It enables him [to] not take full responsibility which is a more gentle way to approach him when he is unable to regulate. (Jessica)

### 6.5.3 Partner

Prioritising the needs of a partner was identified by one parent as another form of harm, as in the case of Erin, who stated "I feel I was making myself small." Whilst Erin's statement reflected living with coercive control within an intimate partner context, it was this statement which illuminated all which came before, and after it. By making herself small, Erin was rescaling whereby she, and her own needs were abased, and it was not until the relationship ended that she was able to rescale and prioritise her own needs, away from her partner.

Different partnerships recognise, prioritise and adapt to the needs of each partner differently, dependent upon the form of partnership. For instance, where there was a **cohesive** partnership, such as in the case of 'Katie', a mother, married to the father of her children, with an agreement on the parenting strategy required. **Cohesive** relationships were more adaptive to the needs of the partner. Nevertheless, there were still examples given regarding how ECIs put strain upon even the most supportive partnerships:

The highs and lows put an enormous strain on my husband and I. often "in the moment" my son tells us he wishes we would split up... I decided to draw a line under the day and not to try to salvage it but to show [my son] how sad I was feeling. I'm often torn with no demand and the reality of real life and society. ('Rose')

Married partners who were both parents to the child but with different parenting strategies, such as Josie, or separated parents, such as the example of ‘Catherine’, were **disputing** relationships, and these were less adaptive and more *resentful* of the other parent. Josie was trying to take steps to become more cohesive as a partnership:

I need to think how to help [my husband] too, because although he understands her diagnosis intellectually, he’s still really struggling to be flexible and not to get angry when she won’t do what she’s asked and I am fed up with stepping in to separate them. Especially as I feel very hypocritical as I get angry too (Josie)

Partnerships where one parent was a birth parent, and the other parent was not were **practical** relationships, such as in the case of ‘Hannah’ or ‘Catherine’ whereby the partner offered more practical and less emotional support. When there is no family support due to judgement and/or blame, the need for emotional support is heightened:

It has been a very rough days with my girl... I only have my partner to support me but I think he is on the spectrum... which doesn't help either. I am a very low mood and trying my best. I have no family to support me, they don't believe in autism for them this is just bad parenting. (‘Sasha’)

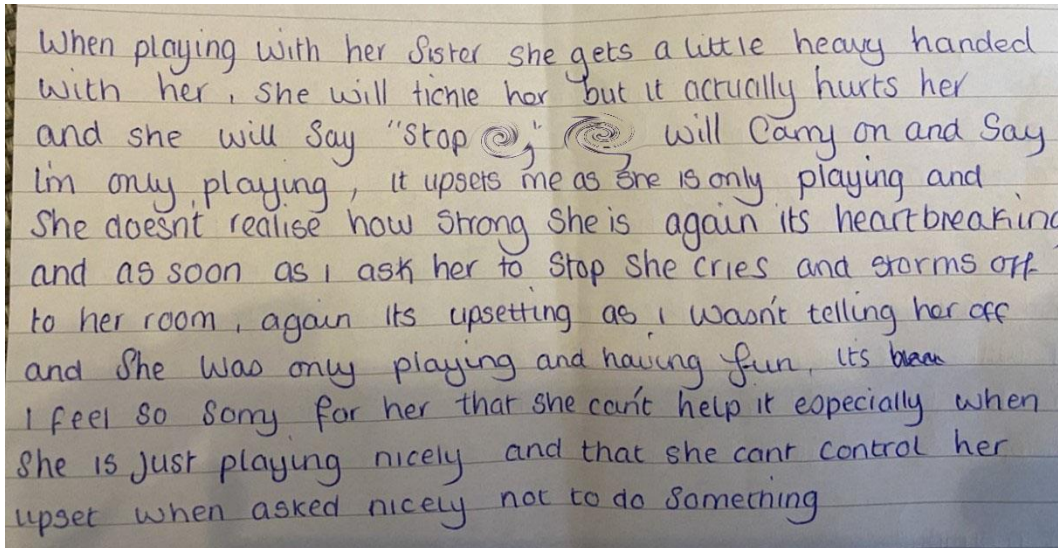
#### 6.5.4 Other children

Whilst parents are expected to prioritise the needs of their child, but when there are multiple children with different needs, this can escalate existing sibling rivalry as children can see the differences between the parenting strategies and this contradicts their conceptualisation of *fairness*, which is compounded when parents are still trying to meet the structural expectations of what it is to be a **good parent**, as demonstrated by Michelle:

The problem is the part of me which likes to “be a good Mum” thinks I should be feeding the kids a healthy, balanced diet and this part of me often wins. I never force [my daughter] to eat anything she does not want to... However she has often decided she will not like something before she has even tried it. If I were to give [my daughter] whatever she wanted for tea, I would be unsure how I would balance this with her older sister. There seems to be a lot of sibling rivalry in the house, with my older Daughter often feeling she is not treated as well as [her sister]. (Michelle)

Similarly, parents frequently reported that those children experiencing ECIs had a distorted view of fairness and became distressed when they were prevented from hurting their siblings

(fig. 18). In some case these incidents were fulfilling a relational or affective need in the child, however the parent still opted to step in and stop the activity because the needs of other children were prioritised, which in itself could cause distress:



When playing with her sister she gets a little heavy handed with her, she will tickle her but it actually hurts her and she will say "stop" and I will carry on and say I'm only playing, it upsets me as she is only playing and she doesn't realise how strong she is again its heartbreaking and as soon as I ask her to stop she cries and storms off to her room, again its upsetting as I wasn't telling her off and she was only playing and having fun, its ~~been~~ I feel so sorry for her that she can't help it especially when she is just playing nicely and that she can't control her upset when asked nicely not to do something

Figure 18 A diary entry by Beth

As mentioned earlier in this chapter, some children had ECIs towards specific members of the family, and whilst in this research it was always towards the parent, there were also occasions where siblings were vulnerable, and parents needed to remove and isolate a child to protect other children in the household:

‘Josh’ hit [my daughter], screamed and sobbed hysterically and could not be calmed down. He began throwing things within his reach around the room and hit [my daughter] hard with his fist two more times. We had to remove him from the room for everyone else's safety and sat ‘Josh’ in the passage. He was thrashing around screaming very loudly and began to kick the wall repeatedly and aggressively. He also threw several pairs of shoes from the shoe rack at the living room door in temper.  
(‘Hannah’)

## 6.6 Conclusion

Parents spoke extensively about system-based processes they had engaged with (i.e. parenting programmes, child protection meetings etc.), and explained how these processes caused more harm to them as individuals, and their family as a whole. These processes and systems existed to improve the relationship between the parent and child, however they did

not appear relevant for parents of children with ECIs, as parents did not appear directly responsible for the violence (although they can be indirectly responsible).

Interactions between a parent and child can result in an ECI, and these experiences are made visible by parents through the process of rescaling. This is typically done by parents as they minimise the impact upon themselves by emphasising the impact of the experiences on their child and mediating. **Mediating** can be identifying an identity, historical event, or neurodivergence as the reason for the behaviour, or distress. Thus, for parent co-researchers, the ECIs are not due to poor parenting or a ‘bad’ child, but an identifiable characteristic that can be attached to the ECIs without the need for blame.

As rescaling is a dynamic process, the dominant needs will shift over time and as the ECIs may increase, or the impact of them may increase, so too will be the willingness of parents to adapt to who they perceive to have the dominant needs. This may be themselves, other children in the household, a partner, or others outside of the home. However, where there are compounding issues, (i.e. mental health needs) this can make it harder for parents to rescale. Furthermore, when parents are able to emotionally regulate themselves, they make better decisions, are able to identify the *category* of violence (albeit not consciously), and can contain the emotions of their child more effectively.

Rescaling occurs when there is an aggrandisement of an individual, factor, or context and it is this individual, factor, or context which becomes most visible. There also needs to be an abasement of an individual, factor or context, which is made smaller. It can be more difficult for children to rescale, as they will typically aggrandise their own needs and prioritise their own narratives. Ross Greene (1998) names these children in the title of his book as “chronically inflexible”, however this implies that children have things done to them, and they are resistant to these things, rather than recognising them as active participants in the world.

Parents with a history of domestic abuse were more resistant to the process of rescaling through an abasement of their own needs, which could increase the likelihood of ECIs, as their child struggled with the power dynamics. Parents with adopted, fostered, or children under special guardianship provided more evidence of rescaling through abasing their own needs. As to why different groups responded differently to the rescaling process is beyond the scope of this thesis. However, I recommend that future research examines how different types of parent engage in different processes, and how they make sense of this.

## Chapter 7. Child Illustrations

### 7.1 Introduction

The Grounded Theory (GT) approach of deduction and abduction was particularly useful with the data which came from the arts-based workshops; as children provided much more descriptive data than parents or experts. Whereas parents offered much more conceptual interpretations, which had to undergo a de-construction and-re-construction during analysis, children could have their descriptions immediately lifted into concepts and categories. By lifting the data into the conceptual, it was the patterns that mattered, rather than the specific illustrative descriptions.

In this chapter I have followed the rescaling GT framework outlined in the previous two chapters. Like the previous chapter, I have included some of the specific interchangeable indicators provided by the child co-researchers involved in the arts-based workshops, who will henceforth be referred to as ‘children’. When I am referring to children from the general population, I will be explicit in this regard. For this chapter, I will begin with how children understood and interpreted what it could mean to be a *good child* in the ‘idealised family. I will then explore the concept of ‘power and resistance’ which contains two strands: imposed inclusion, and punishment and reward. I will then move onto the section ‘categorising the needs of the child’, which includes the proactive, reactive, affective and relational (PRAR) needs. I will finally illustrate the section ‘adapting to the dominant needs’, in which I explore how children illustrated accommodations made by themselves or other children to meet the needs of parents, themselves, or other children.

Within each section of this chapter, I have included specific quotes from the children to illustrate the relevance of the framework which created the rescaling GT. Whilst it is often recommended that Glaserian GT write ups do not include quotations at the risk of making what should be conceptual, a descriptive write up. I will once again use quotations as illustrative of the consistency of the categories which have been identified through the process of conducting this research.

This chapter will contain a mix of visual, verbal and observational illustrations which were identified during the arts-based workshops, and all children involved in the arts-based workshops have been given pseudonyms to protect their anonymity. Their pseudonyms are presented in inverted commas.



## 7.2 Idealised family

Children in this research had the least amount of power to decide how their families were constructed, and there was a high proportion of children who were not living with one or both birth parents. Children with care experience are more likely to experience ECIs, and all children were recruited from a special school, with children with special educational needs also more likely to experience ECIs (Coogan, 2017). The variation of family make-up, and experiences was evident in many of workshops, and was highlighted in this discussion within one of the groups:

When I'm 16 I'm going to go back to my Mam. But I've got a really good carer now.  
(‘Luke’)

So do I, but I'm not in foster care. (‘Matty’)

No, because you've got your auntie. (‘Mark’)

All of the children had experienced loss in a variety of ways. Most of the children had lost a family member, either due to safeguarding procedures, or because of family breakdown. For instance, two children had siblings who they described positively, however neither children knew where their siblings lived, or when they would next see them, as one child explained:

They don't live with me... they live together... I don't know where, I don't even know the name of where they live. (‘Leanne’)

‘Leanne’ seemed to have some understanding of why her family no longer lived together, and became angry, hitting a block of playdoh off the table as she explained “I'm the eighth child... but my Dad doesn't live with us, because he used to drink while driving a car” (‘Leanne’). Nevertheless, she was not certain whether or not her siblings were together with her Dad, or whether they had all been separated. In a separate session, ‘Leanne’ completed the three islands task (fig. 19), and she included her Dad on the ‘never’ island; this means that if Leanne had the opportunity to decide whether to see her Dad or not, then she would never see him. ‘Leanne’ had a clear idea of what her idealised family *should* look like, and she explained that her Dad was responsible for her not being able to achieve this ideal, once again showing anger as she scratched her pencil across the paper. This response highlights differences between how parents and children understood their lack of visibility in the concept of the ideal family; whereas parents described ECIs as responsible for the need to re-

frame the idealised family, some children explained that the lack of the ideal family resulted in ECIs. Thus, these two framings are interchangeable indicators for the idealised family.

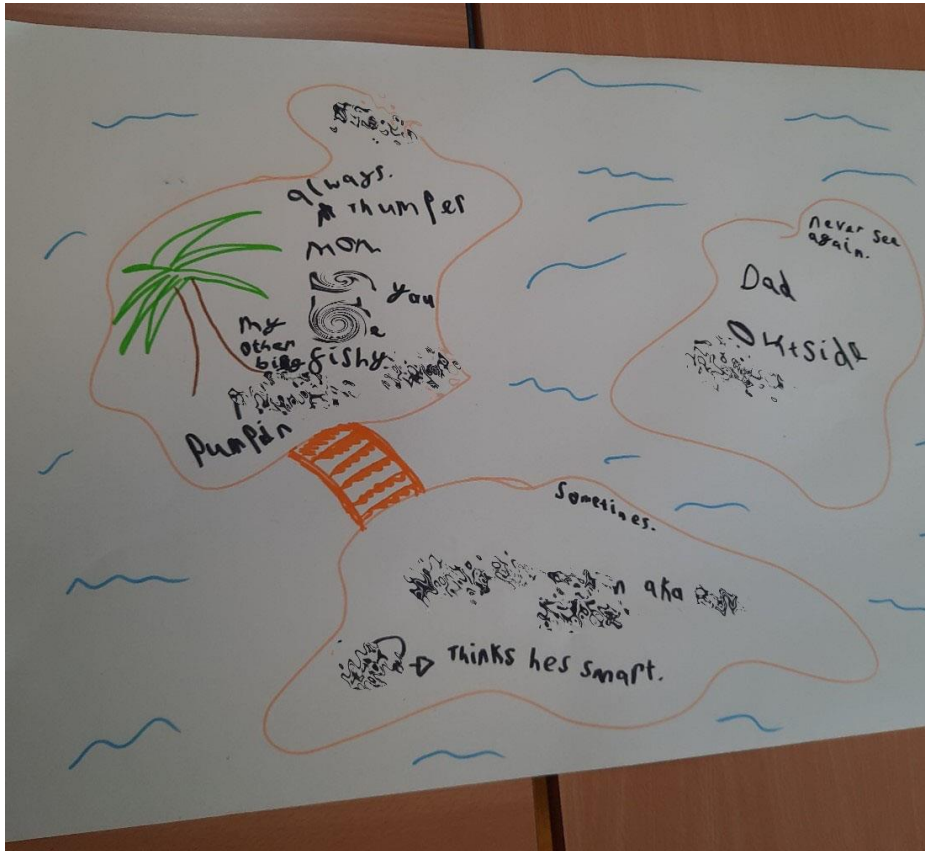


Figure 19 Leanne completing a three islands

### 7.3 Power and resistance

Children highlighted not only their resistance to the power of the adults around them, but also their vulnerabilities and their lack of opportunity for autonomous action. Most of the children were able to give examples of events whereby they challenged these power dynamics, and this resistance involved a rescale whereby they aggrandised their own needs at that time, and those around them needed to adapt. In this section, I will explore how the children experienced others having power over them, as well as their resistance to this, firstly exploring the concept of imposed inclusion, and then punishment and reward.

#### 7.3.1 Imposed inclusion

Sports days were anxiety-inducing for many of the children, but many of them also struggled to access or be involved in nativity plays, birthday parties, sports teams or other events and activities expected of a *good childhood* in this context. More often than not, the children did not enjoy being involved in these things, and when they did want to be involved, it was often

because these were activities that they thought they *should* be doing. They did not want to be left out of the activities other children may be participating in, as it evoked a feeling of **rejection**. Alternatively, the adults in their lives were encouraging these activities and so children felt they *should* participate. It also appeared that the adults around the children had worked very hard to make these events and activities accessible. However, this is an imposed-inclusionary practice; by trying to include children who don't want to be included, they are imposing their beliefs of what a good childhood looks like upon the child and their childhood.

The process of rescaling can increase this imposition or reduce it. The former can increase ECIs, as children are forced to participate, or mask their feelings to participate. The latter acknowledges children do not have to participate in activities that children in other contexts are involved with. True inclusion requires the removal of these adult expectations and a re-imagining of what a good childhood could mean.

When working with the children, there were occasions when a child would become distressed and so sessions needed to be adapted to assist in the broader exploration of the experience of ECIs. For instance, when doing a session on loneliness, 'Chris' saw his classmates were playing in the school park outside our room window. He began pushing his pencil as hard as he could into the paper and writing the words "die" (fig. 20). In this instance his learning support assistant (LSA) identified that 'Chris' was distressed, and that the cause was seeing other classmates in the park. In this case, despite the arts-based workshops being promoted as a voluntary and desirable activity, it was being imposed on the children as an activity they *should* want to participate in, rather than what they wanted to do at that moment in time.



*Figure 20 Work by 'Chris' in response to seeing his peers in the park*

In the above example I asked ‘Chris’ and the rest of the group if they wanted to join their classmates in the park instead. By adapting to the needs of the children, and not imposing the activity they were expected to participate in upon them, we were able to continue talking and playing; sharing examples of loneliness in the school park. In another example, all children were provided with fidget toys, as they had sensory needs, and these fidget toys helped many of them to participate in activities. However, this wasn’t the case with all children, as ‘George’ asked if his could be removed and placed in a box, as he found them too distracting.

In a session with another group of children, we created dens together, and the children had the option of remaining in their dens, or they could leave the den and make choices about their group, such as edit their working document, group name, or create plans for their sessions. This did not work for them. For instance, the group named “Black widows MJ Camla” wanted to complete activities within their dens and wanted to make decisions about their group themselves within this space. They reimagined their space and created an environment which worked for them rather than using the space as it had been initially conceived. Thus, they worked within their respective dens rather than utilize the wider space that had otherwise been imposed upon them as a classroom environment.

Similarly, in another session making dens with a different group of children, the children requested my help in creating a sign saying “no adults allowed” as they wanted to identify a space that was just for them, and for other children to enjoy, away from the power and expectations of adults. These expectations could be stressful for children, and many of them gave examples of when they were expected to participate in activities which caused them anxiety or stress, but not participating resulted in punishment, as did the ECIs which frequently occurred when they were forced to attend or access an activity. These punishments compounded their feelings of powerlessness, as I will explore next.

### 7.3.2 Punishment and reward

One of the most extreme examples given by children of a time when they were aware of adults maintaining *power over* them, was restraint. Some children spoke about getting angry or upset at home and their parents holding them tight “until [they] calmed down” (‘Mark’). Outside of the home, ‘Andrew’ explained that the most extreme ECIs he experienced were connected to the times where he had been restrained in school. ‘Andrew’ explained that he hated being restrained by staff, and when a restraint happened, it had a knock-on effect to other aspects of his life:

I get angry when I get held in school, every single time, I just get angry. Then I go home and I get told off, so that's when I get angry at both home and school because I don't like it when I get told off a lot, because I end up raging out a lot... raging out is like retaliating, and I like punch people and that ('Andrew').

Whilst restraint was designed to prevent 'Andrew' from hurting himself and others and was used by the school as a "last resort" in line with the Department for Education (2021) guidance whereby "there are circumstances when it is appropriate for staff in schools and colleges to use reasonable force to safeguard children" (p. 39). Nevertheless, restraint made 'Andrew' feel powerless, affected his relationship with those he knew had the power and opportunity to restrain him, and made him feel as though he was being punished, or presented as a **bad child**.

As 'Andrew' reflected on his experience of restraint it was clear that he, and potentially other children, believed adults were holding power over them rather than keeping them safe, which was not the goal of the intervention. The restraint was therefore conceptualised as oppressive, and a pathway to feeling anger, as the restraint exposed the physical vulnerabilities of children. It represented their weakness and was not considered helpful to children already in distress. There was also the question of whether children become calmer in restraint, or are just exhausting themselves? I observed two restraints whilst completing this research, and they confirmed the analysis of 'Andrew' whereby "I don't get calm, I just get worn out and stop kicking off". Thus highlighting that, for the children, restraint is not helping them to learn to regulate their emotions, or keep them safe, but it is about controlling their movement until they are too exhausted to fight back.

Whilst restraint is an obvious example of controlling behaviour, with an adult physically imposing their will over that of a child, there were subtler examples offered by children regarding their experiences of punishment and being punished. An example of this occurred when 'Chris' explained that he "hated being told off". When I asked him why he sometimes got told off, he said it was because of his "behaviour". For 'Chris' all behaviour was bad, and this was true when I explored this further with other children. All behaviour was bad when they were in adult controlled environments, although this form of control did not apply when we worked together in the park. When 'Chris' and his group of co-researchers discussed what it meant to them to be **good** they created the following criteria:

Quiet

Working hard

Not talking

Not like, moving around and fiddling

In this group of children, they expressed the belief that for a child to be good, they needed to be invisible. Thus the need to rescale through an abasement of their own needs, an aggrandisement of the power held by the systems they were situated within (school, family), and adapting to the needs of adults around them, were all required to be good. However, for these children, they were unable to do this, and so they were at risk of, or already internalising, the identity of a *bad child*.

The difficulty many of the children had in meeting the criteria of a *good child* meant that very few of them spoke about being good, or the rewards they got for being good. However, 'Zakary' shared with his group that when he was good, his Mum would buy him games for his Nintendo Switch; explaining further that playing on his "Switch" was his "favourite thing" to do. However these rewards didn't seem to motivate 'Zakary' to behave in particular ways. Furthermore, as mentioned earlier in the chapter, threats of punishment increased the likelihood of an ECI for 'Zakary', more often than it prevented it. This presents the question, if rewards or punishment do not promote more desirable behaviours in these children, what is the purpose of rewarding or punishing them? Furthermore, if rewards or punishment only seem to help these children internalise that they are bad when they fail to meet the idealised threshold of a good child, then there is an argument not to use rewards or punishment.

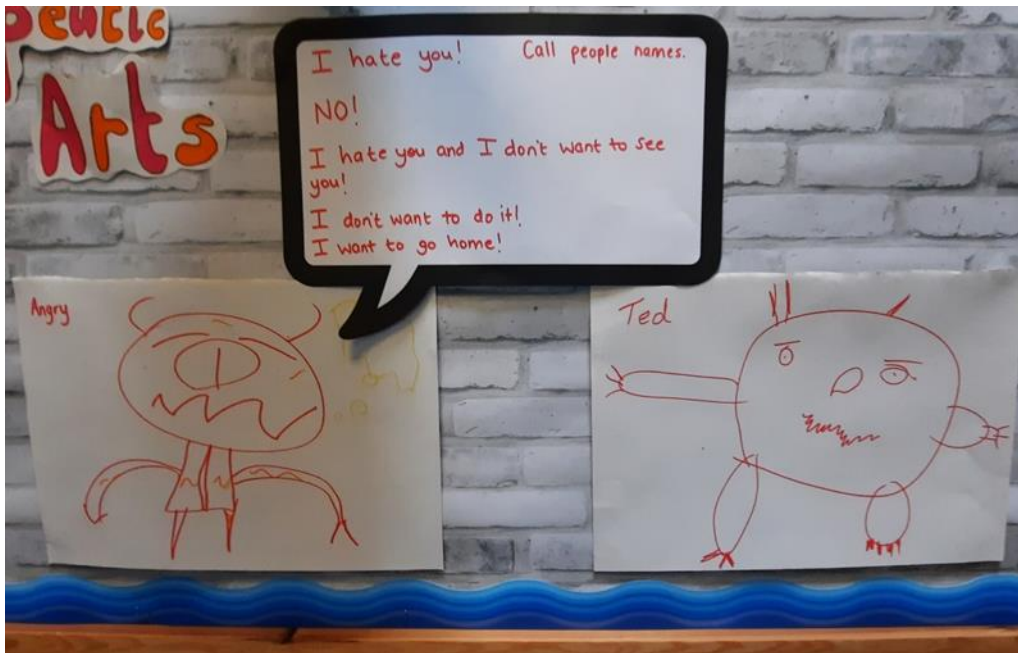
#### *7.4 Categories of need*

Whilst there were some examples of identifying and responding to the needs of others, children mainly described their own needs and their own ways of meeting those needs in this category, due to the arts-based workshops being run to focus upon how the children understood and responded to their own emotions. As such, there was more opportunity to focus upon themselves, and one another, and this is evident in the PRAR illustrations.

##### *7.4.1 Proactive category*

The proactive category represents strategies that are used prior to a stressful or distressing event, typically as a preventative strategy. As mentioned, they can incorporate a number of

emotions, such as anger, but are typically behaviours used proactively to avoid an undesirable event. A proactive strategy identified by children was verbal ECIs. These were presented by the words and statements the children said they expressed when they were angry (fig. 21). The children explained they would sometimes use the words “I hate you”, or “I want to go home” even when the words weren’t true. Nevertheless, they found these words an effective way to be removed from an activity.



*Figure 21 Verbal responses to an undesirable event*

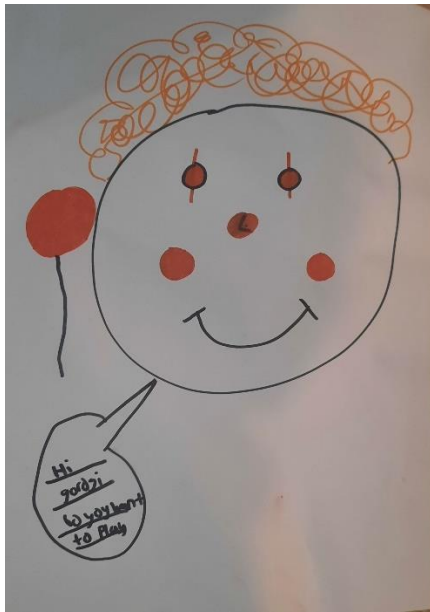
I observed another example of this avoidance strategy with ‘Zakary’. ‘Zakary’ was resistant to negative emotions, he would state that he wanted to avoid certain activities and was particularly resistant to activities which evoked sadness, and instead created art work which was more representative of being happy:

I’ll just stay happy... I’ll just say everything at home, just everything, playing... I’m not doing a sad face... I’m not doing any sad faces... I’m not going to cry... I’m not crying today... I’m not doing anything sad (‘Zakary’)

During one activity, ‘Zakary’ broke his fidget toy, he then got another one from the box available to his group. His LSA told him that he couldn’t keep breaking them and his behaviour began to escalate as he became more frustrated. The LSA explained that she would remove him from the workshop if he was going to be destructive, and his emotions continued to escalate until he yelled at the LSA, “I’m not scared of you, Miss”. Whilst ‘Zakary’ had needed to leave the arts-workshops early on occasion due to dysregulation, and they were a

voluntary activity, this time he was able to return to the activity and regulated himself. This self-regulatory success was unusual from my observations, as a threat of punishment (such as being removed from an activity) resulted in an ECI more often than it prevented it.

In a separate session, one which focused upon fear, 'Andrew' stated he was not frightened of anything, and that he thought everyone should try to "face their fears". When exploring this, 'Andrew' drew Pennywise the clown from the 'IT' movie (fig. 22), explaining he does not find Pennywise scary, and things that scare other people make him laugh.



*Figure 22 Pennywise, by 'Andrew'*

'Andrew' had experienced a lot of frightening things in his life, with an extensive history of domestic abuse, and he rejected any emotion which may be interpreted as vulnerability. This was particularly evident in the exploration of fear whereby he laughed at the challenges of being fearful, and the fears of other children.

The impact of external events was evident throughout this research, and children brought events that were occurring in the home or school into the workshops to explore. In a different group, for a different session, the children came to the workshop explaining that they were anxious about the upcoming school sports day, and so opted for "feeling emotional" as their theme of the week. 'Scout' created 'Jerald' (fig. 23), a monster who he described as feeling emotional, but stated the only emotion an observer would notice would be the anger. 'Scout' included blue energy pulsing out of the hands of his monster and explained that there are some emotions which are so overwhelming they "feel like they are coming out of your body",



and this is what it was like for him to be emotional. Furthermore, the monster may be saying something which makes them appear angry, but these words are covering lots of other difficult and complex emotions.



*Figure 23 Jerald the emotional monster*

Another child, 'Tony' created an emotional monster as a face, with different "feelings heads" within it (fig. 24), 'Tony' explained that when feeling emotion, their face may present a different feeling than the one they were experiencing most significantly:



*Figure 24 Internal heads represent different emotions alongside one another*

However, 'Malcolm', had a slightly different approach to understanding what it meant to be emotional, and drew a green car to represent what people may see (fig. 25). However, when drawing the car, he started with a feeling and then built them up in layers

You might be an excited green circle, but then worried, and then a bigger worry, and then angry but then you just look happy and you hide it like a car. You don't know all the mess of a car inside. And it's a car, in a car, in a car ('Malcolm')

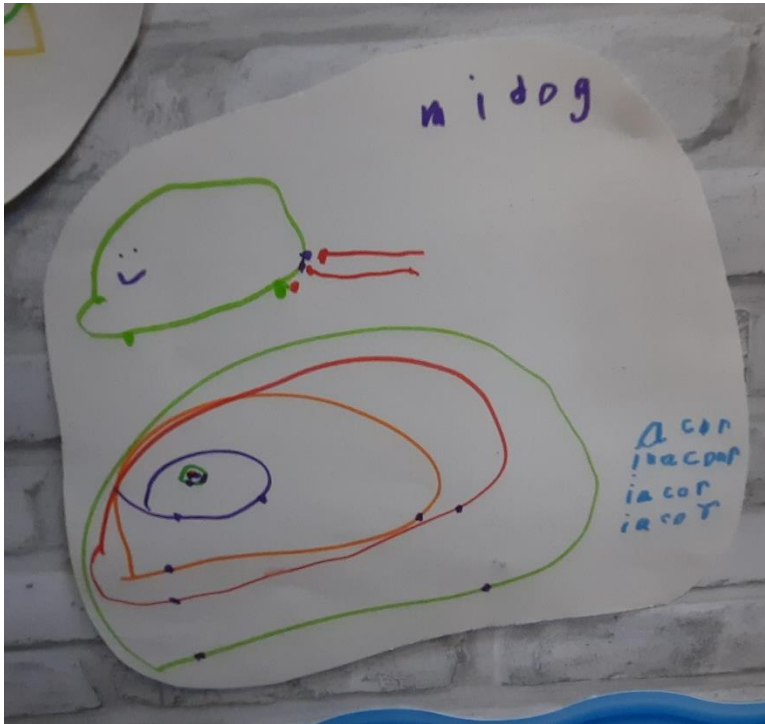


Figure 25 "a car in a car in car". Midog by 'Malcolm', as feelings exist in layers

#### 7.4.2 Reactive category

The reactive category is the category which identifies ECIs as events which are experienced by children who are reacting to some form of emotional or physical threat. Whilst these threats may not be considered threatening to an observer, such as a parent or a teacher, they are distressing or threatening to the child. **Physiological responses** including **fight** or **flight** are two of the main concepts which sit within the reactive category. Whilst the fight or flight response were the main physiological responses conceptualised in this research more broadly and achieved saturation, the children offered illustrations of all of the seven F responses to stressors, which are: fight, flight, freeze, fawn, fidget, faint, and fool around (Lefebvre, 2020). These stress-based responses can be delayed and not an immediate response to a stressor, as such, some children had a delayed reactive response to stressors during the workshop.

An example of a reactive ECI was given when I was working with a group who had chosen *anger* as their emotional theme one week. We talked about what made them angry and one group created pictures of an event which they explained made them “most angry”. They created their experience of “the blue screen of death”. The blue screen of death is a colloquial term referring to instances where a computer programme or system no longer works and it presents to the user as a blue screen. Not all children in the group had experienced this, but it had become almost folklore for them. They were aware of it and I observed them become fidgety even talking about the potential of them losing a saved game due to this phenomenon. For a game to give them “the blue screen of death” was perceived as a significant **betrayal** from something which should always bring them *joy* and *pleasure*.

Their experience of the blue screen of death created a visceral reaction which was a reactive impulse, as can be seen in a drawing by ‘Scout’. This represents his response when he experienced the blue screen of death (fig. 26). This event evoked complex emotions. In the picture you can see him as a stick figure throwing his keys from his PC keyboard around the room and at his parent who is presented as a larger stick figure. Whilst the parent in this scenario was not responsible for the ‘blue screen of death’, this was a reactive ECI to an unwanted event, and resulted in destruction (ripping the keys from the keyboard), and aggression (throwing the keys at the parent and screaming at them). ‘Scout’ then explained: “I felt happy, like, smashing my whole gaming set up, up... yeah, I probably did”.

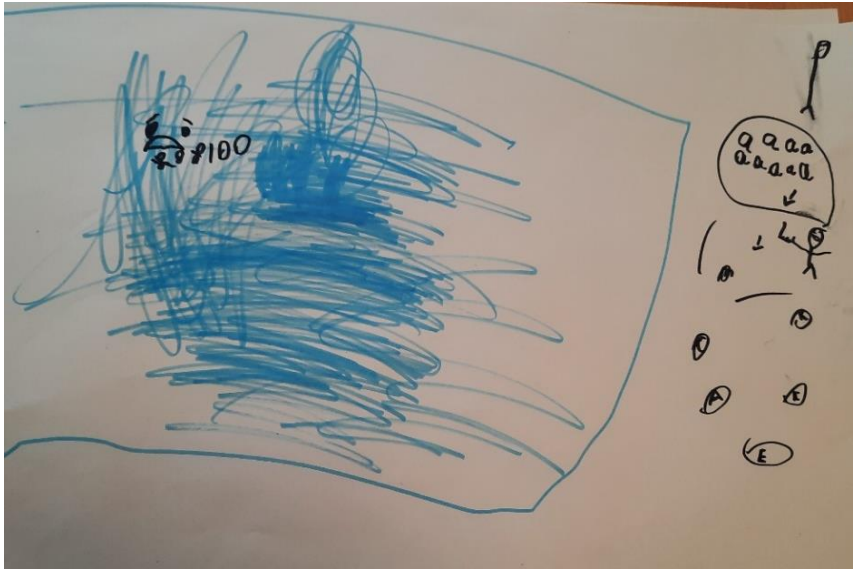


Figure 26 Blue screen of death

‘Malcolm’ responded very differently to ‘Scout’ and instead of destroying his games console when he experienced the “blue screen of death”, he self-harmed as a reaction to the event:

I was just playing, and then it just happened, and then I was banging my head off the wall over and over really hard, just rage... I was, like, trying my best to not get angry, but it was really hard, and I did. (‘Malcolm’)

In a different group, children opted to explore the feeling of anger, but were more physical in their descriptions; moving around and demonstrating how they physically act when angry, whilst verbally explaining what happens. ‘Leanne’ explained that she did not think that she had any limitations when it came to her responses to anger “I’ll do anything, I’ll kick off, I swear, I’ll hit, I’ll do everything when I’m angry” (‘Leanne’). This was typically in response to an unpleasant event.

#### 7.4.3 Affective category

The affective category refers to those needs which are met through intellectual, physical, social, and/or emotional stimulation. This category was the one most commonly experienced by those children with sensory processing difficulties. These **sensory** needs could be mediated by activities such as trampolining, however the lack of ability for some children to **self-regulate** means that they became heightened and then sought further physical contact, and could access this through **hitting**, pushing, or squashing other people. These concepts all come under the concept of **proprioception**, as they were related to how children experienced space and interacted with this space. However, it was not always directly linked to enjoyment

of physical contact, but rather they needed the physical contact to maintain their enjoyment of an activity. Another enjoyable sensory experience was food, which could bring happiness, and joy, despite most of the children having a very restrictive diet.

The variation in emotional awareness was as broad as the difference in sensory sensitivity. This included children who were identified as being *hyper-sensitive*; another **sensory** experience that could bring children intense discomfort or pain. Bathing, washing, hair brushing, new clothes could all be very uncomfortable for these children and therefore they would avoid these activities to maintain their physical and sensory comfort. Some of those children who were *hypo-sensitive* may have enjoyed intense physical contact, or they enjoyed the biological and emotional ‘rush’ that could come from violence. As such *play* became a concept which was saturated with a variety of descriptive indicators illustrating it e.g. children playing a game together, and one deliberately makes the other fail so it would trigger a fight.

When analysing their own , and the body maps of one another, children were keen to identify the differences between the location of emotions in the body. When looking at three different body maps (fig. 27) ‘Scout’ explored how he felt the emotion of calm in the colour brown and it touched all of his body, and was particularly intense in his chest area. Compare this to the second image, in which ‘Tony’ felt all of his emotions in his head, with some of them moving down through into his “tummy” (Tony). Finally, ‘Malcom’ directly linked his emotions to his ECIs whereby he felt them in his head, and they affected his thoughts; his mouth where he would shout; his arms and legs where he would hit and kick. There was therefore huge variation between the children. From those, such as ‘Tony’, who may meet the criteria for alexithymia, as he struggled to identify his emotions at all, compared with ‘Scout’, who felt every emotion intensely.



*Figure 27 three body maps*

Despite the stark differences between the body maps of the children, none of them appeared to experience granular emotions, (the ability to make distinction between the smaller emotions which make up an experience). A lack of granular emotions has been associated with poor emotional regulation, and a difficulty maintaining relationships, all of which was relevant to the children (Suvak, et al., 2011; Suvak, Musicaro and Hodgdon, 2020).

The physiological impact of emotions (i.e. somatic symptoms), were the most easily described by some of the children. For instance, ‘Scout’ created an image of how people experience anger through “angry poos” (fig. 28). I questioned other children about this experience and they unanimously agreed across two groups of eight children that “angry poos” were something they were aware of and had experienced. They all had loose stools after an ‘explosive’ event.

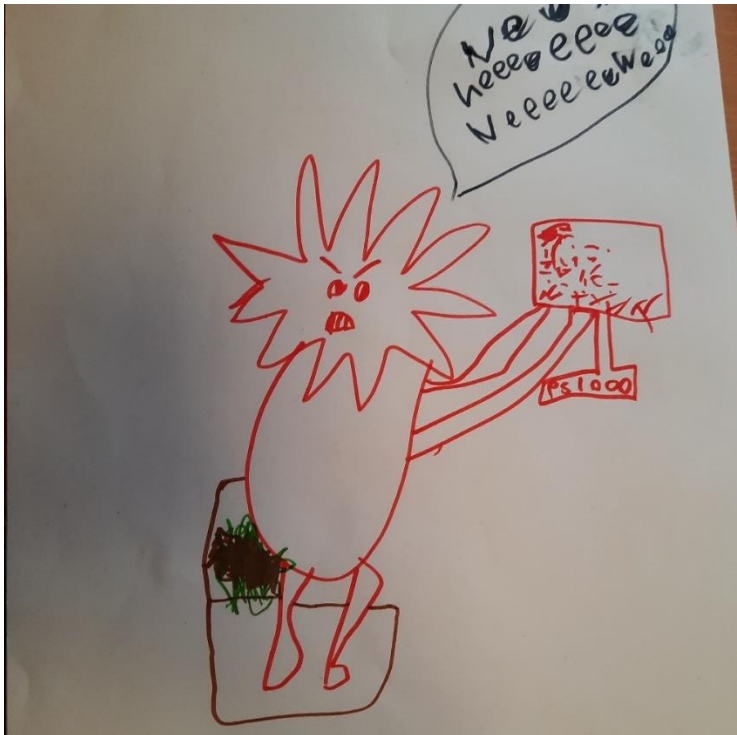


Figure 28 'Scout' and the 'angry poos'

#### 7.4.4 Relational category

The relational category is about the needs that are fulfilled through **connection, belonging,** and the importance of **positive interactions.** 'Andrew' was very interested in the people around him and wanted to explore how certain people made him happy, angry, or helped to calm him down (fig. 29). His relationship with his teacher was something that he presented as making him happy, however the LSA supporting this session described 'Andrew' as having a highly confrontational relationship with his teacher, therefore the LSA was surprised 'Andrew' portrayed the relationship in this way.

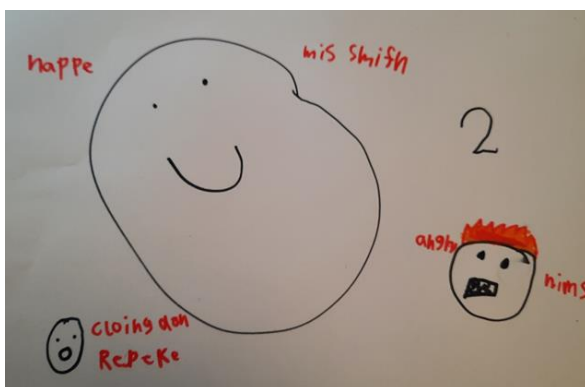
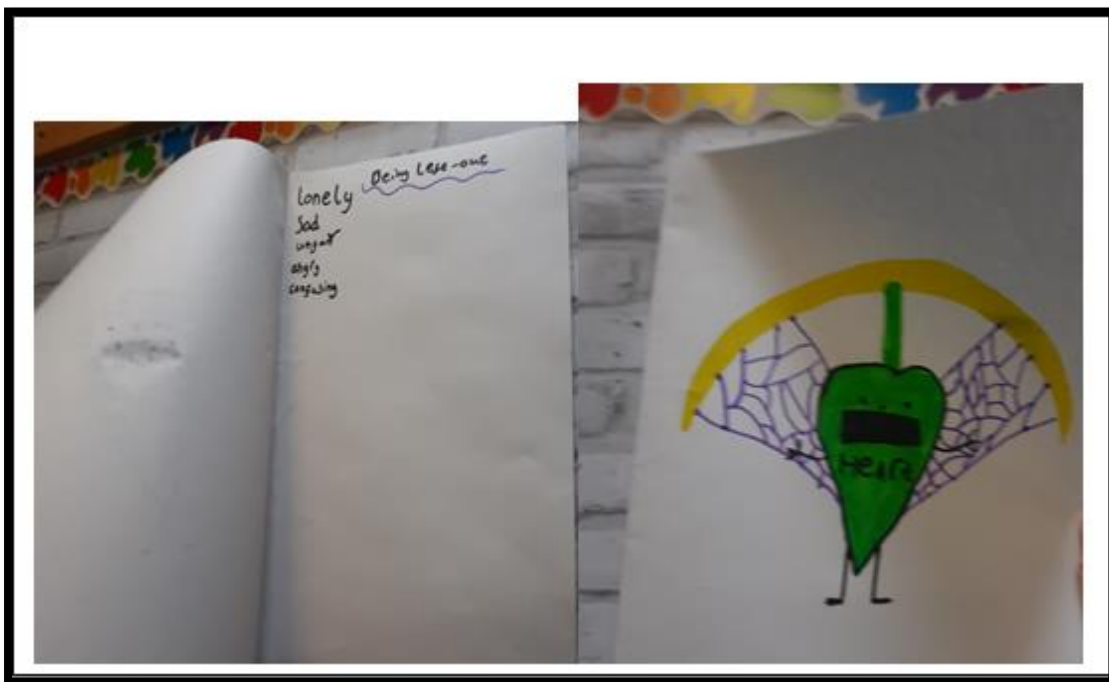


Figure 29 Self-portraits of 'Andrew' exploring how people impact his feelings

Partaking in activities together was important to every child, across every workshop. With each activity they could work individually or in groups, but in all five groups children showed a preference in working together directly or collaboratively. ‘George’ attempted to explore the granular feelings that make up the feeling of being left out (fig. 30). He explained that on the outside sometimes you need to look and behave a certain way to make other people feel comfortable, and not bad about leaving you out, even though inside there are a lot of negative feelings.



*Figure 30 Sadness on the inside, vs sadness on the outside*

However, for ‘Terri’, when other children in her group were exploring feeling left out together, ‘Terri’ drew herself as lonely, and opted to sit alone as she created her image (fig. 31). She explained that she was almost always the only girl as the school was predominantly made up of boys, and stated “I feel lonely a lot.” In conversation about this loneliness, ‘Terri’ explained that she felt that way at home too, and spent a lot of time in her bedroom alone, thus not meeting her need for connection and belonging.





Figure 31 Loneliness by 'Terri'

During the academic year, the children had to manage school closures due to the Covid-19 pandemic, compounding experiences of isolation and a lack of belonging. Experiencing this alongside the death of a fellow pupil. This loss was experienced deeply by one group in particular, who had not only lost a pupil, but their classmate and friend. This made initial conversations about difficult feelings quite challenging. Happier emotions were easier to explore, as “when you are happy it’s like being free. With all the other emotions you carry a weight. It’s only happiness where you feel completely free.” (‘Louis’).

We began one session talking about these heavy and difficult feelings, and loss was a key feature for the group who had lost their friend. One child explained that he had lost two best friends and carried a picture of his dog who had recently passed away. He needed to maintain a connection to his lost relationships, and other children in his workshop supported him emotionally and relationally during this session, by sharing their own feelings around loss, but also their positive memories of their lost friend. Therefore they met their own relational needs as well as the relation needs of their peers.

### *7.5 Adapting to the dominant needs*

These theoretical codes are *processes* and relate to the dominant needs being either parent, child, partner, or other children and in the home, are the **accommodations** taken to meet these needs. Every member of the family or household at any one time will be able to recognise who has the most significant needs. However, where there are ECIs, and needs of a child have been categorised into one of the above PRAR categories, then prioritising those

needs can reduce the frequency or intensity of ECIs, which would otherwise impact the whole household.

In this next section, I will give conceptual examples of how children illustrated their own applications and their observations of **accommodations** made within the home, to adapt to the needs of other members of the family.

#### 7.5.1 Parents

Many of the children had complex family relationships, and these complexities impacted their ability to recognise, and therefore adapt to, the needs of their parents. When children adapted to the needs of their parents, it was often related to going places because they believed it was what their parents wanted (sometimes this involved imposed inclusion), participating in activities for the benefit of their parents, or building relationships with others because they were meaningful to the parents. However, there were a few examples which were more significant. For instance, ‘Luke’ and his classmate ‘Matty’ spoke about their different caregivers, which included ‘Luke’ sharing his experience of domestic abuse whereby he tried to help his mother, even when it may have placed himself at risk:

I’m in foster care... (‘Luke’)

Why? (‘Matty’)

Why am I in foster care? My Dad would always like, smash my face in and all that. He hit, hit my Mam when she was on toilet. And he would break things. (‘Luke’)

I would have hit him. (‘Matty’)

We did, we tried to, but we weren’t strong enough... (‘Luke’)

In this example, ‘Luke’ and his siblings knowingly put themselves at risk to protect their mother, but they were unable to protect her. This not only emphasised how ‘Luke’ experienced powerlessness, but also resulted in him being removed from his birth family and he was placed with a foster family. Not only could ‘Luke’ not protect his Mum, but other adults made the decision that he could no longer live with her.

#### 7.5.2 Their own needs

In the above case, ‘Luke’ was unable to protect his Mum, however this created a tension regarding his own needs, in this case between his need to be with his birth mother, and his

need to be safe from domestic abuse. A tension he had no power to manage, as the systems he lived within gave the adults, through social care and the courts, the power to make decisions about him on his behalf. This was very different to the case of ‘Matty’, who was able to identify risks to himself, created boundaries for himself, and sought support to maintain those boundaries:

I used to live with my Dad, but then I moved out because he didn’t want to see me anymore, and then he wanted me to go [to visit him], so I went but I said to my Mam that I didn’t feel safe there. (‘Matty’)

When children were able to adapt their behaviours to meet their own needs, these were often emotional needs, as these needs were the main ones explored in the arts-based workshops. The expectations of how *good* children should exist within the family or school systems, meant that they were often invisible and encouraged to make themselves small. Thus, their responses to have their own PRAR needs met, were then met through ECIs. These ECIs involved a rescale, as they aggrandised their own needs, making their needs more visible by dominating the interaction. However, by making themselves and their own needs more visible through ECIs, a consequence of this was an abasement of the needs of others in the family.

### 7.5.3 Other children

Children struggled with adapting to the dominant needs of others more than the parent co-researchers, although they gave examples of where they wished they were more able to adapt. In some examples, children expected their siblings to provide a caregiving role, like another parent, because they were older. For example, ‘Leanne’ created her family out of playdoh, and whilst doing so explained how her 11 year old sister would help put her to bed on a night, help run her bath, or would sleep on the sofa and in rooms other than her own bedroom due to the more complex behaviour of ‘Leanne’ on an evening. ‘Leanne’ explained that she did not want to go to sleep and would not want to go to bed. Whilst this was a significant caring role expected of her sister, ‘Leanne’ did not demonstrate any emotion related to the caring role or responsibilities of her older sister. Whilst this was a demonstration of care and support by an older sibling, and ‘Leanne’ loved her sister, I understood this caring role to be something necessary within their household. ‘Leanne’ *expected* her sister to make accommodations for her because ‘Leanne’ was struggling, and her sister was older. This was also an example of

how 'Leanne' accepted *accommodations* being made for her and her own needs, without necessarily understanding what that may mean for others in her family.

Despite 'Leanne' presenting the example of the accommodations made by her older sister during bedtimes, 'Leanne' also considered the needs and wellbeing of her younger sister:

To make her happy, I gave her a teddy, to make her brave because she is going into hospital to get her two front teeth out and I didn't want her to be scared so I gave her my teddy to make her brave ('Leanne')

Another child who explored their family relationships was 'Charlie', who explained that he was one of three children, so has two siblings at home. Whilst 'Charlie' was able to explore his own relational needs; he did not want to be left out of activities, and he struggled to have his own relational needs met. 'Charlie' was only able to recognise the relational needs of his siblings when he was able to identify how their behaviour impacted upon him. Whilst building members of his family with playdoh, 'Charlie' told me how his siblings "annoy" him "because they just play, and play, and play, and I just never get any peace and quiet". Thus, 'Charlie' struggled to abase his own needs and make accommodations for his siblings; he could not prioritise the relational needs of his siblings.

Despite struggling with adapting to the needs of other children in the household, children in each group demonstrated that they wanted to meet the criteria of the **good child** and one of the ways this filtered through the framework was how they developed each of their working documents. All of the working documents contained symbolic characteristics of a **good child**. An element of this is found in the form of *adapting to the needs of others*. Interchangeable indicators of this included: "to help others"; "to be kind"; "ask before touching"; "don't rip up others work" (fig. 32).

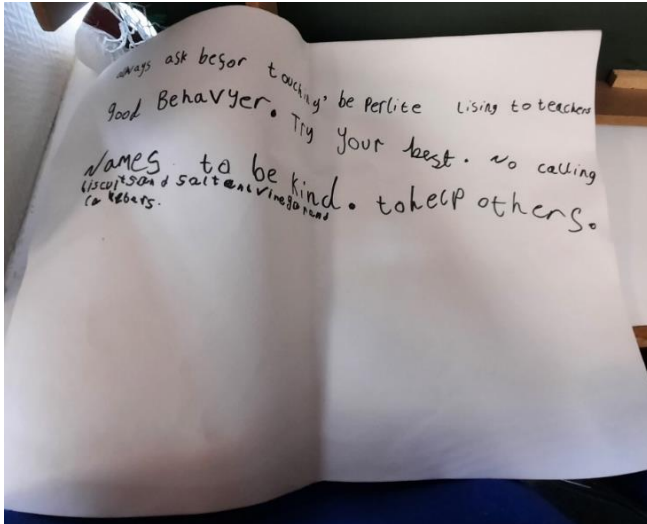


Figure 32 Example of a working document

## 7.6 Conclusion

Children were able to identify and give examples of occasions where they were disempowered, made to feel vulnerable, and these examples often emphasised their powerlessness at school, home, and within the systems which exist to protect them. Despite the adults around them taking steps to promote inclusion and offering opportunities that children who are able to access mainstream schools access, these opportunities were not always fulfilling or helpful to children with needs which mean such stimulating environments are actually stressors. Responses to these stressors were based upon contextual factors including whether the stressor was avoidable, whether there were relational components which could meet the need in response to the stressor, if there was a sensory need, and what the individual sensory profile of the child was. Children did not all struggle to identify their emotions due to poor ability to feel the emotions, but some children experienced their emotions so intensely that they overwhelmed them and were difficult to identify at the granular level. This difficulty made it harder for children to advocate for their emotional needs at the conversational level and required them to express their needs physically or verbally through ECIs which could be harmful to those around them.

The lack of the voice and focus of the child, particularly within systems, such as family or school, which are created, maintained and perpetrated by structures and those within them, were resisted by the child as they attempted to continually rescale. ECIs helped them to aggrandise their own needs and make their autonomy visible to others in the interaction. However, this was not a conscious decision or intentional process and could be due to any

PRAR need. The expectations of how good children should exist within the family or school systems, meant that these children were often invisible and thus their responses to having their own needs met was through ECIs. Whilst children could make their needs visible by dominating the interaction through an ECI, a consequence of this was an abasement of the needs of other family members, making the needs of other family members less visible. Children were usually unaware of the impact their ECIs were having on other members of the family

Children with experience of loss were particularly sensitive to avoidance and avoiding their emotions. However, when difficult emotions relating to loss were evident in children during the arts-based workshops, their fellow children were sensitive to this and empathised well. However, children were much better at recognising and making accommodations for the needs of their siblings, especially younger siblings, than they were of other members of the family. Once again, further exploration of these peer and sibling relationships when there are ECIs, would be useful in future research.

## Chapter 8. Expert Illustrations

### *8.1 Introduction*

This chapter represents the Delphi method part of the fieldwork and was used to test the boundaries of the rescaling Grounded Theory (GT) core categories. In this chapter, I present the quantitative and qualitative Delphi responses under the respective categories in which they were compared during the constant comparison method of analysis. Whilst explosive and controlling impulses (ECIs) have been used throughout this thesis to refer to a specific form of child or adolescent-to-parent violence and abuse (CAPVA), the Delphi method was designed prior to the ECI name and definition being established, and so most questions and responses in this chapter will refer to CAPVA or child-to-parent violence.

The final round of the Delphi method was analysed using a standard statistical package (SPSS for Windows, 12). There were 46 core statements (appendix 11), each with a Likert scale and scores for each item on the Likert scales were collapsed into three bands indicating whether there was strong disagreement, neither strong agreement nor disagreement, or strong agreement. 'Don't know' scores were available to respondents but removed from the overall analysis. The percentage of the sample either strongly agreeing or strongly disagreeing with each statement was used to measure the degree of consensus amongst the sample alongside the median score, and the interquartile (IQ) range which was calculated for each statement. The percentage, median, and IQ range were used to determine the strength of agreement for each of the 46 core statements.

Agreement scores represented the percentage consensus of respondents who agreed that the statement was correct, whereas disagreement scores represented the percentage consensus of respondents who reported that the statement was incorrect. As a result, it was possible to separate out the statements into four broad categories; firstly, those for which we can reasonably say there was a 'high level' of consensus amongst respondents; secondly, others for which there was a 'moderate level' of consensus, which maintained considerable support as well as consistency; thirdly, others for which there was a high level of consistency but a 'low level' consensus; and finally, where there was 'no consensus' either due to a low level of consistency, or no clear consensus. The following table demonstrates the conditions that need to apply for any of the 46 statements have been classified as high, moderate, low or no consensus.

Consensus	%		Interquartile (IQ) Range		Median
High	≥70%	AND	≤2	AND	1-2/4-5
Moderate	60%-69%	AND	≤3	AND	1-2/4-5
Low	50%-59%	AND	≤3	AND	1-2/4-5
None	<50%	OR	>3	OR	2.5-3.5

As with the previous three chapters, the layout of this chapter is based upon the rescaling GT framework. As such, I will begin by exploring the concept of the **idealised family** and how it was relevant to the Delphi responses. Then I will explore the category of **power and resistance** which has two main strands, **imposed inclusion**, and **punishment and reward**. I will then highlight the proactive, reactive, affective, and relational (PRAR) **categories of need** and how they were illustrated by Delphi responses. The final category is **adapting to the dominant needs**, which identified members of the family and how adaptations and accommodations were made for each individual family member. Square brackets are used within illustrations throughout this chapter to demonstrate the coding classification.

Qualitative responses from stage one and two of this Delphi approach were integrated into the GT analysis but will be presented as quotes without specifying authorship, as it was difficult to track respondents across multiple questionnaires.

Whilst experts in this research consisted of those with lived experience, and those with practice-based experience, and some with both, there were little differences between quantitative responses. However, I have highlighted where the differences did exist at the end of this chapter, before finishing with the conclusion.

## *8.2 The idealised family*

The Delphi, more than the other two methods, helped to saturate the concept of the **idealised family** and how through social and cultural expectations the family **structure** contains the **idealised good child, good parent** and **good childhood**. This may be because the co-researcher groups were sharing and exploring their individual experiences whereas the expert group were exploring where particular statements could be understood at the socio-cultural level, i.e. how **structures** and **roles** are conceptualised and expectations around them. One example of how ECIs challenge the **idealised good parent** was found in round one, where some respondents identified and challenged assumptions that ECIs are caused by parenting issues; creating the statement: “child-to-parent violence is not caused by a failure in



parenting”. This statement resulted in a high consensus agreement (84.6%, IQ range = 0, median = 1), however one qualitative response identified that supporting families can improve outcomes even if parents are not responsible for the ECIs: “In most cases it is not caused by failure in parenting, but supporting the parent can improve outcomes”.

When the statement “there should be posters about CAPVA in all areas where children and parents congregate” was posed, there was a moderate consensus agreement (60%, IQ = 3, median = 1). The majority of the qualitative responses were not about the posters, or even the visibility of the issue, but about stigma, shame, isolation and blame. The respondents were identifying the issues of blame, and one included what they believed the resolution to be:

The stigma needs to come out of CAPVA. Parents need to stop being blamed.  
Kids need to know it is seen AND society can handle it and they are not  
demonised.

This respondent, who framed the response to children as children being “demonised”, reinforced the concept of *reframing* what it meant to be a *good child*, as it is not appropriate to be problematising or framing those who do not conform to the idealised version of how children should be as a *bad child*.

One statement which was about a lack of visibility of the issue, and also achieved a high consensus agreement in the second round (97.8%, IQ range = 0, median = 1) was “child-to-parent violence is more widespread than we realise.” Whilst one qualitative response explained “it is something you can feel very embarrassed and ashamed of as a parent, so professionals should be trained so they can respond to provide support” thus supporting the concept of *shame* as being socially constructed to ensure social conformity (Leeming and Boyle, 2004; Fessler, 2007). Another statement which achieved high consensus agreement in the second round (93.2%, IQ range = 0, median = 1) was one which could be more assistive to families, whereby “all professionals who encounter children and parents should be trained to identify child-to-parent violence”. There were a number of different reasons given by respondents as to why it was important for professionals to be trained, however one of the other key responses to this statement was about pathways for support: “If there was more knowledge of this among professionals, I think we would have been pointed in the right direction for information etc much sooner”.

Difficulty in accessing support through the current referral and support pathways were identified by experts in the second round, with a high level consensus (89.1%, IQ range = 1,

median = 1) as not being adequate, as “existing safeguarding pathways which are meant to keep children and adults safe from abuse are not adequate in cases of child-to-parent violence”.

The concept of the *good child* and what this means for practice-based decisions is complicated. Whilst parent co-researchers were able to *reframe* this idealised perspective through the use of **mediators**; the Delphi method found there was a moderate consensus agreement (66.7%, IQ range=2, median=2) that “fear of labelling a child stops professionals from recording the details of violence”, and so rather than being challenged by the dissonance of ECIs and the concept of the *good child*, there was a professional belief that ECIs cannot co-exist with children at all. Professionals were therefore reframing the experience as not being about the **mediator**, but rather it is about the parenting.

A lot of professionals still don't understand child or adolescent-to-parent violence and abuse and often look for a reason in the parents for why it's happening rather than call it what it is.

The focus on the parent and parenting by some professionals may explain why some parents experience blame rather than having their experiences validated; because the structure of the family is a schematic reference point for professionals and when they experience dissonance there is the opportunity to mediate it (through the **mediator**), or deny the ECIs, and avoid acknowledging family experiencing them through concern around labelling the child. This lack of reconciliation between ECIs and what a **good family** is can involve a rescaling by professionals. Through this rescaling, they seek to help the family achieve the **ideal** and do this by an **abatement** of the individual *needs of the child*, and the *dominant needs* of individual family members, and an **aggrandisement** of the *power and control* expected of parents.

I don't think it's fear of labelling the child. I think social workers in particular don't believe the violence is dangerous or significant when the children are young and when the child is older they think... the parent is the problem so it needs to be solved by someone else.

As described in the Parent Illustrations chapter, being referred into parenting programmes in response to their help-seeking compounded the parent-blame experienced by parents. However, the expert responses illustrated a moderate consensus agreement that “traditional parenting programmes do not work if there is violence” (69.5%, IQ = 3, Median = 2). Thus,

not only are referrals to parenting programmes compounding the parent-blame, but they are also unlikely to work unless they are specialised in reducing violence.

### *8.3 Power and resistance*

The categories of power and resistance contain two main strands - that of **imposed inclusion**, and **punishment and reward**. Both of these categories are about the **power** that is used by the parents over their child(ren), and the **resistance** employed by the child(ren) against this power. Experts recognised that one of the least desirable outcomes would be restraint, as restraint is a demonstration of **power over** and so a respondent stated that “restraint is a last possible resort”.

#### *8.3.1 Imposed inclusion*

Experts identified that an issue facing parents was working with practitioners who have an inflexible view of **good parenting** and this was sometimes embedded in training, both professional training and parenting training programmes, however these views were also embedded at the **social** and **structural** level (i.e. **cultural expectations**). Practitioners were therefore blaming parents because of how their knowledge of parenting and childhood had been constructed:

Whilst experts in the Delphi did not offer specific examples of imposed inclusion, there a number of qualitative responses which supported reducing demands on children, and not forcing them to participate in activities purely because it is what is expected in a **good childhood**: “Yes demand reducing strategies and problem solving techniques that are not authoritarian.” Alternative ways of parenting become possible when there was a **reframing** of the **idealised family** and what a **good childhood** could look like. Rather than imposing their own ideas of what these things *should* look like. There was opportunity to change this and be more fluid and open to new ways of parenting, as presented by this expert respondent:

Acceptance of the child or young person; time and space for them; building understanding of what is and how it could be; finding ways to forgive and keep safe ; not labelling them as the violence

##### *8.3.1.1 School inclusion*

Schools were identified as a specific environment in which imposed inclusion occurred. They were another aspect of what a **good child** could access, and a **good parent** facilitates.

However, for many families living with ECIs, school increased the level or frequency of ECIs. Whether this is caused by masking (Miller, Rees and Pearson, 2021), demand avoidance (Newson, Le Maréchal and David, 2003), or poor emotional regulation (Gulsrud, Jahromi and Kasari, 2010; Velotti et al., 2016) was different for each individual, as demonstrated in this qualitative response from an expert-by-experience with two children with different needs:

We have noticed the CAPVA is worse for one child during term time due to demands and experience of school; but for the other is also be part of day to day capacity to process everyday feelings. It is also part of sibling trauma bond.

Whilst some experts highlighted that school was a *regulating* space which assisted families living with ECIs with routine, and structure, there were some qualitative responses which demonstrated that schools could also be unreliable environments in which routines could be disrupted and so events at school could trigger ECIs within the home:

I think it is a response to a feeling, which might not be actual unrest but a chance phrase or trigger, e.g. a teacher being absent in a meeting, caused my son to headbutt me when I picked him from school because meetings in foster care had meant moving.

In this research, all child co-researchers presented with ECIs within the school environment due to the recruitment strategy, however approximately half of parent co-researchers explained there was no indication of their child's ECIs within the school environment. This could result in a lack of visibility of ECIs because the school did not see the issues experienced by the family, although schools could also be supportive:

Schools can be a great source of support - positive connection for the young person - however schools will often not be aware of any issues e.g. the young person can be in leadership roles/academically going well.

There was a moderate consensus disagreement that “residential homes and schools are never appropriate for families experiencing child-to-parent violence” (72.3%, IQ range = 3, median = 4.5). There were a number of qualitative responses which further explored the usefulness of residential homes, particularly “for high risk cases”, and for some, residential homes may have been the better option:

Some children cannot modify their behaviours while in the familial home but can regulate when in a group home while maintaining attachment to family. It may be a healing, more successful option in extreme circumstances.

### 8.3.2 Punishment and reward

Schools often used punishment and reward as a method of classroom management or as a way to encourage achievement, and this mirrored traditional parenting practices. Despite the longevity of punishment and reward as strategies to encourage children to behave in specific ways, there was a high consensus from experts who agreed that “so-called common sense/traditional parenting does not work if there is violence” (71%, IQ range = 1, median = 1). When there is harm initiated by children, the traditionalist approach argues that parents should be stricter, and a **good parent** is one who uses *punishment* to enforce their **power over** their child, forcing the child to be *submissive* and *obedient*. However, the experts in this research recognised that the required parenting practices often contradicted what was felt to be appropriate and proportionate:

Parenting when violence is present needs to be therapeutic, which is counter intuitive. This is a proactive, intense, emotionally and cognitively draining approach. Ironically it can have a different cost to the parent/ carer to the violence, maybe no less profound.

Experts identified that those parents who continued to escalate the pattern of *punishment* would also see an escalation of ECIs, with one respondent stating: “The more you punish/reward the worse it will get!”. There was also high consensus agreement for the statement “Punishment and rewards do not work and can escalate violence” (76.9%, IQ range = 1, median = 1)

They might work for some kids but in my case it didn't. The PDA [pathological demand avoidant] profile means that children will often struggle with the demands perceived from praise and only serves to increase anxiety. It can also feel like the child is being punished for something he or she cannot control and this increased sense of unfairness can then again increase levels of anxiety and push a child into the fight or flight response. In my child's case it was fight.

Qualitative respondents also recognised and highlighted that **shame** was not just experienced by parents when they were living with ECIs, but were experienced by children too, and this

emotion could trigger the ECIs, creating a cycle whereby the ECIs caused **shame**, and the **shame** caused ECIs. As explored by this qualitative respondent:

Traditional parenting, punishment, time out, reward charts, naughty step, shaming - really vital as many kids really triggered into violence when they feel shame. Work with the parents - don't blame them, living with extreme violence is incredibly frightening and undermining - you need to think of the way domestic abuse affects the person being abused. Support parents and support the kids to make good changes.

There was low consensus disagreement that “a supportive family network is sometimes enough” (55.3%, IQ range = 3, median = 4), with all qualitative responses outlining that a supportive family is very important, particularly in the support of parenting strategies which differ from the norm. However many of these responses also highlighted that specialist services are necessary and so “a supportive family network, whilst important, cannot offer the level of knowledge or support as specialist services”.

#### *8.4 Categories of need*

Expert respondents overwhelmingly agreed in the second round of the Delphi that “we should always see the child before the behaviour (i.e., the child bites, not they are a biter)” (91.1%, IQ range = 0, median = 1), which supports existing research (Condry and Miles, 2021; Wilcox and Pooley, 2015). Thus, it is important not to label children, but recognise that their behaviour is in some way functional or purposeful. Furthermore, expert respondents did not frame ECIs for pre-adolescent children as an individual or individualised concern, but rather they recognised the contextual issues that could cause such behaviours:

For under 11 year old children I would see aggressive behaviours in the context of trauma (e.g. past or current partner violence; high conflict parenting dynamics; mental health, AOD, trauma in parents - insecure and disorganized attachment); I think we need to also consider behaviours in context of mental health and disability

Contextualising ECIs in this way facilitates the framing of ECIs as being children not having their needs met, and so children can be understood by categorising these needs. As mentioned in the previous chapters, whilst conceptually there are distinct differences between the PRAR needs, and children were not restricted to a category, and so a child may present with multiple needs over time. As this respondent identified, there are a number of strategies that need to be implemented to reduce ECIs across all four categories:

Self-regulation based on an understanding of the reasons for the behaviour. Self-esteem -that they are not bad and that they can overcome early experiences and be happy. Neurodevelopmental therapy to process and integrate early trauma. Alternative strategies for managing impulses and communicating needs. Supporting parents to maintain the loving parental relationship to show the children that what they are feeling and experienced can be contained and not overwhelm the parent and break up their family. To identify their needs in the family, education, socially and in the community, to anticipate future needs and avoid cliff edges and collapses.

In the above quote, the respondent reinforced the concept of *impulses* rather than *behaviours* however they also focused upon the causes of the needs. In the above case they used the **mediator** of *personal history* which refers to: traumatic events, personal loss, and difficult early experiences. This is an external mediator.

Another respondent used two **mediators**: *personal history* and *identity*. In their example, in response to the Delphi statement “violence usually begins during a period of unrest in a child’s life”, the respondent elaborated on how, whilst they agreed with this statement, there were other factors to their experience, which they considered relevant to share:

It really does depend on the underlying issues. In my case my son displayed physical violence towards me at a time of great unrest in his life [**mediator**]. I had an acrimonious split from his father and was engaging in the diagnosis process for him. [Redacted] was given a diagnosis of ASD [**mediator**] but having researched and reached out for as much help as we could [**poor fit**], it was evident that [redacted] was displaying a profile on the autism spectrum known as Pathological Demand Avoidance [**mediator**]. It is a complicated profile but in brief means that [redacted] struggles to cope with anything he perceives as a demand placed upon him [**power and resistance**]. As a young child this often manifested itself in behaviour which was violent [**reactive**]. He had neither the ability to understand himself or the coping strategies to help himself and I, as his mother didn't understand enough to know that I needed to change my own parenting approach [**adapting to the dominant needs**]. Once we did identify this profile and understand more about it things changed for us [**rescaling**]. We figured out that [redacted]'s challenging and violent behaviour was in direct correlation with his anxiety levels [**reactive**]. Once we got this we could change to help him [**rescaling**]. So, what I mean by all of this is that professionals need to

look beyond the behaviour and listen to the parents and the child. A holistic approach needs to be taken, talk to everyone involved, don't make judgments because there is violence, it's hard enough.

In the above response, the respondent explained that their understanding of the best way to target the violence was to understand the needs behind it. In this case it was a need to reduce the anxiety. However, this response also demonstrates the importance of being able to give a name to an experience, humanising it. In previous research, a diagnosis for a child has been associated with the benefits of a label for accessing services and support (Rosenthal, Biesecker and Biesecker, 2001). However, this is arguably an interpretation underpinned by ableist assumptions that those who differ from the norm, or in this case deviate from the **idealised good child** require changing. In this respondent's account, the initial mediator identity of autism did not meet their needs. Similar to finding a GT, a label is only as good as its fit. The lack of fit meant this respondent continued to research and compare experiences until they found a label which met their experiences more holistically. In this case, they found the diagnosis of PDA, which assisted them in **reframing** their own parenting practices, and through these parenting changes they were able to reduce the 'violence'.

#### 8.4.1 Proactive category

This category represents strategies that were used by family members prior to a stressful or distressing event, typically as a preventative strategy. They are behaviours which are used proactively when an undesirable event was upcoming. The Delphi was useful in defining what the proactive category was not. There was some qualitative support for ECIs being a strategy implemented by children as a response to difficulties experienced in their lives, such as being a way of minimising unexpected outcomes. However, there was low consensus as to whether this strategy is used by children, and so experts did not support the statement that ECIs "usually begin during a time of unrest in a child's life" (50%, IQ range = 3, median = 2).

Furthermore, whilst both groups of co-researchers were concerned about the **future**, particularly regarding what ECIs meant for those children **becoming** adults, there was a low consensus agreement for the statement "children who use violence will become violent adults (53.8%, IQ range = 3, median = 4). This demonstrates that the strategies implemented by children and young people to meet their PRAR needs through ECIs does not need to be carried into adulthood. This is particularly relevant for proactive behaviours which mirror



those seen in adult domestic abuse, from the child's proactive impulses which have been described as "callous-unemotional" (Kuay et al., 2021, p. 2) or "manipulative" (Ibabe and Jaureguizar, 2010, p. 617), to the parents' experience of "walking on eggshells" to prevent ECIs.

In cases where there were ECIs from the proactive strategy, one respondent identified that **mediators** were important as they can help children with their sense of *identity*, who they are and why they behave in particular ways: "to increase their understanding of their own behaviours and equip them with healthier coping strategies to deal with their emotions."

Despite the concept of *identity* being important, it is not the goal of work with children and young people. As the statement "the goal of work with these children is to help them understand themselves and why they are being violent" only achieved a low consensus agreement (55%, IQ range = 3, mediator = 3)

#### 8.4.2 Reactive category

Within this category, respondents often referred to the concepts of *fight* or *flight*, most respondents referred to both. However, those experts with lived experience presented with more specific interpretations, such as the below example in which a respondent interpreted their child as experiencing more *fight* than *flight*. Both of these concepts can be found in the reactive or proactive category, but in this case the respondent described their experiences of ECIs as their child reacting to their environment:

In our experience the violence had a direct relation to his ASD and anxiety levels [**reactive**]. He couldn't cope and his fight or flight kicked in, in his case it was fight and he was only doing what his brain told him to do [**reactive**]. He was able to do this with me as the closest person to him as he knew I would never walk away [**relational**]. However, the judgment of having bruises caused by your child or of hearing your child scream and shout at you in public is something I struggle to explain [**invisibility**] unless you have experienced it for yourself, so to be judged by professionals is just hideous [**idealised family**]. Imagine how bad it feels to have the person you love most, the person you can't just leave, your child, being the one you are afraid of in your own home every single day.

In round one of the Delphi method, respondents were asked about the language they used when referring to CAPVA. In the following, the respondent described the reactive impulses experienced by their child:

I am not sure of the right language, but violent and controlling and aggressive have such negative connotations [**idealised family**]. He was protecting and keeping safe to a perceived massive threat to his well-being [**reactive**]. In the only ways that he had yet learned. He was using strategies and people were labelling him [**bad child**].

#### 8.4.3 Affective category

The affective category refers to those needs which are met through intellectual, physical, social, and/or emotional stimulation. “Assessments for sensory and neurological differences in the child can be helpful for families” was a statement which achieved a high consensus score (82%, IQ range = 1, median = 1). In one example given by an expert-by-experience, rescaling was possible for them as they identified the dominant needs as being the needs of their child, and they did this through aggrandising a mediator (in this case PDA), which occurred due to specific social, intellectual and/or sensory needs:

In my case the violence was a result of the fact that no one got why. Even after his ASD assessment professionals didn't get it until I identified his PDA profile and adjusted my parenting approach accordingly.

Some respondents shared qualitative responses that assessments, and their resulting diagnoses could be helpful, but could also be problematic. The below example is an illustration of how a rescale assisted by the aggrandisement of a diagnostic category can result in a focus on the **mediator** (autism, ADHD, ODD, in this example), can abase the *autonomy* of children and young people, and therefore ignores their capacity for change:

Autism, ADHD, ODD etc is predominant feature where there is adolescents violence - however, in some cases this is helpful and in others can contribute to parents beliefs about violence and minimizing it - not holding the young person to account

Another expert respondent used similar information but interpreted it differently. In this case, an expert-by-experience identified that the **mediator** was one which gave them hope that their child did have capacity to change, and that ‘violence’ was a temporary, transitional experience as their child meets their potential and moves beyond this experience:

This is the only thing that has sustained our sanity as carers of a violent child. Assessments open the door to new knowledge about children's behaviour. Not all will be fruitful, but they are important in providing 'hope' for parents, they have the potential to move them beyond their 'provisional existence' in a violent setting.

Those assessments which were not fruitful often resulted in long waiting times for little outcome, further burdening families who were often already navigating multiple challenges and difficulties:

This type of medical model can be helpful for some parents and professionals to rule out specific conditions. I think the ASD assessment is frequently offered as a current response to these themes - but the waiting lists can be hideous. If you rule it in or out it can help consider approaches/next steps. As a family where it was ruled as borderline...it does not always provide any help.

In the first round of the Delphi, there were a number of comments which identified the sensory needs that are met through ECIs, however there was a moderate consensus of disagreement for the statement “damaging property is not a problem and can help children direct their anger in a healthy way” (76.9%, IQ range = 1, median = 5). Thus highlighting that needs should not met with any form of violence. One qualitative respondent demonstrated that there are a number of causes for ECIs, but there are better ways of dealing with them than transferring the ECIs to property:

This again is not a healthy way to deal with the emotions triggering the behaviour [**affective**]. The violence is an expression and a way of a child communicating a feeling that he or she is unable to convey in any other way. Many factors can influence how a child is behaving and they must be considered. However, allowing a child to learn that it is acceptable to deal with those feelings by damaging property is not healthy and will not help the child at all. A parent needs support to unpick the behaviour and deal with the issue and if the child's levels of anxiety are dictating behaviour then the child's anxiety needs to be managed and then they can be worked with to find more appropriate coping strategies [**proactive**]. If it's a sensory thing then this need can be better met than by damaging things [**affective**].

Returning to the concept of children *becoming* people, damaging property was identified as a potential gateway to interpersonal violence, and not an appropriate alternative as “damaging property can be a precursor to physical violence; in itself it is an act of violence.” Another

example which was identified as indicative of future violence was the statement “using violence towards animals is indicative of using violence in the home”, which achieved a high consensus agreement (74.4%, IQ range = 1, median = 2). For some experts, this was because of existing research on violence towards animals and intimate partner abuse. For instance, the domestic abuse, stalking and harassment (DASH) risk assessment tool includes a history of harm towards animals (Richards, 2009). Training one expert had received from the Royal Society for the Prevention of Cruelty for Animals (RSPCA), highlighted the related concepts of **power**:

The RSPCA breaking the chain training picks up this theme in adults, whilst I have been aware of research over the years linking sexual abuse in children to violence towards animals, I have not seen research about physical violence links. I think it can be indicative with children of power/helplessness themes.

However, there was no consensus for the statement “child-to-parent violence is a child trying to gain control of their parents” (55.3%, IQ range = 3, median = 3), thus ECIs do not utilise the same power and control dynamics found in adult-cases of family violence. Furthermore, there was a high agreement consensus that “perpetrator models should be avoided with children” (78.8%, IQ range = 2, median = 2). Other respondents continued to highlight the **relational** aspects that were associated with the affective needs that were met when harming animals, with one presenting it as “a lack of empathy”, and another extending this example, stating it was “the inability to take the perspective of any living being and cause pain and harm is violence just not directed at a human.”

#### 8.4.4 Relational category

This category has been used to describe the specific relational needs that are met by ECIs in previous chapters, however in the Delphi, relational needs were used by experts to establish how ECIs can be reduced by meeting these needs in a relational way. One expert shared in their qualitative response:

[ECIs] can only be healed in relationship. It is how we relate to others - the family is the blueprint for everything that follows. We need to get that right.

One expert explained how they believed that all categories of ECI could be understood through the family relationship:

My core belief is that it needs to be renamed as a relationship dysfunction [relational], whether that is because there is a child who cannot emotionally regulate/ does not feel safe engaging in a relationship [relational] or does not understand social cues/ behaviours or a mismatch between expectation and reality, all of these are lead to relationship dysfunction and challenges.

This “dysfunction” is arguably minimising the extensive harm caused by ECIs. ECIs move beyond dysfunction and cause harm, not only to family members, but to the children themselves, and this is extended in this research whereby experts agreed a high level consensus in the second round that “children do not want to be violent and are also victims” (81.8%, IQ range = 1, median = 1). This victimisation can cause not only harm, but trauma. One expert explained that they believed “the violence traumatises the children themselves”, and this trauma has the potential to cause a cycle of violence or ECIs, as there is little opportunity to reconcile within the family. A statement which explores these challenges was, “children under 11 initiating violence should be understood through a trauma informed lens”, and this had a high consensus agreement (79%, IQ range = 1, median = 1). However, qualitative responses emphasised that a trauma informed lens is one which incorporates knowledge of neurodivergence, as demonstrated by one expert respondent who explained “yes, as long as this includes a neurodiverse perspective.”

The recommendations to utilise trauma-informed strategies without requiring a trauma history was supported by the statement “children who use violence have always been victims of trauma themselves” achieving moderate consensus disagreement (76.9%, IQ range = 3, median = 4.5). Thus evidencing that, whilst being trauma-informed is important, ECIs do not necessarily occur because of trauma, but they can create trauma.

Relational needs were also emphasised in the statement “peer support is essential, so group sessions are the preferred way to support families” which had a high consensus agreement (76.4% with a median =1 and an IQ range =1). There was no reference to peer support for children exhibiting or living with ECIs, thus they were not visible in the responses to this statement. However, there were a number of responses which demonstrated that finding others who have shared experiences helps to make parents feel more visible and less alone. One qualitative Delphi respondent shared:

Unless you've experienced it then you can't know. You can learn and you can have an amazing attitude and do all the training available but unless you know how it feels to

be scared of your child and bruised by your child then you don't know how it feels and never will. Peer support is vital so that families don't feel alone.

Tackling the loneliness that comes from living with ECIs requires a sense of community, such as peer support, but this also requires a shared understanding of what the experience is. The reframing of the *idealised family* needs to be the same, so must the form of **rescaling** otherwise the family experience of invisibility is compounded. The *relational* component of peer support must be inclusive of the shared **rescaling** processes, and which context, factor or individual undertakes the aggrandisement or abasement. This relational component is more important than the power dynamics, as demonstrated by this respondent who identified that peer support can also be inclusive of professionals who have experienced ECIs themselves, stating “people only really get it if they have lived it. The best professionals have often lived with [ECIs].”

### *8.5 Adapting to the dominant needs*

Adapting to the **dominant needs** refers to the the *processes* undertaken by members of the family to *identify who has the dominant needs* and the **accommodations** taken to meet those needs. In this section I will give conceptual examples of how individuals within the household can adapt to **identify** and **accommodate** the dominant need of the titled person. One respondent offered a stepped approach to adapting to the dominant needs of family members:

To get violence out of the home, support parents (in the first instance) to repair relationships with their young person - then move towards engaging the young person/family members around their other needs

There was a high consensus agreement for the statement “assessments should be done at once with the whole family and not fragmented” (81.3%, IQ range = 1, median = 2), however, qualitative responses clarified that these assessments can be completed in a mixed way:

Yes with all the people in the family but there should be individual and group assessments. Individual because there may be trauma, etc that is affecting that individual and group to examine how they work as a group.

There was a high consensus agreement in the second round that “a clear understanding of family dynamics is crucial before beginning any work” (88.9%, IQ range = 0, median = 1). Understanding the family dynamics can take time, and so there was also a high consensus

agreement that “it is crucial to work with families for prolonged periods to be effective” (79.5%, IQ range = 1, median = 1). An expert respondent explained why this time matters:

It’s crucial to work with the families over a period of months [**relationship**]. It takes time to get to know the families and to actually get a full and more honest picture of the environment in which the families live. That the child is an individual who is also experiencing something hugely horrific, committing violence towards their parent [**shame**]! That the whole family is affected, regardless of whom the violence is directed towards. All judgment and preconceptions must be left at the door and families must be listened to and heard.

The above description of working with families can be useful in observing how each family member rescaled; which family members’ needs are being **aggrandised**, which are **static**, which are being **abased**; who is doing most of the rescaling and how.

#### 8.5.1 Parent

Like a previous qualitative statement about how assessments can be provided in a stepped way, another respondent provided similar but more structured guidance as to how they thought all family members could be supported, but in a way which prioritises the needs of a parent:

1. Not be quick to assume blame to parent.
2. Determine if child has any mental health or neurodevelopment condition as behaviour could be attributed to these.
3. Take full family history including any Mental health issues with the parent.
4. examine family history i.e. interparental violence, child abuse, neglect, Addiction related issues in the child.
5. Examine historical trauma of parent
6. Provide contact service for support for both parties.

It is vital to offer services that support parents, not only children. Despite this, there was no consensus regarding whether “parents should all have mental health assessments as part of the assessment process”(32.8/ 44.7%, IQ range = 2, median = 3), and the qualitative responses were equally as diverse. Some of the respondents were supportive of assessments, with one highlighting:

Parents come with their own trauma. They need help to recognise this so that they can respond to their children in a 'clean' way - i.e. not reacting due to their own conditioning.

Other respondents were less supportive of these assessments, and identified how parental mental health can be weaponised against parents:

Parenting mental health is neither a cause or consequence of [a child's] violence - but can be a contributing factor. A mental health assessment for a parent may also further undermine their confidence as is there also partner violence – can be used against the parent.

Despite recognising the needs of parents, these needs were often framed as being within the broader needs of the family. For instance, it was usually the parents initiating help-seeking, however the statement created was “help should be offered as soon as families ask for it”. This statement achieved high consensus agreement (97.8%, IQ range = 0, median = 1), so experts agreed with it, and qualitative responses emphasised how long families often wait before asking for help. However, I found a lack of visibility of the parents throughout the Delphi, unless it was regarding parental experiences of *blame* and/or *shame*.

Despite the similarities between reports from victims of intimate partner violence, and those who have experiences of CAPVA (Hunter, Nixon and Parr, 2010; Strom et al., 2014; Wilcox, 2012; Wilcox and Pooley, 2015), there was a low consensus agreement that “child-to-parent violence is domestic abuse” (59%, IQ range = 1, median = 1), supporting the idea that it is a distinct phenomenon which requires distinct responses (Holt, 2016). However, the challenge of framing ECIs and the broader experience of CAPVA outside or alongside experiences of domestic abuse means that parents are not conceptualised as victims or victim-survivors. Whilst, as mentioned, children with ECIs can be understood as also being victims, their parents are once again not visible in the conversation. There is a continual **abasement** of their needs by services and service providers.

Whilst the needs of parents were not aggrandised, their voices could be. From the Delphi respondents, there was high consensus agreement that “parents are the experts and should be listened to first” (70%, IQ range = 1, median = 1). As I demonstrated in a previous chapter, parents often research theories and concepts, constantly comparing them to their own lived experiences and rejecting that which does not fit. These tests include parenting strategies and potential **mediators**. One expert-by-experience explained why it was important to listen to parents first:



We know our kids - we have normally tried everything. Many of us have literally done a PhD on our child! If it was as simple as firmer boundaries and clear consequences we'd be laughing!

### 8.5.2 Child

The expertise and knowledge of parents living with ECIs should not be *minimised* or **abused** by professionals. Parents will be more aware of the triggers and nuances of the behaviour of their child than a specialist practitioner who understands the broader aspects but is not aware of the unique family dynamics. This knowledge can help keep the needs of the children, and their experiences at the forefront, as explored by another expert respondent:

Family dynamics are important, but not the sole focus. Our children bring with them the family dynamics of the birth families, abusive dynamics and the dynamics of their foster families. but tools to understand family dynamics do not understand this. And it can be the focus of planning rather than the child's trauma and needs

As mentioned, we should “always see the child before the behaviour”. Respondents in this part of the research shared that “behaviour is always communication”, and so the ECIs should not be the focus, but what the child is communicating should be. This was explored further by another respondent who stated “the child uses these behaviours, usually to express a need.” However, by focusing on the needs of the child, their needs are prioritised, and this can result in **accommodations** whereby family members change their own behaviour and abase their own needs without opportunity to recognise the impact ECIs have on themselves. This is evident from a qualitative response whereby the respondent focused upon the needs of the parent from a “blame” perspective, rather than recognising the impact that violence has on an individual. Thus, they prioritised the needs of the child:

Understanding the root cause of the behaviour [communication] and support the child with that [**needs**], rather than only dealing with the presenting behaviour [**prioritise child**]. Focus on building a relationship with the child so they feel safe [**relational**] and empowered to express their emotions. Don't blame the parents, instead provide true relationship based support for them [**relational**]

In cases of significant harm, many parents described how they were told to call the police when seeking help from services during crisis. However, in this research, there was a high consensus agreement from experts that “if calling the police is the only option, many families

will keep child-to-parent violence hidden” (76.9%, IQ range = 2, median = 1). This is despite a large amount of research in this area comes from criminal justice data (Moulds et al., 2019b; Strom et al., 2014), and a move towards more holistic criminal justice responses (Miles and Condry, 2015). When providing responses to the above statement, one expert shared they had been advised against a police response due to the history of their child, and so the dominant needs in this case is the child, due to their *trauma*, and not the wider family who were at risk of harm:

We were advised to try not to call the police. (Our adopted children were removed by police during a raid on birth family home) I called an ambulance for the worst incident, but for everything else we just hunkered down and tried to cope

In this case the aggrandisement occurs due to the professional input; as professionals have *power over* individuals due to their position within a **structure**, although in the above case could also be referring to more experienced parents giving advice. Another expert emphasised how police intervention can increase trauma for a family, and identified that there needs to be non-criminalising approaches to those living with already difficult circumstances:

Can you even imagine how traumatic that would be for a family? Admitting to police that you need help with your child, seeing the police talking to your child like a criminal, telling them they are criminally responsible. My son was told this would happen by the social worker school sent to my home. I cried at the thought, the thought that this is what it had come to with my baby, my 10 year old baby. It cannot be the only answer, these children and these families need understanding and strategies not the heavy hand of the law. I’m not saying it doesn't have a place in some situations but it can't be the only solution to an already judged problem.

Understanding and adapting to the needs of a child also impacted how the ECIs were conceptualised too, for instance one expert respondent was able to define the behaviours as ‘violence’, however they specified that “violence stems from a place of fear, anxiety or trauma”, whereas another explained that the perspective of the parent is individual and so they will perceive ECIs differently, and this perception can change over time:

I think this would depend on the parents’ view of these behaviours. For instance I find it easier to accept that spitting is regression and I do not see it was violent. On the other hand I haven’t had to put up with it very much. I know that being hit felt understandable at first, but with it being repeated, my resistance and ability to keep

parenting therapeutically left me, and I just felt more and more hurt. I think how much the parent feels hurt is probably the most important measure. Another one is how the child feels about themselves for doing it.

There were often also family members outside of the parent-child interaction who were impacted by the ECIs, and they could have needs which were considered dominant by other members of the family, and it is the partner I will explore next.

### 8.5.3 Partner

There was little reference to recognising, prioritising, or adapting to the needs of partners of parents in families where there were ECIs, however there were a couple of qualitative responses exploring how it is important to create safe spaces for adults, which include a responsibility for professionals to support children by “helping adults in their world - make safe spaces and accept them as they are”. These spaces were important in maintaining the partnership, and so routines needed to be adapted so that this space could be created, as explained by this expert: “Space for parents away from abuse - hard to maintain humour or loving relationship under 24/7 threat of violence.”

### 8.5.4 Other children

There were a number of challenges identified by experts as to how other children in the household could be prioritised. For instance, one qualitative respondent identified that the home is a private space, and so harmful behaviours such as ECIs are often invisible compared to that in the public sphere: “Children often are violent to siblings and this is always seen as ‘normal’ however with peers this can be seen as not normal”. Whilst the harm caused to children experiencing domestic abuse initiated by adults is growing in recognition (Callaghan, Alexander and Fellin, 2016; Oliver et al., 2019), there is low agreement that “child-to-parent violence is domestic abuse” in this research. Therefore it is unclear as to whether other children in the home should be able to access the support services available to child victims of domestic abuse when there are ECIs, not domestic abuse.

In an attempt to reduce the risk to other children and the wider family, there was a high consensus agreement that “safety planning and risk assessments should be completed with every family” (74.4%, IQ range = 1, median = 1), and this was identified as one of the first steps to “keeping child safe and siblings safe [sic]”. However, another respondent elaborated

that it is not enough to ensure that the family are safe, but that they *feel* safe, and prioritising other children in the house involves making “everyone feel safe and happy together.”

#### 8.5.5 Significant differences

Parent co-researchers requested additional analyses to explore differences between expert by experience and expert by education respondents. I completed a one-way ANOVA on SPSS 12 to check this. One statement did not have a significant difference between the three groups ( $p = 0.062$ ), however when participants who identified themselves as ‘both’ were removed from the data set there was a significant difference ( $p = 0.027$ ) between groups on the below statement:

- From ages 0-6, violence on a semi regular basis is developmentally appropriate and is not a concern.

The following statements had significant difference between respondent groups (parents/practitioners/both):

- It is crucial to work with families for a prolonged period to be effective:  $p = 0.014$
- So-called ‘common sense’/traditional parenting does not work where there is violence:  $p = 0.043$
- Punishment and rewards do not work and can escalate violence:  $p = 0.039$
- A supportive family network is sometimes enough:  $p = 0.03$

### 8.6 Conclusion

The illustrations presented in this chapter represent some of the core issues and practice considerations regarding ECIs and broader CAPVA instigated by pre-adolescent children. There were a number of contradictions and tensions, and these are indicative of the exploratory nature of this field. The Delphi, more than the other two methods, helped to saturate the concept of the **idealised family** and how through social and cultural expectations the family **structure** contains the **idealised good child, good parent and good childhood**. These **structures** assist in explaining why parents are only visible in the Delphi regarding their experiences of **blame** and **shame**, rather than the extensive harm that can be caused by violence within the home. The **needs** of the family not to live with violence was not visible in these illustrations other than in relation to other children needing to live in a safe

environment, and relationships between parents and partners being ones which require space from ECIs.

In the Delphi, experts prioritised the needs of the child, and evidenced that families adapt to ECIs by making the most accommodations for children with ECIs. Nevertheless, there is evidence from these illustrations that experts reinforce the invisibility or minimisation of other members of the family; thus any assessment of the whole family is likely to result in an aggrandisement of the child initiating the ECIs, and their needs, and an abasement of the needs of other members of the family. This can be managed by working with the family in a relational way and fulfilling their needs through a collaborative working relationship.

The differences between the respondent groups regarding a small group of responses may be conceptual, or based on training, or life experiences. However, it is beyond the scope of this thesis to explore how participants made meaning or negotiated their decision making processes. Therefore, there is potential for future research to explore the differences between different respondent groups and their responses, and how these decisions were made.

## Chapter 9. Literature Review

### 9.1 Introduction

As is traditional in a Glaserian Grounded Theory (GT) thesis, I presented the relevant extant literature towards the end of the thesis; with this chapter an illustration of the theory and not an introduction to the topic (Auger, 2016; Dunne, 2011; Powers, 2013; Scott, 2007). In this chapter I presented the literature which was identified by parents as relevant to their experiences; and the literature which was identified by me as relevant to the various concepts and categories. The use of literature as data in a GT study improves both the theory, and the knowledge of the phenomenon of interest for me as the researcher (Wolfswinkel, Furtmueller and Wilderom, 2013). As with all data integration for this research, the constant comparison method of analysis was used, whereby relevant texts were identified, broken up into relevant concepts, categories, and compared across the existing rescaling GT framework.

I have presented the relevant literature here in the same way that it was presented in the previous three illustrations chapters. Firstly, with extant literature on the ideal family and how this is relevant to the current rescaling GT; I then explore power and resistance; I then explore the proactive, reactive, affective, and relational (PRAR) categories of need, what the extant literature stated about them, and how this was integrated into the GT; in the final part of the chapter I present what the extant literature states regarding how family members identify and adapt to the individual who had the dominant needs within a family.

### 9.2 Idealised family

The idealised family is socially constructed, but structurally maintained, as there are expectations of what it means to be a *good parent*, providing a *good childhood*, for a *good child*. Due to the structural expectations of what it means to be, and what it looks like to be, a *good parent* or a *good child*, a good parent and a good child cannot exist alongside the ECIs, and thus their parenting and child identities are spoiled (Goffman, 1959). The concept of the ‘spoiled identity’ was particularly relevant to families living with ECIs when they were seeking support, as discourses which promoted parent blame or reinforced constructions of what the parent or child *should* be, conflicted with how they constructed their own identities (Goffman, 1959; 1963; Holt, 2010). For instance, a child may feel as though they were trying their best, but they could not be ‘good’ because they have ECIs; a parent may feel as though they were doing everything they had been told a ‘good parent’ does, but their child has ECIs

and thus they cannot be a ‘good parent’. Finding other families experiencing similar social judgement can be helpful to those living with spoiled identities, as it can reduce the feeling of isolation, and humanise their experiences (Goffman, 1963; Holt, 2010).

### 9.2.1 Good child

Children with aggressive behaviours, when scoring themselves on capability and relationships, often present mixed profiles as they may appear to have low self-esteem in some environments, but overestimate their ability in other areas (Hughes, Cavell and Grossman, 1997). For instance, children with low self-esteem have scored themselves higher on measures which align to my concept of the *ideal child*, than the scores given for them from those around them (Hughes, Cavell and Grossman, 1997). When children were presenting with ‘challenging behaviour’, such as explosive and controlling impulses (ECIs), there was stigma and isolation due to the challenges children experienced as they continually sought to achieve the ‘ideal’, and they could internalise their failure in achieving this ideal as them being a ‘bad’ child (Adams et al., 2021).

The *idealised child* concept, also conceptualised as the *good child*, reminded me of the data from the child co-researcher ‘Andrew’, who had exaggerated his bravery when exploring the emotion of fear, and he laughed at those children who were open about their fears. However, it emerged that ‘Andrew’ had experienced many frightening events in his life and so he overestimated his ability to manage them. Thus, the literature, and the fieldwork, evidenced that children will attempt to achieve the threshold of the *ideal child* by exaggerating their own capabilities, whilst also internalising their failures in achieving this ideal which impacts upon their self-esteem (Hughes, Cavell and Grossman, 1997).

### 9.2.2 Good parent

Due to the structural expectations of being a good parent, there could be an element of performativity, whereby parents will conceive of what a ‘good parent’ looks like and will enact that based upon inherent gendered or role expectations (Butler 2009; 2010). Indeed, “norms are acting on us before we have a chance to act at all” (Butler, 2009, p. 11). Thus, for some parents, predominantly mothers, they can *perform* parenthood or motherhood in a way that causes them harm. Mothers in particular were expected to be accepting of discomfort or harm due to the social expectations that they must put the needs of their children first (Caporaël, 1999; Ladd-Taylor, 2004; Maher et al., 2021). This was despite more

contemporary arguments that the parents should prioritise their own needs if they want to care for others (Simpson, Semenchuk and Strachan, 2022).

Self-stigma that can come from raising a child who does not fit the good child ideal, which created a shift in how parents conceptualised good parenting (Eaton et al., 2016). Sometimes, this reframing could result in a bidirectional argument that the parenting was not poor initially, but that the needs of the child created the poor parenting, as the difficulty in *being* a parent to a child with ECIs reduced their capacity to parent. Thus, an escalation occurs whereby the parenting gets poorer, and then so does the behaviour which parents can then blame on the child (Redl, 2007; Vanschoonlandt et al., 2013).

### *9.3 Power and resistance*

It has been argued that there are two types of young people who instigate harms towards parents; generalists and specialists (Kuay et al., 2017). Specialists are those who only instigate harms directed towards a specific person, such as a parent, and generalists are those who instigate harm both within the home, and outside of the home (Kuay et al., 2017). Both specialists and generalists resisted existing power dynamics by those in authority. However, whilst where there is power, there is resistance, the context of resistance can be very different for different young people (Foucault, 1990).

There have been a number of perspectives interpreting why children challenged adult expectations of childhood, and this can impact the framing of ECIs. For instance, there could be an authoritarian perspective (wilful defiance which requires control); a behavioural perspective (non-compliance which requires different parenting practices); an internalization perspective (cognitive non-acceptance which requires individual intervention); attachment perspective (unresponsiveness due to a lack of relational connection); and a developmental perspective (resisting authority to promote autonomy). All but one of these perspectives recommended intervention to ‘correct’ the children or the family, which reinforced the problematisation of children who do not conform to adult expectations (Kuczynski and Hildebrandt, 1997).

Alternatively, four patterns which have been considered the root of defiance to authority are: *developmental defiance*, which is a typical part of development, as a young person seeks independence and autonomy from their parent; ‘*defiance as a wrapping*’ (Redl, 2007), which is the secondary expression of other psychological or neurological differences. An example of ‘defiance as wrapping’ would be defiance being conceptualised as *caused* by pathological



demand avoidance (PDA); *reactive defiance*; and *proactive aggression* (Redl, 2007). All of these forms of defiance are in response to one party (the adult) having *power over*, and the other party (the child) seeking autonomy by resisting this power.

As two of the above framings (non-compliance and resistance) are conceptual ideas in clinical practice with children who do not comply with adult demands, it is understandable that many pathways to support result in parent or child blaming (Kuczynski and Hildebrandt, 1997). However, Robson and Kuczynski (2018, p. 4) identified two different forms of resistance “normative resistance and extreme aggression” when using the above conceptual framings in their constructivist GT in their interviews with mothers of ‘resistant’ children. Extreme aggression is that which causes harm, and normative resistance is that which is developmentally expected and appropriate.

The evidence on parenting styles and vulnerability to child or adolescent-to-parent violence and abuse (CAPVA) fits these power and resistance concepts, as authoritarian parenting styles are highly associated with aggressive and negative behaviours in children. They also fit social learning theories that children who are met with strict parenting, will respond with equally severe resistance (Bandura, 1978; Masud et al., 2019; Pinguart, 2017). Greene (1998, p. 1) describes children who experience ECIs as “chronically inflexible”. However, this implies that children have things done *to* them, and they are resistant to these things, rather than having their own agency. Whilst children can be inflexible, in this research I have found that children with ECIs have a huge amount of agency. Rather than being inflexible, they were using their agency to be resistant, and whilst this resistance could have been perceived as controlling, I interpreted it as an instinctive, or innate response, rather than an intended form of utilising power over parents and the home.

This childhood resistance has been contextualised within some literature into childhood aggression as being a result of the development of a continuum of resistance from a child (Patterson, Littman and Bricker, 1967). This continuum includes assertive behaviours, avoidance behaviours, and aggression, whereby whichever behaviour has the most positive reinforcement is the one which is perpetuated (Patterson, Littman and Bricker, 1967). The research which developed this theory, also found that children most likely to utilise aggressive behaviours were also the most likely to be victimised within social environments, such as the playground (Patterson, Littman and Bricker, 1967). Whereas other literature has

posited that children are seeking revenge when they harm their parents (Choe and Read, 2019).

### 9.3.1 Imposed inclusion

One of the key pieces of literature identified by parents were books about “explosive” children (Greene, 1998; Greene and Ablon, 2005), with the key message “children do well if they can” (Greene, 1998, p. 1). By this, it was understood that children were doing their best to achieve the ‘good child’ ideal, but often they hit barriers and challenges in achieving this ideal. Children were described as not having the flexibility of typical children, and therefore attempting to get ‘explosive’ children to access activities or resources could be a challenge, or even impossible for them, and would result in distress for both child and parent (Greene, 1998; Greene and Ablon, 2005). One of the key recommendations in these texts was to not impose adult expectations on the child, but rather engage them in collaborative problem solving (Green and Ablon, 2005).

When children and young people struggled to moderate their behaviour and were unable to spend time with other children and young people with similar struggles, this emphasised their isolation and could negatively impact their sense of identity, and their quality of life, as well as that of their parents (Vermeulen et al., 2017). One of the reasons for this, is that children and their parents are continuously being impacted by social comparison; even when ECIs are accepted by the community or wider social group as behavioural expressions of distress not intending to harm, the focus was more often on changing the behaviours of the child, rather than focusing on changing the environment which causes the distress (McGuire and Meadan, 2020).

### 9.3.2 Punishment and reward

‘Punishment and reward’ was an important subcategory within the category of power, as it requires power not only to provide punishment and/or reward, but also to determine what behaviours are *worthy* or punishing or rewarding. The power that parents had to restrict and reject their child, as well as threatening punitive punishment when the child had unwanted behaviours could result in children who were frustrated, angry, and expressed these difficult emotions in harmful ways (Cohen, 1971).

The purpose of reward and punishment is often considered a form of training for children, whereby the punishment should reduce engagement with particular unwanted activities, whereby rewards should reinforce more desirable behaviours, as though we were

conditioning children to perform in a certain way (Pavlov, 1927). However, there are many children and young people who have been identified as not being impacted by punishment or rewards. For instance, using rewards in an attempt to promote behavioural change has been associated with increasing stress in foster mothers, who did not see changes in externalising behaviours, when promoting behavioural change (Vanschoonlandt et al., 2013).

‘Punishment and reward’ has a developmental component as it has been identified as ineffective at promoting desirable behaviour in some children aged 2–3 years old (Achenbach, Edelbrock and Howell, 1987). This was compounded for children in this age range who met the criteria for oppositional defiance disorder (ODD), whereby it has been recognised that these children cannot be encouraged to change their behaviour through punishment and reward (Baillargeon et al., 2011). Children who have experienced maltreatment were more likely to experience reward sensitivity, and this means they become distressed or disruptive when a reward was not given immediately (Lansford et al., 2018). Furthermore, those with a history of adverse childhood experiences have been identified as having higher rates of suspension and expulsion in school environments and these punitive responses only served to increase behavioural difficulties (Zeng et al., 2019).

In a study of adults with intermittent explosive disorder, participants had intense sensitivity to reward and punishment in their cognitive pathways, which appeared to result to extreme emotional responses, including aggression (Puhalla et al., 2016). Similar results were found in children aged 8-11-years old, who were identified as having a ‘conduct disorder’ as they could become aggressive when punished (Bansal et al., 2020; Byrd et al., 2018). These results resonated with the framework illustrations of how punishment and reward were key concepts within the category of power and control. Whilst these researchers reinforced that diagnosis was not important, a diagnosis of conduct disorder, intermittent explosive disorder, or similar can be useful in **mediating** an explanation for why the behaviour occurs, and **humanising** the experience for families (Bansal et al., 2020; Byrd et al., 2018; Puhalla et al., 2016). However, these diagnoses have limitations, as

The reality is that diagnoses aren’t especially useful for understanding kids with behavioral challenges or helping adults know what to do next. Plus, kids generally exhibit challenging behavior only under certain conditions: those... in which expectations outstrip skills. (Greene, 2008, p. 35).

#### *9.4 Categories of need*

In this section of the chapter, I explored the specific needs that are met by ECIs. I think it is important to note here that PRAR needs, and PRAR responses, are overlapping but different concepts. A reactive need may be met with proactive response, such as proactive aggression. Furthermore, as PRAR needs are a new contribution to the literature, there was not a perfect representation in the identified literature, and so I have taken a broad approach in my application and testing of the literature.

Whilst I have developed the PRAR framework based on its relevance to the substantive population, it was not a replacement for a hierarchy of needs, such as the work by Maslow on physiological needs; safety needs; belonging; esteem; and self-actualisation (Maslow, 1943; 1981). Rather, PRAR needs complement this model and can provide a different conceptual approach at each level of the hierarchy. Similarly, the theoretical approach to criminogenic needs first outlined by Bonta and Andrews (2016; Ward and Stewart, 2003a; 2003b) highlighted the factors that *need* to be in place to reduce recidivism based upon the *needs* of offenders. The PRAR framework complements these needs by providing conceptual boundaries for why the Bonta and Andrews (2016) theoretical approach to criminogenic needs can be effective.

The largest difference I found between my own framework, and the frameworks used by other researchers was not the meaning, but the terminology. For instance, the majority of literature uses the term ‘reactive’ in the same way I do, however my use of ‘proactive’ is also referred to as “incentive” (Nigg, 2006, p. 395), or ‘instrumental’ (Contreras, León and Cano-Lozano, 2020b). For my own theory, I opted to use the word proactive, instead of instrumental, as all needs are instrumentally met, and more broadly ‘proactive’ appeared to be the most commonly used in the extant literature, thus making it the easiest to integrate into the PRAR sub-category.

In this section, I will begin by presenting a table of literature which included all of the four categories of need (table 4). I have also identified how the four categories were utilised by their authors, and how this literature was integrated into the framework, and if it was not, explain why not. The language used represents that which is used by the original authors rather than language I would chose myself. I will then present the identified literature that does not fit wholly into any of the four concepts within the PRAR categories of need, and instead explore or include more than one component of this. Much of the included literature

presented ECIs as being the result of a child not having their needs met, rather than being a way of meeting needs (Choe and Read, 2019). As such, both meeting needs and a failure to meet needs was integrated into the PRAR framework.

Table 4 Four categories in the literature

Needs met, or types of aggression	Authors	Method	Findings	Adds to framework
Reactive/proactive, overt/covert, relational, and impulsive aggression	Connor et al., 2019.	Literature review	Considered reactive and proactive aggression as overlapping constructs. Reactive was based on external provocation and proactive is goal-directed. Subtypes of reactive and proactive aggression included predatory-affective, hostile-instrumental, and offensive-defensive aggression. Overt aggression was observable and often the aggression which was seen earliest in childhood such as physical aggression. Covert aggression often occurred in adolescence and consisted of stealing, lying and vandalism. Relational aggression in this paper is social aggression (bullying, rejection, spreading rumours). Impulsive aggression was a combination of reactive and overt aggression and could be understood as psychopathological.	<b>Complements</b> The harms identified were slightly different to the needs that were met through the harms. Reactive aggression and reactive needs were conceptualised the same way. Proactive aggression also remained the same. The interactions of covert and overt with the various types of aggression were not included in the theory as, at the conceptual level, they were subsumed under the ‘needs’; therefore impulsive aggression came under either reactive or proactive needs depending upon the needs that were met. Relational aggression was not observed in the same way in this research, and so this definition could not be applied to the framework.
Overt and relational aggression, and instrumental and reactive aggression	Little et al., 2003.	Questionnaires with 1,723 students age 11.2-16.2 from a school in an upper-middle-class suburb of Berlin, Germany.	Determined that there were four dimensions of aggressive behaviour: These consisted of the two types of aggression, which they termed the “whats”, which are overt and relational aggression. There was also the purpose or reason for the aggression, which they term the “whys”, which were instrumental and reactive aggression.	<b>Complements</b> Reactive aggression supported the existing reactive needs category. Instrumental aggression fit into the concepts of affective and proactive needs, however at the conceptual level there were still distinctions so I opted not to collapse the categories. Relational aggression met relational needs in most cases, but was also broader and incorporated community harms.
Proactive-overt; reactive-overt;	Orue, Calvete and	Longitudinal survey reported 12-	Explored the ‘subtypes’ of aggression (based on Little et al., 2003) and their relationship to	<b>Complements</b>

proactive-relational; and reactive-relational	Gámez-Guadix, 2016.	months apart with 765 (464 girls and 301 boys) aged 14-18 recruited from 13 Spanish high schools	psychological traits. Findings indicated callous-unemotional traits as predictive of both types of proactive aggression (proactive-overt and proactive-relational); whereas grandiose-manipulative traits predict overt aggression (proactive-overt and reactive-overt); Impulsivity-irresponsibility predicted reactive-overt aggression. There were also gender difference as callous-unemotional traits were more highly associated with proactive-overt aggression in girls, and grandiose-manipulative traits were more highly associated with proactive-overt aggression in boys.	This research complemented the framework, in particular how young people with particular <i>traits</i> , may seek to have their needs met in different ways. Furthermore, this paper looked at how proactive and reactive aggression were observable in overt or relational ways. The rescaling framework extends knowledge of this as it identified the needs which drive the four types of observable harm.
Offensive, Defensive, Affective, and Situational.	Ibabe, 2020.	A systematic review of youth aggression	Offensive aggression was a uni-directional harm about power and control over a parent; Defensive is bidirectional, in response to a harmful act; Affective was usually uni-directional and was considered impulsive and emotional; Situational was a bidirectional escalation of conflict into violence.	<b>Complements</b> This paper was based on youth aggression, and therefore was interpreted and heavily reliant upon domestic abuse literature and frameworks, and refers to offensive CAPVA as a form of “intimate terrorism” (Ibabe, 2020, p. 3240). It distinguished between uni-directional and bidirectional harms in a way that my framework does not. Each of these four sections was broken down within the paper, and I used these segmentations to further conceptualise and add to the framework. In this case none of the four fit perfectly into the framework, but the concepts did (e.g. defensive in response to a harmful act could be reactive, or proactive depending upon context), further supporting my framework.
Physical proactive; Physical reactive; relational	Baker and Liu, 2021.	Interviews with 130 children aged 3-5 years old and	Supported previous research whereby physical proactive aggression was more common in younger children. However, they also found that	<b>Extended</b> This research examined age differences and moral reasoning, which added an additional

proactive; and relational reactive		questionnaires from their teachers.	physical reactive and relational reactive were also more common in younger children. Girls and boys scored equally on measures of physical proactive aggression, although younger boys scored as most aggressive for boys, whereas five year old girls scored more aggressive in their age groups. This research also examined moral reasoning and from a moral perspective, physical reactive was considered adaptive and morally just, however relational proactive aggression was most frequently utilised by older girls, as was reactive relational aggression, which is more socially acceptable, and more psychologically sophisticated.	component to the framework, whereby individuals may have different needs at different life stages and therefore forms of harm may change over time. This was due to the needs of children, parents, and families will also change over time.
There are two forms of aggression: physical and relational; and two functions: proactive and reactive.	Murray-Close and Ostrov, 2009	Longitudinal research with 101 children (61 girls; mean age = 45.09 months, SD= 9.17 which included observer rating of aggression and teacher reports.	Forms (physical and relational), but not functions (proactive and reactive), of aggressive behaviour were stable over time. Girls and socially dominant children demonstrated more relational aggression. Older children were less physically aggressive. Social dominance predicted decreases in physical aggression over time, whereas peer exclusion predicted increases in relational aggression over time.	<b>Complements</b> The difference between forms and functions supported the PRAR needs. Furthermore, by exploring gender differences, this strengthened the framework as it highlighted how children may try to have their needs met in different ways.



One of the significant differences between my own rescaling framework, and the frameworks presented above, is that my own framework includes an emotional component to the needs of the children, and how this impacts upon behaviour and family interactions. I believe I was able to include this additional dimension due to the methods which were employed with both children and parents, as diaries and arts-based methods allowed for more space to explore emotionality than the methods presented in the table above.

Parental perceptions of proactive and reactive aggression instigated by their children, were found to be highly correlated with parental stress in Hong Kong, with the same study finding that proactive aggression could be enjoyable to a child instigating such harms (Fung et al., 2013). Thus, PRAR needs are not easily separable in much of the extant literature. Harms experienced by children can provide an understanding of different harms instigated by children. For instance, there is evidence that there is a relationship between different manifestations of parent-to-child maltreatment and instrumental (proactive) and reactive CAPVA. For instance, it was identified that “parent-to-child maltreatment contributed to explain both instrumental and reactive child or adolescent-to-parent violence and abuse, being the greater proportion for the latter” (Martínez and del Carmen Cano, 2020, p. 165).

Anger and the manifestations of internalising or externalising anger have been posited as a response by adoptive families to the tensions of blame, frustration, and identity conflicts that can exist within adoptive families (Schneider and Rimmer, 1984). However, the frustration-aggression pathway has been acknowledged more widely, providing some evidence for the relationship between how the social environment can illicit difficult emotions, and these emotions impact the social environment (Choe and Read, 2019; González-Peña, 2013). For instance, the expression of anger has been argued as being a reactive response to a interpersonal interaction, whereby the child or young person will respond in a way which relates to the ‘thing’ that angered them i.e. if they were angered due to a physical incident, such as tripping over, they will respond with physical anger (Sears et al., 2014):

Patterns in the angry behaviors children exhibited in response to specific situational causes support a functionalist perspective on emotion expression in that children engaged behaviours that appeared to be attempts to get their needs met. Few differences were observed between mothers’ and fathers’ rates of instigating children’s anger expressions, and between boys’ and girls’ expression characteristics and contexts (Sears et al., 2014, p. 1528)

#### 9.4.1 Proactive category

Proactivity has been identified as a need of mothers in reducing the ‘extreme aggression’ of their child, as it allows them some sense of safety within the home (Robson and Kuczynski, 2018). This means that mothers would be ‘walking on eggshells’ as they attempted to proactively identify and remove anything that may induce an ECI in their child. However, there could be occasions where an ECI is not predictable. For instance, when individuals diagnosed with conditions such as intermittent explosive disorder, symptoms of anxiety can result in extreme, unpredictable violence as a method of reducing risks or stressors before they occur (Keyes et al., 2016). The parent cannot always predict the ECI, as the ECI can sometimes come from a need to control the environment by removing any potential stressors as early as possible.

Whilst there is evidence that there was a proactive need to reduce the ECIs, there was also evidence that conflict within the family was not related to reactive ECIs as “family conflict was related to increased proactive but not reactive aggression in children with high levels of anxiety” (Tanaka, Raishevich and Scarpa, 2010. p. 2127). This supported the findings of parent co-researchers, many of whom believed that ECIs came from an anxiety-based response. Conflict between peers did not seem to have the same anxiety-base, and had more of a social component; children harmed disliked peers, and were more forgiving of children who harmed less popular peers (Peets, Hodges and Salmivalli, 2011). Whilst this could have been conceptualised as meeting a relational need, the analysis of this article resulted in me conceptualising this form of harm as a proactive need for a child to manage the interactions between themselves and their disliked peer.

#### 9.4.2 Reactive category

In the literature, affective aggression and reactive aggression have been used interchangeably to mean an aggressive reaction in response to something distressing (Puhalla et al., 2016; Wells and Miller, 1993). However, in this thesis, I have separated ‘affective’ and ‘reactive’, and used them to refer to two different concepts, with reactive aggression being a response to an undesirable event, and affective will be explored later. Some researchers have defined aggression as “sudden, explosive outbursts of rage” (Stephens and Sandor, 1999, p. 1036). However, aggression incorporated a much wider range of behaviours and for Stephens and Sandor, (1999), their descriptions of relevant aggressions in children aged six-to-14, are ones I conceptualised as reactive forms of aggression. Proactive ECIs were most likely instigated

by anxious children, reactive ECIs were more likely to be instigated by children who struggled with attention (Stephens and Sandor, 1999).

When exploring the cognitive-emotion relationship in youth described as ‘violent’, it was found that these adolescents had a regulatory overreaction to difficult emotional stimuli, thus there was a significant **fight-or-flight** response in these youth (Qiao, Xie and Du, 2012).

Playing video games has been identified as eliciting arousal in children, which can provoke this fight or flight response when their video game activity is disrupted (Gentile, Bender and Anderson, 2017); as was evidenced in the blue-screen of death explored by child co-researchers.

External factors, such as relationships or computer gaming, can have a significant impact on the emotional state of children. In a study with children described as ‘maladjusted’ by the authors, the children had reactive impulses which were more explosive when associated by contextual factors, compared to those associated with internal regulatory factors (Juujärvi et al., 2001). Reactive aggression was most frequently experienced by children who have a history of sexual and physical abuse (Ford, Fraleigh and Connor, 2009). Similarly, trauma symptoms have been highly correlated with higher rates of reactive and proactive relational aggression in young people, and this was interpreted as a hyper-mentalising and hyper-responsivity to threat (Abate et al., 2017).

In a case example of a family accessing family therapy which supported the escalation hypothesis (Walsh and Krienert, 2009), Stavrianopoulos, Faller and Furrow (2014) identified that reactive patterns could explain how many families experienced an escalation of ECIs over time due to a continuation of attempting to use reactionary strategies to prevent ECIs, but these reactionary strategies are met with reactionary response which actually increase ECIs overall:

Both parents were supportive and loving towards each other and loved Tony; however, they felt helpless in dealing with his behavior. In the sibling session all of the brothers were motivated to get along better and fight less but were sceptical that Tony could change. In the family session, it was clear to the therapist that all members were caught in a reactive pattern of defensiveness, which escalated with increasing anger and frustration. The family attempted to resolve conflicts by getting into content details and attempting to prove each other wrong. A typical escalation would include their initial attempts to stop the arguing and yelling; then dad and two

of the brothers (Stephen and Ben) would withdraw, whereas mom, Tony, and Michael would continue to engage angrily in conflicts that were rarely resolved. The impact of these fights only reinforced the tension and disconnection that increasingly defined the family's experience (Stavrianopoulos, Faller and Furrow, 2014, pp. 30-31)

### 9.4.3 Affective category

Adolescents who were identified as 'violent', have also been identified as finding difficulty in identifying their emotions, particularly at the granular level, which refers to the smaller emotions which can make up more complex emotional states (López-Martínez et al., 2019). Therefore, children and young people with ECIs may engage in harmful activities in an attempt to access emotionality, or because they are not as aware of the impact of these harms as those children who are able to identify their emotions, or this disconnection may increase their irritability overall (Waschbusch et al., 2020). Affective needs have been associated with both alexithymia and computer gaming in this research, however wider research comparing alexithymia, computer use and violent behaviour, girls were found to have a higher positive correlation than boys with the same profile (Martínez-Ferrer et al., 2018).

Even for those children who do not experience alexithymia, there can be high levels of destruction, as children generally enjoy destroying things, and over time this enjoyment is directed towards more purposeful endeavours. However, where there were developmental, social, or pathological barriers, some children will continue to be destructive to themselves and others to seek pleasure (Breiner, 1979). Gaining pleasure from harming others appears to have a developmental component, as Jambon, Colasante and Malti (2021) found in their longitudinal study; At four-years-old, most children would enjoy physically hurting others, but by six-years-old, this pleasure had decreased, as children were more careful in their interactions with others. In another study, it was found:

At 17 months of age, the prevalence of PA [physical aggression] is about 90%... physically aggressive behaviors such as kicking, biting and hitting are age-typical expressions of innate and spontaneous reactions to biological-drives such as anger, hunger, and affiliation. The general trend of PA consisted of an increase from 17 to 30 months, followed by a gradual decline up to school entry (Lussier, Corrado, and Tzoumakis, 2012, p. 644).

When children experienced a longer-term positive affect from engaging in harm-causing behaviours, this was associated with children who held masculine identities and had been

exposed to community and peer violence (Orjiakor et al., 2020). Developmental conditions were also relevant, as children who were identified as autistic (**identity mediator**) had already been identified as struggling with environments which increased arousal (Hanley et al., 2017), and this arousal has historically been associated with higher rates of aggression in children and young people (Harris and Huang, 1974).

As some disabilities are wholly diagnosable based upon behavioural expressions, such as autism, Cavanagh et al. (2017) conducted research into ODD, which supports an argument for these behavioural expression being affective expressions relating to the differences in the emotional regulatory ability of children. Thus, the differing sensory, social, and emotional needs of those children with identity mediators have been found relevant in ECIs as **sensory** experiences, particularly for those children who were *hyposensitive* to touch, with high levels of sensory-seeking behaviour identified as being more aggressive (Gabel et al., 1994).

#### 9.4.4 Relational category

Crick and Grotpeter (1995) were the first researchers to coin relational aggression. Specifically, they identified relational aggression as a type of aggression associated with harmful relationships, due to the specificities of the relationships, such as attempting to sever **connections** or achieve a sense of **belonging**. Relational aggression was most commonly associated with subtler, more covert forms of aggression in the extant literature. However, there is some evidence that the more explosive behaviours are associated with relational needs (Tackett et al., 2013). In a conceptual definition of relational harms, it has been highlighted that:

It is important to be able to recognize the symptoms of a person who is experiencing relational aggression, and it is very important to ask questions, because we may not truly know what is going on until an inquiry is made. (Gomes, 2007, p. 515)

In this context, relational harms may look like affective harms, which bring a person pleasure, or reactive harms in response to others, but they are in fact a method of developing or disrupting connection. As understood in the proverb, “The child that is not embraced by the village will burn it down to feel its warmth” (Anon). Thus, children may engage in harmful behaviours in an effort to achieve attention, as any form of attention, or connection, is better than nothing (Gomes, 2007; Tackett et al., 2013). International studies found that children who are reward sensitive are more likely to seek these rewards through harmful interactions with others, as this creates an immediate response (Lansford et al., 2018). Such

harms could be described as ‘attention seeking’ as the attention and response from others created a positive neurological pathway in children and young people.

Whilst poor family communication and cohesion has been identified as increasing vulnerability to CAPVA (Calvete et al., 2014), when exploring this as a relational need it is unclear whether an ECI may be due to the child instigating harm to try and connect with a parent, or whether it is due to a rejection of the parent. Relational needs are closely linked to emotions, and some research has found parents will use guilt to coerce children into behaving in a particular way, for instance; “if you don’t go to the mall with your dad, Dad would be sad” (Choe and Read, 2019, p. 2857).

Despite some research evidencing that families conceptualised CAPVA as a symptom of a mental health need, there was some evidence that depression was not a predictor of aggression, but rather early aggressive behaviour predicts later depression (Van der Giessen et al., 2013). Thus, the relational harm caused by earlier aggression can create further harm to the wellbeing of the child or young person. Relational trauma and experiences of childhood physical abuse were associated with higher rates of relational rather than reactionary aggression in incarcerated adolescent girls (Burnette and Reppucci, 2009). The significance of this is demonstrated when acknowledging that children who have experienced sexual and physical abuse are already more vulnerable to ECIs, with these frequently being relational and reactionary (Ford, Fraleigh and Connor, 2009).

Subtypes of aggression have been explored in adolescents in a school environment and have included social aggression; direct relational; physical; verbal, all of which meets relational needs, such as connection, belonging, as well as others (Xie et al., 2002). In another GT study into childhood resistance and aggression, relational contact was identified as a key factor for both mothers and children, thus supporting the relevance of this concept in this research (Robson and Kuczynski, 2018).

Aggressive behaviours helped children and young people achieve their social goals, such as improving their social status (Fraser, 1996). However, peer victimisation was associated with covert relational aggression long term, thus providing evidence that when children have experienced harm from their relationships, they can respond to this by finding connections to other people in harmful ways themselves (Li et al., 2021).

### 9.5 Adapting to the dominant needs

It is easier to adapt when there is a parent-child or parent-partner dyad in comparison to the interactions of parent-child-parent triads, or when other children are part of the dynamic as in the former there is only one other person to consider (Schneider and Rimmer, 1984).

Therefore, I would like to note here that parent-child interactions do not exist in a vacuum and should not be viewed as singular incidents, but as a pattern of interactions which can be bi-directional and escalatory, particularly when this relates to conflict or aggression within whole families (LoBraico et al., 2020). At the meso-level, the processes engaged in by families can sustain the patterns of behaviour they are trying to prevent (Bronfenbrenner, 1979; 1994; LoBraico et al., 2020).

The coercion model provides support for an argument that the method in which family members adapted to dominant needs socialised other family members in how to have their individual needs met (Buehler, 2006; Greene and Ablon, 2005; Patterson, 1982). For instance, a parent may use punitive punishment in an attempt to make their child ‘good’, but the child will then use similarly harsh strategies to have their own needs met later on. Contrary to this, didactic mutuality is about the bidirectional relationship involving emotional co-regulation, and this is associated with lower levels of aggression in children, potentially due to the more “coherent, synchronous mutually warm and cooperative interaction” (Deater-Deckard and Petrill, 2004, p. 1171). This was a mutually adaptive approach, and a more responsive approach to the needs of themselves and others.

Whilst parents in other GT studies have explained the ‘extreme aggression’ of their child as being due to mental health issues or losing control, supporting the concept of the mediator identified in this research (Robson and Kuczynski, 2018).

A relationship of violence acts upon a body or upon things; it forces, it bends, it breaks on the wheel, it destroys, or it closes the door on all possibilities. Its opposite pole can only be passivity, and if it comes up against any resistance, it has no other option but to try to minimize it. (Foucault, 1982, p. 789)

There are a number of studies which have identified factors which make it more *difficult* for family members to adapt to the needs of others, such as ADHD (Fletcher et al., 1996), ODD (Fletcher et al., 1996), and mental illness (Sporer. 2019). These are the **mediators** that assisted families in identifying the reason they could not meet the *good family ideal*, as there was a community of families where a child with ADHD, ODD, or mental illness also

experienced ECIs. As children identified with these mediators may be unable, or unwilling, to rescale, or adapt to the needs of others because they are not aware of, or affected by, the impact of their ECIs on others (Hartung et al., 2005; Phares and Copas, 1990). It is not that they don't want to adapt, but rather they are more inflexible to adapting to the needs of other children or parents (Greene, 1998).

### 9.5.1 Parents

Parents with a history of abusing their children have been identified as experiencing more physiological arousal when their child presented as distressed; as such, they prioritised their own needs, as the needs of their child can be overwhelming or evoked uncomfortable or distressing emotions (Reid, Kavanagh and Baldwin, 1987). Similarly, in research with Chinese parents, mothers in particular found parenting and the accommodations they believed were required for their children highly difficult and would lead to burnout (Chen et al., 2021). Thus, the caregiver burden associated with parenting means that quite often, the needs of parents had to be prioritised if they were to continue to provide an adequate caregiving role.

The needs of parents has been associated with the needs for parents to have their expectations met (Chen et al., 2020). For instance, the expectation a parent has as to how a child *should* behave may be embedded in relational needs to be part of the *good parent* community, as well as socio-cultural expectations of how a good parent communicates with their child. Thus, the parenting style of a parent can be indicative of the strategies used by them to try and meet their own needs to meet their expectations of what a good parent should do.

### 9.5.2 Child

Prioritising the needs of a child when the difficulties facing the family were bidirectional has been identified as problematic in itself, as by adapting to, and prioritising the needs of the child, there could be an over-adjustment which does not target the challenges facing the family as a whole:

Les causes de ce grave dysfonctionnement de la relation parents–enfants sont probablement plurielles. L'un des facteurs souvent repérés est le sur-ajustement des parents aux besoins de leur enfant. De ce point de vue, l'approche systémique du trouble est primordiale. On s'intéresse non seulement à l'enfant avec sa psychopathologie particulière mais aussi aux parents et au réseau social dans lequel ils évoluent. (The causes of this serious dysfunction in the relationship between parents and children are probably multiple. One of the factors often identified is the parents'



over-adjustment to the needs of their child. From this point of view, the systemic approach to the issues is paramount. We are not only interested in the child with their particular psychopathology but also to parents and social network in which they evolve. (Bousquet et al., 2018, p. 182))

Indeed, family conflict can arise as some members find it harder to make accommodations for certain family members in comparison to others. Mothers can often find it easier to make accommodations for their children, as their identity can be subsumed within their child's needs, through the *good mother* identity. Mothers appear to be more responsive and accommodating to the needs of their children in comparison to fathers, which reinforced literature which emphasise how mothers are socially expected to make sacrifices for their children (Calzada et al., 2004).

Family accommodation refers to the ways in which parents and other family members change their own behavior to help their relative with a psychiatric illness avoid or alleviate distress related to the illness (Lebowitz and Shimshoni, 2018, p. 268).

Whilst family accommodation has been evidenced to reduce anxieties in a child in the short term, it was also associated with much more severe symptoms of anxiety in the long-term, thus this may be the case for families where there are ECIs (Byrne, 2021; Lebowitz and Shimshoni, 2018).

The relationship between parental autonomy granting and both child emotional reactivity and emotion regulation strategy use was moderated by child perceived control: the highest levels of self-reported physiological responding and the lowest levels of acceptance in response to negative events occurred in children low in perceived control with parents high in autonomy granting. Evidence for a mediational model was not found. In addition, child perceived control over negative life events was related to less anxious reactivity and greater use of both problem solving and cognitive restructuring as emotion regulation strategies. (Benoit et al., 2016, p. 835)

Some literature supports the **mediator** component of the rescaling framework. Children with neurodevelopmental differences are more likely to instigate ECIs, which has been found in comparison studies whereby “the proportion of patients with neurodevelopmental disorders was significantly higher in the CAPVA group than in the non-CAPVA group”. (Sasaki et al., 2021, np). Thus, mediators, such as neurodevelopmental conditions become wrapping for ECIs and as such, the child becomes the priority because their ECIs are considered an

expression of the mediator (Redl, 2007). When children have these so-called ‘conduct problems’, having a diagnosis which explained the behaviour could be useful, even though the boundaries of whether it is a ‘conduct disorder’, ‘oppositional defiance’ or a general pattern of “acting out” are often subjectively measured (McMahon, Wells and Kotler, 2017, p. 137). Nevertheless, having a name for the experience helps parents adapt their parenting, behaviour, and assists in the rescaling process, by using this diagnosis as a **mediator** and prioritising the needs of the child with ECIs (Hawes et al., 2011).

In some literature, parents found it difficult to adapt to the needs of their child when they had adopted their child, and this can result in hostility between the parent(s) and child (Schneider and Rimmer, 1984). This form of hostility and anger was found to an extent in this research, however the hostility or anger was directed towards the birth parents, rather than the child, and this change in directionality may be due to the updates in adoption training, in comparison to the original study which was almost 40 years ago at the time of writing.

### 9.5.3 Other children

Children have been found to adapt their behaviour to meet the needs of their parents much more frequently than the needs of their siblings, finding the latter more difficult as aggression and conflict is often more socially acceptable, being subsumed under the framing of ‘sibling rivalry’ (Tesla and Dunn, 1992). As mentioned throughout this thesis, the impact of ECIs, and how sibling relationships can engender ECIs requires further exploration, and so it is important to acknowledge what exists in the extant literature regarding siblings adapting to the needs of one another

When a child with ECIs has been associated with a **mediator**, particularly an **identity mediator**, siblings were often considered young carers, and it was expected that they will prioritise the needs of the sibling with ECIs over their own needs, as was evidenced by children, parents, and experts in this research. The literature supported some of the challenges experienced by young carers of siblings, particularly how they were expected to carry much of the emotional burden of their sibling, and this could impact their own mental health and wellbeing, as they do not have full opportunity to identify and express their own emotional needs (Joseph et al., 2019). Furthermore, girls were more likely to be identified as having young caring responsibilities than boys (Joseph et al., 2019).

Sibling aggression was difficult to record as consistency is variable depending on whether it is the mother, father, self-reporting, or an external observer recording whether an action is

aggression or typical sibling interaction (Piotrowski, Tachie and Cameranesi, 2021). There are also higher rates of sibling aggression when children have experienced the intimate partner violence of their parent(s) (Piotrowski, Tachie and Cameranesi, 2021; Renner, 2012). This connected with how mothers who had experienced domestic abuse struggled to abase their own needs to aggrandise that of their child, there was an inflexibility to their rescaling which resulted in higher rates of ECIs as both parent and child aggrandised their own needs and came into conflict. The literature supports this in siblings too (Khan and Rogers, 2015), and therefore there is opportunity for future research to test the rescaling GT on sibling relationships.

#### 9.5.4 Other adults

Hierarchical regressions revealed direct pathways linking aggressive marital conflict to child aggressive-disruptive behavior at home and school and a partially mediated pathway linking aggressive marital conflict to child aggressive-disruptive behavior at home. Further analyses revealed that rates of marital disagreement moderated the association between aggressive marital conflict and child aggressive-disruptive behavior at home, with an attenuated association at high rates of marital disagreement as compared with low rates of marital disagreement. (Erath and Bierman, 2006, p. 217)

When behavioural expressions of distress, such as meltdowns, were instigated by autistic children in the community, parents would often engage in extensive work around emotions to ensure the community environment was not disrupted (Ryan, 2010). Thus, they were arguably attempting to prevent other adults from becoming uncomfortable and judging them. This discomfort was also evident within the home, as when an adult engaged in punitive or harsh punishments towards their child, it not only impacted the relationship the harsh parent had with their child, but it also harmed the relationship between the non-harsh parent and child, as the non-harsh parent adapted their behaviour in an attempt to placate the harsh parent and meet their parenting expectations (Buehler, 2006; Buehler, Benson and Gerard, 2006; Cai, Wang and Wang, 2021; Erath and Bierman, 2006). Thus, the non-harsh parent prioritised the needs of the harsh parent to reduce conflict, abasing the needs of the child.

Nevertheless, there is also some support for an argument that conflict between parents causes childhood ECIs, and therefore some parents will attempt to meet the needs of the other parent, to reduce conflict, and then reduce the level of ECIs in the home (Marcus, Lindahl

and Malik, 2001). However, the lack of meeting the needs in the child through prioritising the needs of another parent, could increase the frequency or severity of ECIs, and this created a multi-directional escalation as the conflict between parents increased and parents tried more harsh strategies towards their child (Buehler, 2006; Buehler, Benson and Gerard, 2006; Cai, Wang and Wang, 2021; Erath and Bierman, 2006).

### *9.6 Conclusion*

The extant literature that was selected has supported, and challenged, various concepts and categories in the rescaling GT. As is traditional in Glaserian GT work, I did not read any of the work included in this chapter until it was identified after fieldwork began. The work by Ross Greene (1998; 2008; Greene and Ablon, 2005) was of particular interest to parent co-researchers. By integrating this literature, I feel both the rescaling GT, and my knowledge of the broader field and concepts has improved, and how the various concepts and categories worked together through the process of rescaling.

One of the most important considerations that the extant literature added to the rescaling GT was how social factors can impact emotions, and how these emotions are then expressed in a way which can cause harms in the social world, and how this can be a cyclical experience that facilitates the escalation of harms within families (Ersan, 2020; Ibabe, 2020; Stavrianopoulos, Faller and Furrow, 2014). This social-emotional-behavioural pathway is one which I would like to explore further in future research, and I encourage other CAPVA and ECI researchers to consider it in work going forward. In the next chapter, I will provide a conceptual overview of existing theoretical models that have been applied to CAPVA research, taking into consideration how these models and my rescaling GT can work together to increase understanding of the experiences of families living with ECIs.

## Chapter 10. Conceptual reviews

### 10.1 Introduction

Concepts are key to the development of any Grounded Theory (GT), and as such, I have decided to include this short chapter based on the concepts and conceptual interpretations of child or adolescent-to-parent violence and abuse (CAPVA) that exist in the extant literature. As it was not possible for me to find every concept that has been applied, or used to interpret data from every relevant study, I chose conceptual reviews to be the focus of this chapter. I identified the relevance to my own theory and theoretical framework in each respective section, and attempted to demonstrate how my work adds to, contradicts, or enhances the extant literature. I also offered some indications for why the inclusion of my new term, ‘explosive and controlling impulses’ (ECIs) was necessary for the evolving CAPVA discourse, due to gaps identified by the extant work.

Multiple conceptual reviews of CAPVA have been completed, which typically used specific theoretical frameworks or epistemological approaches to identify and/or interpret the extant literature. In this chapter, I broke up existing conceptual reviews based upon these theoretical frameworks and approaches and presented them in a narrative way, whilst it is not typical within a Glaserian Grounded Theory (GT) thesis to present a discussion, I have discussed the relevance of my rescaling GT to the existing literature in each section to meet the requirements of a PhD. The sections are, domestic abuse frameworks; family-based conceptual approaches; developmental approaches; socio-ecological models, and cultural explorations. I will now explore how reviews underpinned by frameworks designed to understand domestic abuse have been applied to the phenomenon of interest.

### 10.2 Domestic abuse

Many of the largest conceptual reviews have been underpinned by frameworks and conceptualisations of domestic abuse to understand CAPVA, despite arguments that CAPVA should be understood as a distinct phenomenon (Harbin and Madden, 1979; Holt, 2016; Holt and Lewis, 2021; Miles and Condry, 2015). In this thesis ECIs are not conceptualised as a form of domestic abuse, but rather I viewed ECIs as a harmful way some children attempt to meet their needs, and the primary concern of families was their feeling of *invisibility* in symbolic and structural representations of the ‘good family’. Thus, particularly when

exploring pre-adolescent forms of harm, there was not the power, control, or intent elements which are required of domestic abuse frameworks.

Nevertheless, I identified two separate reviews which argued that, whilst CAPVA and domestic abuse are two separate phenomenon, frameworks developed to understand intimate partner violence can be useful tools to explore CAPVA and similar forms of family violence (Miles and Condry, 2015; Holt, 2016). Despite this, I argued that grounded approaches to exploring familial harm are particularly helpful in understanding the everyday lived experience of families living with CAPVA, and therefore applying frameworks developed for adult-instigated harms should be approached with caution.

Contrary to the above, Molla-Esparza and Aroca-Montolío (2018) conceptualised CAPVA as a subtype of domestic abuse in their literature review from 1957-2016. The authors acknowledged the similarities between thresholds for CAPVA and challenging behaviour, and considered the difference between CAPVA and challenging behaviour as being the *pattern* or repetition of each phenomenon (Molla-Esparza and Aroca-Montolío, 2018). Molla-Esparza and Aroca-Montolío (2018) chose not to include research on gender-based violence, children with mental illness, or children over the age of 21. The former, in particular, is counter-intuitive to me, as much of the domestic abuse literature acknowledged domestic abuse as a form of gender-based violence (Roberts and Price, 2019; Westmarland and Bows, 2019). Furthermore, it is the case with many reviews of CAPVA, that they removed studies which included children (including young people or adult children) where there was a mental health condition, substance misuse, or other issues which could impact upon the ability of a child to engage in activity or behaviours *with intent*.

As *intent* is such an important focus in the domestic abuse literature, the development of the term ECIs was necessary, as a key feature of my new term is that it is not an intentional form of harm, but an intended consequence. Furthermore, the mediators I identified as a feature of the rescaling GT included: pathological demand avoidance (PDA), mental health needs, special education needs, and trauma. Researchers such as Molla-Esparza and Aroca-Montolío (2018) may have opted not to include my work because of the mediator features, as they can impact intent. Nevertheless, it is important to recognise that the wider field of domestic abuse encouraging the inclusion of mental illness and substance misuse in risk assessments such as the ‘Domestic Abuse, Stalking, Harassment and Honour-based violence’ (DASH) assessment (Richards, 2009).

That some researchers have opted to only include research where intent is evident, provides further support for my argument for the inclusion of my newly identified ECIs. This is because ECIs do not require intent, but acknowledges harm, and this fills some of the gaps for those families experiencing harmful behaviours instigated by their child, who are unable to identify *intent* to harm or control. These tensions regarding intent were re-occurring throughout my exploration of the literature and are an on-going debate within the field of CAPVA generally. Papamichail and Bates (2019) reflected upon how intent, power and control, and gender were understood differently when using the Duluth model for intimate partner violence in comparison to CAPVA. Whilst these researchers were critical of using the Duluth model in CAPVA research, and recommend a life-span-focussed ecological approach (explored later in this chapter), they were also critical of the usefulness of the Duluth model in intimate partner violence and family violence contexts generally.

The researchers did incorporate some of the emotional factors which have been touched upon in this research and mention that emotionally-based aggression could be based upon the patriarchal frustrations of boys “stemming from gender inequality and forming part of an agenda to perpetuate men’s power and domination over women” (Papamichail and Bates, 2019, p. 520). As to where these frustrations may sit in relation to my proactive, reactive, affective, and relational (PRAR) needs framework requires further exploration, as does an exploration of gender differences, which was beyond the scope of this thesis.

Despite these patriarchal assertions that men ‘should’ dominate women, and so sons are more likely to harm mothers, Papamichail and Bates (2019) used their paper to challenge this discourse, and highlight the homogeneity of ‘victim’ and ‘victimiser’ which becomes problematic in all family violence research whereby it is assumed one holds the power, and the other is the recipient of abuse; as though all family violence exists in a vertical (top-down) power dynamic. This ‘top-down’ approach did not represent the experience of families living with CAPVA, but was also not representative of the experience of many victim-survivors of intimate partner violence (Coogan, 2011; 2014; 2016; Papamichail and Bates, 2019). Furthermore, this paper argued that a new definition of CAPVA should be created which does not include power or intent. However, I argue that CAPVA should be an umbrella term for many different forms of CAPVA, and as such I introduced ECIs as a form of CAPVA which does not involve intent, but does recognise the harm that can be experienced by parents.

### *10.3 Family-based conceptual approaches*

Agreeing that “mother abuse” cannot be sufficiently explained by theories relating to power, patriarchy, and gender-based violence, Hunter, Nixon and Parr (2010, p. 264) moved beyond the domestic abuse frameworks and examined literature and policy relating to ‘mother abuse’. In particular, they explored ideas of parental determinism through the lens of “parental responsibility” to control their child (Hunter, Nixon and Parr, 2010, p. 278). This reflects the *main concern* of the substantive population, trying to meet the symbolic and structural representations of the ‘good parent’. Through this Hunter, Nixon and Parr (2010) acknowledged that parental responsibility and “mother abuse” are dissonant concepts, and they presented some evidence that this dissonance was part of the reason there was such difficulty in applying a suitable model in interpreting and understanding adolescent-instigated harms within the home. This was represented within this thesis in relation to pre-adolescent children also, and how families living with ECIs and the ‘good family’, ‘good parent’, ‘good child’ and ‘good childhood’ concepts are wholly dissonant which require rescaling as an attempt to resolve.

To demonstrate the challenges in applying suitable frameworks based on existing policies used by organisations, Hunter, Nixon and Parr (2010) also compared youth justice, domestic violence, and child welfare policy approaches in the UK. They presented their comparison in a table (table 5), which evidenced not only the different interpretations of ‘mother abuse’, but also highlighted where, and how, these interpretations could result in parental blame, additional processes and pressures for parents, and labelling of not only the child, but the whole family. This labelling sits in contradiction to the concept of ‘mediators’, as whilst labelling was often avoided in relation to children (as highlighted in the Expert Illustrations chapter), because it could reinforce negative self-identities, promote ‘othering’, and perpetuate harmful behaviours; mediators were used to *humanise* the experience and provide a deeper understanding and tools to promote and facilitate rescaling appropriate to the family.



Table 5 Youth justice, domestic violence, and child welfare policy approaches in the UK

	<b>Youth Justice</b>	<b>Domestic abuse</b>	<b>Child welfare</b>
<b>Image of child and family</b>	Delinquent child. Dysfunctional family	Threatened child. Vulnerable family	Child in need. Fragmented family
<b>Representation of parents</b>	Parents are deemed to have a critical role in taking responsibility for the offending behaviour and to take proper care and control of the 'delinquent child'	Parents are presented as being both victims (generally mothers) and offenders (generally fathers).	The problem is framed in terms of a failure of parents to provide an environment in which children can thrive. Poor outcomes occur because the family environment is harmful to parents and to their children
<b>Construction of victims and perpetrators</b>	Perpetrators are both parent and child. Victim is third party outside the home.	Perpetrator is adult intimate partner or family member (generally male). Primary victim is adult intimate partner or family member (generally female). Secondary victims are children within the household.	There is not always a defined perpetrator, but may (often) be parent. Victim is child
<b>Mode of intervention</b>	Regulation of conduct: Child: ASBOs, child safety order, ABCs, Youth Offending Team. Parent: parenting order, housing orders (possession, demotion, and so on), housing benefit sanctions, Family Intervention Projects.	Injunctions, criminal sanctions, specialist domestic violence schemes, sanctuary schemes, refuges	Care proceedings. Social work interventions

The above table was based upon Hunter, Nixon and Parr's (2010, p. 274) practice-based experience of delivering family interventions, and so they were well placed to observe some of the variation in service approaches when encountering CAPVA and related family harms. Hunter, Nixon and Parr (2010) emphasised that future research should explore the various contexts that create an environment conducive for forms of 'mother abuse' in order to create appropriate interventions. It was this latter point that I extended in this thesis, however rather than exploring the conducive contexts to provide early intervention, I have identified the conducive context within families which is evidenced in some way in all families; it is not the conducive context which is harmful, nor the rescaling, but it was the *extent* in which these

things impacts families that it can become harmful or problematic; through over-abasement of needs.

A more explicit approach to looking at family-based conceptual approaches was seen in the family systems approach utilised by Micucci (1995), and based upon their professional role as a family therapist. In their case example, of a 15 year old boy who had been threatening his parents and teachers with knives, instigated fights at school and frightened his siblings. This framework facilitated the inclusion of substance misuse, mental illness, neurodivergence, and other factors which were not included in most of the reviews I examined. The rescaling theory complements the family systems approach, which is about the patterns of behaviour engaged in by all family members. For instance, two aspects of the family systems approach are “relationships become organized around the violence” and “family members neglect other aspects of their lives” (Micucci, 1995, p. 155). These aspects are similar to the *adapting to the dominant needs* category, as both are about how family members prioritise and organise around preventing ECIs, and my category extends this by also identifying how different family members navigate and prioritise the needs of different family members.

By conceptualising CAPVA as a cycle of behaviour engaged in by the whole family and using a family systems approach to explore how this could be useful when considering treatment, meant that recommendations were often underpinned by the idea that parents need to be empowered to stop this cycle (Micucci, 1995). However, this framing ignored the structural expectations placed on families, and the nuance in identifying and *then* adapting to the dominant needs, all of which is explored in my rescaling theory, and was compounded when there are also the needs of other children (siblings), or other adults within the home. As such, my research extended the conceptual framework of CAPVA through the lens of a family systems approach.

The PRAR framework within the rescaling GT could complement Almagro-García et al. (2019) who identified that the current literature highlighted risk factors which could be managed through a multidisciplinary strategy. Similar to the above reviews, they critiqued parenting approaches and conceptualised CAPVA as a response to poor family relationships. However, they also identified that ECIs could escalate when reinforced by peer and community level issues, which can be managed by including multiple agencies in an approach which targets the needs of *all* members of the family. The main concern of families could reinforce this escalation, and so evaluations of how the ‘good parent’, ‘good child’, and

‘good family’ was understood by each family member could help services understand and support families at the individual and family level.

#### *10.4 Developmental approaches*

My concept of a mediator complements several developmental approaches, as it can assist in the identification of factors which can help families to rescale, as well as understand why they may have barriers to achieving the ‘good family’ ideal. In particular, the neurodevelopmental difference of pathological demand avoidance (PDA) was identified as key feature of many pre-adolescent children experiencing ECIs. In a meta-analysis of parent-adolescent conflict, researchers explored the bidirectional aggression between parents and youth, conceptualising this phenomenon as a representation of youth maladjustment (Weymouth et al., 2016). Similarly, Connor et al., (2019) reported that their review of the development of aggression and aggressive behaviour was related to maladaptive schemas which occur due to the issue of a wider developmental pathology.

Holt and Shon (2018) explored the broader field of ‘violence against parents’ in their review and recommended that conceptual approaches to this form as harm, such as “developmental pathways, sources of conflict, and intersectionality” (p. 915), should be utilised in this field of research. The developmental approach also aligned strongly with the concept of the **mediator**, particularly the mediator of *identity*, as some of these, such as autism or ADHD are understood medically as neurodevelopmental conditions whereby children and young people are not developing in the expected way at the neurological level, and this can be observed through their behaviours. Taking a developmental approach to ECIs aligns with medicalising and pathologizing approaches which I critiqued in my chapter ‘setting the scene’, however it can be helpful for families and practitioners to have this developmental *identity* as a **mediator** to rescale around.

#### *10.5 Socio-ecological models*

The rescaling framework exists at four levels which arguably include the macro (symbolic representations of the ideal family); exo (structural reinforcements of the ideal family); meso (family dynamics and prioritising needs); micro (mediators and individual experiences). The Bronfenbrenner (1979; 1994) socio-ecological model, is a systems-based model which moved beyond the traditionalist psychological perspective of mother-child dyads which can exist in some explorations of CAPVA, and instead explored the interconnectedness of these micro, meso, exo, macro, and chronosystems, which interact “like Russian dolls”

(Bronfenbrenner, 1979, p. 3; 1994). As an approach, it can be useful when exploring how individuals were impacted by intersecting interactions at multiple levels, and how this can affect both their experiences, and their behaviours. In particular, this model complemented the rescaling GT as the ‘ideal family’ is one which is constructed, sustained and perpetuated at the macro and chrono level, and reinforced by the exo and meso level. Thus, the pressures on families living with ECIs come from interactions between these levels. Nevertheless, the rescaling GT involves the dyadic processes at the micro-level which are not as detailed in the Bronfenbrenner model as they are presented in this thesis.

Using the Bronfenbrenner model, Hong et al. (2012) found that the children most likely to harm their parents were older, and white children. Mothers were more likely to experience CAPVA than fathers, but there was no reference to kinship carers, such as grandparents. In this study, the researchers found that domestic abuse, poverty, and child maltreatment were associated with CAPVA, and looked at how these micro level events interacted at the meso and exo level with peer interactions, poverty and substance misuse, to increase the likelihood of CAPVA (Hong et al., 2012).

When using a nested ecological theory, Cottrell and Monk (2004) found that multi-factor models could be useful in understanding the multi-directional forces which can impact an individual and family and result in ECIs. This approach was then applied by Arias-Rivera and García (2020) whereby they considered the multiple influences that could increase vulnerability to ECIs and emphasised how compounding factors would increase vulnerability to ECIs. For instance, they stated that exposure to community violence (macro system), peer violence (exo system), and family violence (micro system) could escalate the risk factors and vulnerabilities for children and young people to begin instigating harms themselves. These examples primarily focused upon adolescent-instigated harms and vulnerabilities, whereas I contributed to these discussions through a focus upon pre-adolescents.

The most widely cited literature review I found when exploring the extant research, was an Australian review (Simmons et al., 2018), which was structured using the Bronfenbrenner (1979) model. In this review, Simmons et al. (2018) advocated for this approach over single-factor frameworks as:

Behavior is determined by a complex interaction between multiple factors—such as biological, genetic, cognitive, behavioral, personality, social, and cultural—rather than a single isolated process... reviews that only address a single factor offer limited

utility for generating research hypotheses or developing case formulations in clinical practice (Simmons et al., 2018, p. 32)

Nevertheless, the predicative benefits of single-factor theories were still captured through their extensive review of the literature. For instance, Simmons et al. (2018) found that mothers were overwhelmingly impacted by CAPVA, in comparison to fathers, and reported gender divisions in relation to the gender of the child instigating harms are less stark than in literature which takes a feminist (domestic abuse), or family-based conceptual approach.

One of the gaps identified in the review of literature by Simmons et al. (2018) was that at the Macrosystem level, there was “no research in this area” (Simmons et al., 2018, p. 40). Instead the review was heavily focused upon the ontogenetic factors, which is the individual differences which were subsumed by the microsystem in the original model (Bronfenbrenner, 1979). This included substance misuse, mental illness, and other factors which increase individual vulnerability to this form of harm. There was also a focus upon the microsystem level, in which they explored family relationships, such as parenting styles. The rescaling theory adds to this discussion as the ‘ideal family’ is constructed within and across cultures, and thus adds an additional dimension to discussions around CAPVA more broadly, as rescaling cannot occur without a macro-level interpretation of what it means to be a ‘good family’, a ‘good child’, or a ‘good parent’. The processes that occur within families to produce a conducive context for ECIs only do so because of the expectations created at this macro-level, and reproduced and the exo-level.

### *10.6 Cultural implications*

The visibility of ECIs can be dependent upon the cultural and social factors, as violence or harms within the family are often seen as a private matter, in a similar way to how domestic abuse was historically conceptualised (Martínez et al., 2015). This is clearly identified in this current work, as families processes were centralised, as they determined whether a behaviour was harmful, rather than this being imposed by me as the researcher. Certain interactions which could be considered harmful in one cultural environment, would seem bizarre or not hold the same connotations in another. For instance, Crystal (1994) explored three forms of ‘childhood deviance’ in Japan: bullying, school refusal, and CAPVA. In this review, the researcher identified multiple studies from the 1970s and 1980s written in Japanese, which explored the various different experiences of CAPVA in Japan and its specific cultural connotations such as “incidents of children making parents get down on their knees, bow to

the ground, and apologize to them repeatedly” (Crystal, 1994, p. 257). Crystal integrated the concepts and established that this phenomenon was likely due to the interaction of the Japanese social structure, particular family dynamics, and the personality of the child.

Another review which included literature from 1957 but ended at September 2020, examined papers identified in Web of Science Core Collection and Medline for their systematic review into children aged 10-25 with a focus upon directional violence (i.e. child *to* parent aggression; violence *by* children *toward* parents), typologies and measurements (Ibabe, 2020). In this review they found that 46 different terms were utilised for the relevant phenomenon; there were four distinct typologies; and that the conceptual issues were related to the language used, which depends upon the social and cultural lens in which ECIs were being understood.

### ***10.7 Conclusion***

The various conceptual reviews I have mentioned in this chapter offer a mixture of single-factor and multi-factor theoretical frameworks with contextual consideration. My rescaling GT is an additional multi-factor theory, which extends knowledge and the multiple aspects of individual and family experiences which interacted and make some environments conducive to CAPVA. All families rescale to some extent, and therefore future research could develop the boundaries of this substantive theory to be a formative theory whereby the boundaries of when rescaling becomes harmful, and what can be done to intervene would be clearer. However, this could work alongside the existing conceptual and theoretical frameworks, rather than replace them.

Despite the presented reviews, the positionality of authors, context of the research, framing, and conceptual boundaries of the literature are important factors which have remained relatively unexplored in the existing body of literature. Furthermore, developmental approaches were touched upon in the literature, however I could not find conceptual reviews which were underpinned using a developmental framework. As a result, a scoping review is an ideal literature search when there is not a clear question to be answered, and there is the need to identify and clarify conceptual boundaries. As such, a scoping review will be presented next.

## Chapter 11. A scoping review of the landscape

### *11.1 Introduction*

For this final literature review chapter, I explore how ‘explosive and controlling impulses’ (ECIs) could be applied to the broader research and practice field of childhood aggression. As I have mentioned in previous chapters, there is little-to-no consensus on name, definition, description, or boundaries of child or adolescent-to-parent violence and abuse (CAPVA), and whilst CAPVA is often referred to as the most under-researched form of family violence, childhood aggression is one of the most highly researched topics globally (Liu, Lewis and Evans, 2013). As such, I wondered whether the existing childhood aggression literature may have included CAPVA, without naming it CAPVA, and could exploring the broader field of childhood aggression be helpful in examining how the rescaling grounded theory (GT) could relate, and be applied to, this broader work? As such, the following chapter identified fields and practices which could be useful for future research in testing the rescaling GT.

Many theories of childhood are built on interpretations of childhood aggression, even if they are not commonly applied in this way. An example of this is attachment theory (Bowlby, 1953). The first writings on attachment theory frequently refer to the violence exhibited by children, but frame the harm caused by children towards parents as an issue of poor ‘attachment’ (Bowlby, 1953). Similarly, the ‘Oedipal complex’ is often used to emphasise the obsessional love of a child for their parent, but the Freudian theory also highlighted the wish of a child to harm the other (competitor) parent (Freud, 1924). In other early theories of child development, it was argued that instigating harm towards parents was a common childhood stage of development as “aggressive and destructive impulses are projected outward... ascribed to persons in the external world, usually the... main love objects (the parents)” (Freud, 1949, pp. 149-150). This aggression was thought to diminish as children grow and become sexually active and it has been reported that, historically, parents were impressed with the power of a ‘violent’ or aggressive child, and it was due to social changes that the acceptability of such behaviours diminished (Freud, 1949). As such, I was interested in whether the inverse was possible, and so I wanted to explore whether my rescaling GT could be applied to childhood aggression research which had not previously been conceptualised as CAPVA.

As various topics, theories, and ideas come in and out of fashion, how they are understood and conceptualised within the broader societal, structural, and theoretical frameworks also

changes. CAPVA is arguably one of these and as such, if we are to benefit from the wealth of existing childhood aggression research then it is important to be clear what relevant research exists which may be utilising a different language or framing. In this chapter, I will start by describing a scoping review; I will then present my protocol and my positionality in relation to this review; I will then present the findings using a narrative approach to each section; finally, I will present the limitations of this review and my conclusion.

### *11.2 A scoping review*

A scoping review is typically used for mapping the key concepts in a field, and to help with working definitions and conceptual boundaries, all of which were an issue in CAPVA. It is not about measuring *quality* in its review of the literature, but about what is *said* about the topic of interest. As such, I wanted to map the boundaries of where my rescaling GT could be tested in the future.

Scoping reviews are not currently available to publish via PROSPERO, the systematic review registration service, as they are not considered as robust or systematic as a systematic review and there is no clear definition of a scoping review (Levac, Colquhoun and O'Brien, 2010). Traditionally, systematic reviews require a team of reviewers to ensure consistency as well as reach, with a higher number of reviewers often reaching more papers and Levac, Colquhoun and O'Brien (2010) have recommended that multiple reviewers be involved in scoping reviews to increase their rigour. However, scoping reviews have been completed successfully with one reviewer, and due to the time and resource limitations of this thesis, I have completed this review as a singular author (Hazel, 2005; Ibabe, 2020).

For this scoping review I followed the scoping review framework outlined by Arksey and O'Malley (2005) for the purpose of examining:

The extent, range and nature of research activity: this type of rapid review might not describe research findings in any detail but is a useful way of mapping fields of study where it is difficult to visualize the range of material that might be available. (Arksey and O'Malley, 2005, p. 21).

### *11.3 Protocol*

The initial search was implemented on January 22, 2022. This framework follows five stages, which I will now demonstrate.



**Stage one** was about identifying the research question. Whilst scoping reviews did not have to answer a specific question but rather offer an opportunity to explore the boundaries and map the topic of interest more so than a systematic review which continually attempts to answer the research question. As such, I created this question to support the exploration of the conceptual boundaries of the phenomenon of interest chapter to ensure that I was able to integrate as much literature as possible. The question was, how do authors conceptualise the relevant phenomenon in their articles?

**Stage two** was about identifying relevant studies. For the main search I utilized EBSO, PubMed, SCOPUS, and Web of Science core collection using the same search terms for each resource: children OR adolescents OR youth OR child OR teenager, AND violence OR aggression OR hostility OR violent OR anger OR aggressive behav\*, AND externalis\* OR conduct disorder, child\* AND challenging behav\*. The exact timeline of the search was 1961-2021 inclusive.

**Stage three** was about the study selection and was about being more selective regarding the studies. As such, I created and followed identified inclusion and exclusion criteria (table 6).

*Table 6 Inclusion/Exclusion criteria*

Include:	Exclude:
<ul style="list-style-type: none"> <li>• Main focus should be on children aged 0-16. Age limit of 20.</li> <li>• Children or young people needed to be active, not passive</li> <li>• Within the home environment</li> <li>• Towards family members</li> <li>• Offer some form of description or definition of the behaviours of interest</li> <li>• Any adult providing a caregiver role</li> <li>• Parenting ratings not teacher ratings</li> <li>• Therapeutic literature should be included only if it includes a conceptual guideline of the behaviour</li> <li>• Any behaviours described as explosive</li> </ul>	<ul style="list-style-type: none"> <li>• Suicide and attempted suicide</li> <li>• Assessments of interventions/ treatments</li> <li>• Dating violence in adolescence</li> <li>• Animal tests</li> <li>• Youth terrorism intervention</li> <li>• Adult children or adult violence</li> <li>• Online</li> <li>• Non-peer reviewed</li> <li>• Bullying victimisation</li> <li>• Predictive of adult behaviour</li> <li>• Aetiology or predictors of occurrence</li> <li>• Prevention</li> <li>• Experimental conditions</li> <li>• Homicide (Walsh and Krienert (2009) outline that homicide is a distinct offense).</li> </ul>

The final part of the stage three screening involved reading the full text papers. I included literature written in English, German, French, and Spanish, but articles in other languages were excluded as I could not translate them. For articles I could not access through my institution, but up to date contact details of authors were available, I contacted the first author to request a copy of their paper. Of 20 first authors contacted, two sent a copy of their article, with a cut-off date of 15 March 2022.

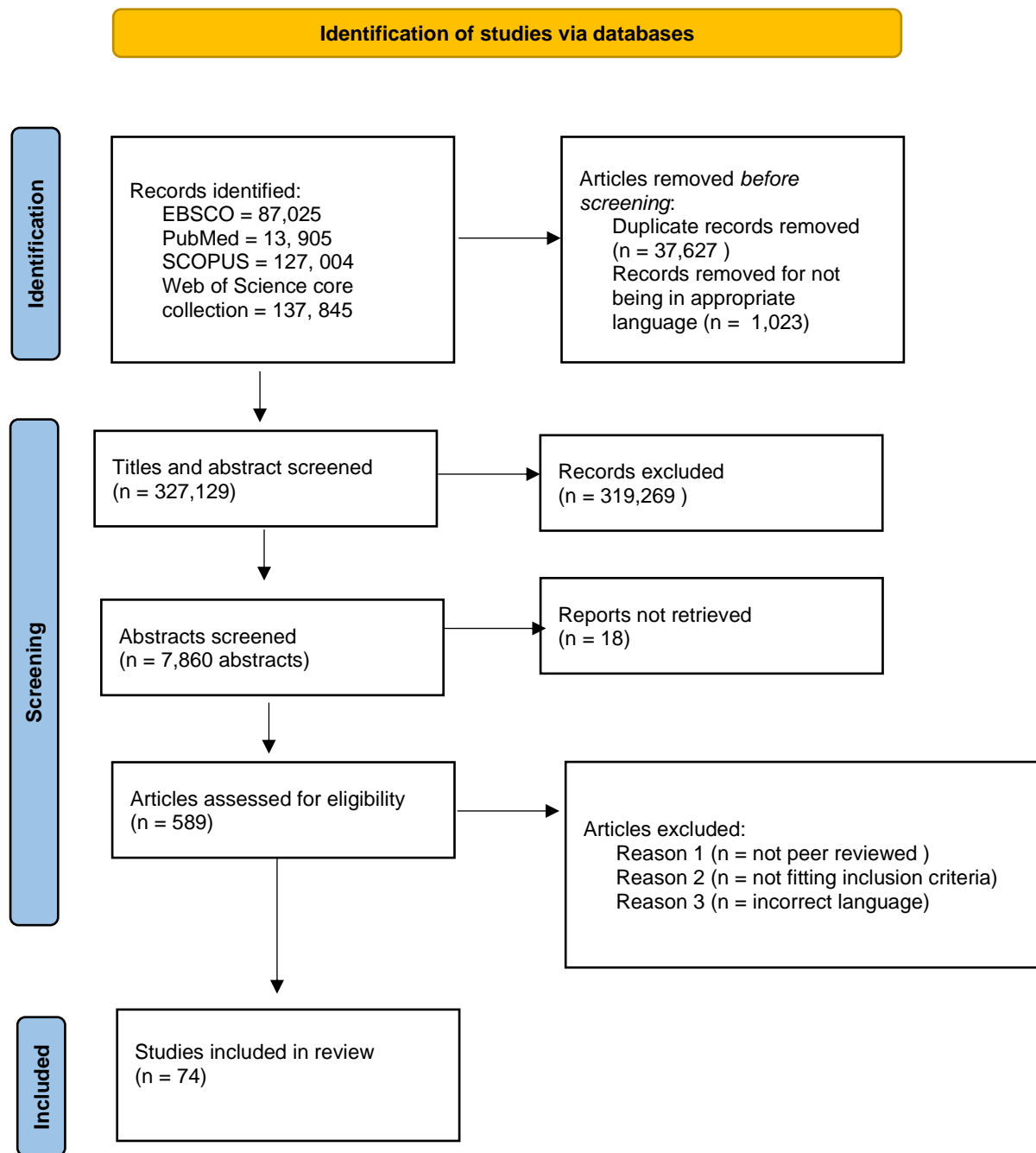
Quantitative, qualitative, and mixed methods studies were included as long as they met the above criteria. Whilst many of the quantitative studies, and some of the qualitative papers, were exploring predictive or associative factors, I was continuously highly inclusive and if they met any of the 'include' criteria, I included them (e.g. if the aim of the paper was to identify 'risks', but the paper also provided a description of the phenomenon and contextual boundaries). Once all of these criteria were met, 74 articles were included for the next stage.

**Stage 4** is known as charting the data and was about synthesizing and interpreting the literature by sifting, charting and sorting through the data based upon the key issues and themes. To identify the key issues and themes I mapped the literature onto a Microsoft Excel spreadsheet with the following considerations:

- Author(s), year of publication, study location
- Study populations (parent population and child population)
- Aims of the study
- Main findings
- Methodology
- Language used to identify CAPVA
- How the paper conceptualised the phenomenon

**Stage 5** was a thematic construction to provide a narrative of what I found in the literature, and what this meant for this particular part of my research.

It is recommended that scoping reviews include "an additional, parallel element... of a 'consultation exercise' [with the substantive population] to inform and validate findings from the main scoping review." (Arksey and O'Malley, 2005, p. 23). However, due to the time limitations of this study, I did not had opportunity to work with co-researchers on this, and would recommend that future research considers including those with lived experience in the process of conducting such a literature review.



(Adapted from Page et al., 2021)

### 11.3.1 Positionality

Having multiple reviewers for a scoping review means access to more papers. However, more reviewers also provide more opportunity for challenge. Through the inclusion and exclusion criteria, a review can be interpreted differently, and reviewers may have different approaches to screening, which could result in different opinions on what should and should not be included. When this occurs, there is space for discussion, whereby reviewers can

decide whether a paper should or should not be included together, and by being a singular author, I have had to make those decisions alone.

My decisions regarding the inclusion and exclusion criteria came from my own personal and professional background, whereby harms to parents caused by their children are framed and conceptualised very differently. As such, I have attempted to be as highly inclusive as possible and screened in all papers that reference the phenomena of interest in a plethora of ways. My earliest experience of child-instigated harms was through the education sector, and so I have tried to identify and include the terminology used in this sector. The same for mental health, and then for social sciences. My interdisciplinary education, and multi-agency practice experience meant that I approached this review wanting to understand a greater breadth of conceptual frameworks, rather than seeking answers for it.

#### *11.4 Findings*

The findings for this chapter provide a narrative for how the phenomenon of interest has been conceptualised by the empirical research included in the review. As mentioned, whilst this review is not measuring quality of the papers, but the framing, context and conceptualisations. Firstly, I will look at the location in which the research took place and what that could mean for the context. I will then explore which fields of study have been exploring the phenomenon. I will complete the findings section by examining the different approaches taken.

##### *11.4.1 Locations*

The location in which the research was undertaken is important as it can give insights into which countries are recognising the problem of CAPVA, and as my own research was conducted internationally, I wondered which countries could have had an interest in CAPVA which I had missed. Some authors have posited that the majority of literature is based in the west, because of westernised views of childhood which result in children having too much autonomy, resulting in violence (Martínez et al., 2015). However, as can be seen below (table 7), and in the Japanese conceptual review conducted by Crystal (1994), which I mentioned earlier, child-instigated harms towards parents are a concern internationally, and there are a number of countries not represented in my own fieldwork.

*Table 7 Literature by Country*

Country	Frequency
USA	18
UK	12
Spain	11
France	5
Canada	3
Australia	2
New Zealand	1
Belgium	1
Norway	1
South Korea	1
Egypt	1
China	1

The location in which the research was undertaken was important as it reflects cultural, political, and policy-based conceptualisations of the phenomenon of interest. As much understanding of how to manage a harmful phenomenon is based upon our knowledge of it, and our knowledge comes from research, it was important to recognise that basing most research in the western world (USA, UK, Spain) where individualism and personal responsibility is dominant, it is easy to understand how parents can be blamed for the harms caused by their children. However, as my own research and the locations presented above (table 7) identify, this issue is an international one, and therefore the testing of the rescaling GT should not be restricted to western contexts.

#### 11.4.2 Field of study

The lens in which researchers design, undertake, and interpret their empirical research can be dependent upon their epistemological and ontological approaches to the research. Whilst there are significant intra-disciplinary differences regarding approaches, the interdisciplinary differences are more significant and so I have opted to categorise the literature by the field of investigation (table 8)

*Table 8 field of researcher*

Field	Frequency
Psychology	26
Psychiatry	13
Social work	8
Education	5
Disability studies	4

Forensic/criminal psychology	3
Nursing	3
Sociology	3
Criminology	3
Criminal/Youth Justice	3
Child mental health	2
Child development	2
Law	1

Field of investigation is not a perfect measure, as the publisher and reviewers will have some power over the framing over publications and can recommend literature, additional analyses, or approaches to the work presented. Furthermore, some teams were interdisciplinary, where this is the case, I identified the field or department of the first author and used this as a representation of the authorship team. Despite these critiques, as can be seen in the tables above, the majority of literature included was through the lens of psychology. More than 50% of all articles included in this chapter were from the field of psychology or psychiatry; thus, I would expect to see a high number of papers which pathologised the issue, and frame the phenomenon as one which can be navigate through individual family approaches. It would be difficult to test the rescaling GT within this individualised approach, as it is about processes between family members. Nevertheless, as the rescaling GT complements and adds to family systems approaches (as mentioned in the previous chapter), it could potentially also add to other psychological approaches; particularly as **accommodations** are a key concept in both.

#### 11.4.3 Naming the phenomenon

How the literature named the phenomenon of interest varied, with some authors using a variation in terminology within the same paper. As a result, when I have analysed the different terms used in the literature, some papers provided multiple terms and therefore multiple scores (table 9).

*Table 9 Name of phenomenon*

Child or adolescent-to-parent violence and abuse	19
Behaviour problems	7
Challenging behaviour	6
Adolescent to parent violence	5
Parent-directed aggression	3

Physical aggression, defiance	3
Adolescent family violence	2
Aggressive and Destructive syndromes	2
Aggressive/violence	2
Child-to-parent abuse	2
Child-to-parent aggression (and violence)	2
Disruptive behaviour	2
Parent abuse	2
Problem behaviours	2
Violence (towards parents)	2
Abused parents	1
Adolescent violence and abuse towards parents	1
Adolescent violence in the home	1
Aggression/problem behaviour	1
Aggressive behaviour	1
Aggressive outbursts/explosive outbursts	1
Agressent leur mère (aggression towards mother)	1
Assault	1
Children who batter their parents	1
Conflicts	1
Emotional problems	1
Externalising behaviour	1
Temper Outbursts	1
La violence dirigée contre les parents (Violence directed against parents)	1
Out of control	1
Parental maltreatment	1
Parents battus/Battered parents	1
Physically abusive	1
SEND Violent and controlling behaviour	1
Verbal and Physical Abuse Toward Mothers	1
Violence against parents	1
Violence/Aggression	1

Of the 37 terms given to the phenomenon of interest, ‘CAPVA’ was the most commonly identified term. There is a selection bias in this result, as many papers using the other terminology were not explicit enough in description to be included. For instance, behaviour problems (the second most commonly used term) could be used to mean violence, aggression, destruction; it could also be smearing faeces. Both experiences can be distressing to parents, however, to conflate the different behaviours does not truly represent the experiences of families. As such, many papers could not be included in this review because they were not clearly identifying what the harm was, who was instigating it, and who was harmed because of it. This presented a particular challenge in when to test the rescaling GT; although whether smearing faeces and other non-directional ‘behaviour problems’ could be understood as rescaling may be of interest in future research.

My decision to develop a new terminology with parents may add additional debate to the conversation, but it also offers a name for the phenomenon which came directly from those with lived experience, and encompasses some of the more harmful impacts without, at this point, provoking blame for ECIs. In my initial analysis of the naming of ECIs, I grouped each names under a broader concept. Names have meaning, and by describing something as a “behaviour problem” can impact how it is interpreted by others; as such I group the 37 different terms under seven separate concepts, recorded the frequency that these concepts were used in the literature, and also presented a description of how by using particular names for CAPVA, or ECIs, could result in them being framed in a particular way (table 10).

#### *11.3.3.1 Framing the naming*

Most of the explanations of ‘framing’ mentioned below (table 10) were presented as unique ways of framing CAPVA, or ECIs. To construct this table, I thematically grouped each terminology which had been used (i.e. ‘problem behaviour’, ‘child-to-parent abuse’) into conceptual sections. For instance, ‘problematized’ and ‘victimized’ were the most similar, but also distinct conceptualisations. In ‘problematized’, the focus of interest was the children. This results in language which positioned parents as passive, and the children as active. An example of this is ‘CAPVA’, the most commonly used term in the academic literature identified for this chapter. By positioning parents as passive, it implied that they were doing nothing about the ‘violence’ and if they were to take a more *active* role, then the behaviour would stop.



Table 10 Linking names and framing of ECIs and CAPVA variations

Concept	Name	Frequency	Framing
Behavioural	Problem behaviour/ behaviour problems/ Challenging behaviour/ Disruptive behaviour/ Emotional problems/ Aggressive behaviour	18	That the harm caused to parents is one example of a wider spectrum of behavioural difficulties.
Criminalised	Assault/ Violence/ Aggression/ Adolescent violence in the home/ Physically abusive/ Destructive	8	Framed as a part of a broader pattern of criminal behaviour.
Domestic abuse	Adolescent family violence/ Child-to-parent abuse/ Adolescent violence and abuse towards parents	9	Understood the behaviour as abusive and a form of domestic abuse.
Minimised	Conflict/ Temper outbursts/ Defiance	4	Framed the phenomenon as a series of individual events rather than recognising it as a harmful pattern of behaviour.
Pathologised	Aggressive and Destructive syndromes/ SEND Violent and controlling behaviour/ Aggressive outbursts/explosive outbursts/ out of control/ externalising behaviour	5	The behaviour was due to a developmental, neurological, or medical issue
Problematised	Children who batter their parents/ Adolescent to parent violence/ Child-to-parent aggression/ Child or adolescent-to-parent violence and abuse	26	Centred the child as an active agent whilst the parent was passive.
Victimised	Abused parents/ Parents battus (Battered parents)/ parent abuse/ parental maltreatment/ Violence against parents/ Parent-directed aggression/ Agressent leur mère (aggression towards mother)/ Verbal and Physical Abuse Toward Mothers/ La violence dirigée contre les parents (Violence directed against parents)/ Violence (towards parents)	10	Centred the experience of parents as <i>victims</i> and moves the focus away from children

In ‘victimised’, the focus of interest was the parents. Whilst moving the focus away from children can protect parents from being blamed for their experiences, it also removed the active component. It is something that happened to some parents, rather than recognising the specific vulnerabilities and contexts that are conducive to developing this phenomenon in families. Only ‘domestic abuse’ facilitated an approach which recognised systemic, structural, and relational contexts which were conducive to harm, however these were built on frameworks which were built on the experiences, motivations, and behaviours of adults, which are inappropriate for children, because adults and children are different. Contrary to this, the rescaling GT acknowledged that both children and parents were active, and

responsive to one another, and applying the rescaling GT to research which would otherwise frame one party as passive, could provide more dynamic interpretations of family interactions.

#### *11.3.3.2 Why do we need to name the thing in the first place?*

One reason to name something is so that it could be identified by others, and if parents themselves did not define behaviours as abuse or abusive, then it could silence those voices of parents experiencing what is already considered a hidden form of violence. It has prevented them from seeking support, because they did not wish to define their experience as abuse or abusive (Holt and Brennan, 2022).

Over or under-defining an area could affect our ability to conceptualise it substantively. If we were to restrict our definition and name to a particular group of children (those with special educational needs or care-experienced etc) then the broader experiences are not sufficiently included, and thus we were not able to conceptualise what these experiences *were*. Similarly, to under-define we then include erroneous detail, and miss the nuances that develop when exploring an experience. In this case, to include all experiences of violence from children within the home, regardless of home environment (residential care could be included), we then fail to identify the very early indicators of harm, and the concepts and theory which emerged so far would have encompassed everyone and everything, making it meaningless and valueless to the families experiencing this issue.

#### *11.4.4 The concepts and the conceptual*

In this section I divided the relevant literature under named headings which I believe framed the phenomenon, based upon the way the phenomenon was named: Behavioural, criminalised, domestic abuse, minimised, pathologised, problematised, victimised. I will then highlight what the conceptualisation of the phenomenon actually was upon reading the paper, I will also provide an explanation for any disconnect between the two. Some papers used multiple names for the phenomenon and these will be presented multiple times to find the best fit.

#### *11.3.4.1 Behavioural*

In the below table (table 11) I present the literature under the concept of what I title 'behavioural'. This section had a large amount of variety in terms of country of use, with research in seven countries using terms which could be placed under this umbrella.

Table 11 Behavioural

Author	Year	Field	Country	Population	Conceptualisation
Ament	1972	Social work	USA	Case study of 6-year old boy in foster care	A method used by children as a barrier to relationship-building
Cuccaro, Holmes and Wright	1993	Psychology	USA	3-5 year old children in diagnostic nursery and foster/adoptive/birth parents	Pattern of externalising behaviour
Kim, Yoo, Cho, Hong, and Kim	2005	Psychiatry	Korea	14 outpatients with Prader-Willi syndrome (mean age 10.43 years) and their parents	A symptom of a wider condition
Chadwick, Kusel, Cuddy and Taylor	2005	Psychology	UK	82 parents and teachers of children with severe intellectual disability who had been identified from the registers of six special schools at 4–11 years of age and were traced and reassessed 5 years later at the age of 11–17 years. The mean age of the sample at follow-up was 13:06 years (range 11:00–17:04 years)	A component of behaviour problems
Brown and Bednar	2006	Sociology	Canada	Foster parents of under 18s	Child danger to the family; child not adapting to the family
Worcester, Nesman, Mendez, and Keller	2008	Education	USA	8 parents of children with ‘challenging behaviour). Children had a mean age of 36 months (range, 25–43 months)	A component of behaviours problems. Symptom of distress
Keller and Fox	2009	Psychology	USA	Parents of 58 children referred to a mental health clinic for behavioural problems. The average age of the children was 2.66 years	A mismatch of expectations of the parent and ability of the child
Mayes, Calhoun, Aggarwal, Baker, Mathapati, Anderson and Petersen	2012	Psychiatry	USA	1609 children age 6–16 years. 302 children with high functioning autism (HFA, IQ ≥ 80), 133 children with low functioning autism (LFA, IQ < 80), 186 typical children, and 988 children with other clinical disorders including ADHD-Combined type (ADHD-C), ADHD-Inattentive type (ADHD-I), anxiety disorders, depression, and acquired brain	A symptom of a wider condition

				injury (e.g., closed head injury, brain tumor, or hydrocephalus).	
Doubet and Ostrosky	2015	Disability Studies	USA	7 mothers of pre-schoolers (ages 3–5) who engaged in persistent challenging behavior	should be understood based on the definitions and understanding of families
Hall, Barnett, and Hustyi,	2016	Psychiatry	USA	11-18 years olds with Fragile x syndrome	A component of behaviour problems
Doubet and Ostrosky	2016	Disability Studies	USA	7 mothers of pre-schoolers (ages 3–5) who engaged in persistent challenging behavior	A component of behaviour problems
Pisula, Pudło, Słowińska, Kawa, Strząska, Banasiak, and Wolańczyk,	2017	Psychology	Poland	Parents of autistic children (35 boys, 35 girls) and parents of typically developing children (48 parents)	A symptom of a wider condition
Roberts, McCrory, Joffe, De Lima and Viding	2018	Psychology	UK	One hundred and one boys aged 11–16 years of age and their parent/caregiver were recruited from the community	Trait based due to pathology
Robson and Kuczynski	2018	Psychology	Canada	Twenty-five mothers who had sought support for “extreme noncompliance” for children aged 8-13 (mean age = 10)	A challenging behaviour led by dysregulation
Tonheim and Iversen	2019	Nursing	Norway	449 foster carers. 21% of their foster children were 0–6 years, 39% were 7–12 years, and 41% were 13 years or older when placed in care	An expression of externalised attachment difficulties
Muller, Brady, Warren and Fleming	2019	Disability Studies	USA	53 biological mothers of boys (n = 42) and girls (n = 11) with full fragile X syndrome	Functional behaviour which met a need
Bergsund, H.B. and Wentzel-Larsen, T. and Jacobsen, H.	2020	Child mental health	Norway	449 foster carers. 21% of their foster children were 0–6 years, 39% were 7–12 years, and 41% were 13 years or older when placed in care	A component of behaviour problems
McGuire, Folkerts, Meadan, Adams, Lee and Kaza	2021	Education	USA	34 parents with a child who was 2–8 years old with an educational support plan (plans for children with disabilities)	A component of behaviour problems

Adams, McGuire, Meadan, Martin, Terol, Haidar and Fanta	2021	Disability studies	USA	24 caregivers of children with disabilities participated in the interviews. The majority of the focus children were aged between 5 and 6 years.	A symptom of a wider condition
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In table 11, four out of 19 papers framed the phenomenon of interest as a symptom of a wider condition, most often autism (Mayes et al., 2012; Pisula et al., 2017). One paper (Mayes et al., 2012) identified that explosive, oppositional and aggressive behaviour occur frequently enough in autism that they should be part of the diagnosis criteria. In six of 19 papers, authors conceptualised the phenomenon of interest as one component of a wider pattern of challenging behaviour being navigated by the family. Of these two conceptualisations, they were framed this way in the fields of psychology, psychiatry, and education. This could be useful, as it supports my use of the **identity mediator**, and **humanises** those who are autistic, or navigating the ECIs of their autistic child. Only Keller and Fox (2009), wrote psychology papers which diverged from this, as their conceptualisation of the phenomenon presented it as a mismatch between the abilities of the child, and the expectations of the parent. Papers represented by disability all named the phenomenon under the 'behavioural', however there was some diversity with Disability Studies, with two articles conceptualising the phenomenon as a component of a wider pattern of challenging behaviour or a symptom of a wider condition (Adams et al., 2021; Doubet and Ostrosky, 2016). The remaining two Disability Studies papers considered the phenomenon of interest to be a functional behaviour which meets a need (Muller et al., 2019). Thus, supporting the PRAR needs framework. However, Doubet and Ostrosky (2015) presented the phenomenon of interest as being led by families i.e. families determine what is and is not harmful. Both social work and sociology framed the issue as one based in relational problems. There was not a clear difference between the countries, however this may be due to the limited number of studies I was able to access.

#### *11.3.4.2 Criminalised*

In the next table, below (table 12) I present the identified literature naming the phenomenon of interest under the concept of 'criminalised'. This section also had a large amount of variety in terms of country of use, with research in seven countries using terms which could be placed under this umbrella.

Table 12 Criminalised

Author	Year	Field	Country	Population	Conceptualisation
Chadwick, Kusel, Cuddy, and Taylor	2005	Psychology	UK	82 parents and teachers of children with severe intellectual disability who had been identified from the registers of six special schools at 4–11 years of age and were traced and reassessed 5 years later at the age of 11–17 years. The mean age of the sample at follow-up was 13:06 years (range 11:00–17:04 years)	A component of behaviour problems
Lewis, Shanok, Grant and Ritvo	1983	Psychiatry	USA	Children receiving treatment at a child psychiatry inpatient service. 18 beds for children aged 3 to 12 years	A pathological trait
Chethik	1987	Psychiatry	USA	Case example of a 10-year old boy	A pathological trait
Welniarz	2002	Psychiatry	France	Six mothers who presented with depression at a child clinic. Their children were aged between 30 and 40 months	Pulsions violentes qui amènent l'émergence d'une agressivité libre. (Violent impulses lead to the instigation of a free aggression)
Lorber, Del Vecchio and Slep	2015	Psychology	USA	Longitudinal study of 274 couples recruited when their children were neonates (140 girls, 134 boys)	A presentation of distress
Bardsley	2017	Social work	UK	Six parents (adopters) were all already parenting children pre-identified with high therapeutic needs.	significant levels of emotional, behavioural and/or therapeutic needs
Lorber, Del Vecchio and Slep	2014	Psychology	USA	Longitudinal study of 274 couples recruited when their children were neonates (140 girls, 134 boys)	A presentation of distress
Vassilopoulos, DeLucia and Torres	2021	Psychology	USA	88 parents who sought support for their children's difficulties	A symptom of a wider condition

Of the eight papers identified in the above table (12) as meeting the ‘criminalised’ concept, there was overlap with that presented in the ‘behavioural’ table. For instance, one paper was conceptualised a symptom of a wider condition, and another a component of behaviour problems; both of these were found within the field of psychology (Chadwick et al., 2005; Vassilopoulos, DeLucia and Torres, 2021). Other conceptualisations made within this section from psychology were that the phenomenon of interest was a presentation of distress made by children (Lorber, Del Vecchio and Slep, 2014; 2015). All of which complemented the rescaling GT concept of the **mediator**. Two of the psychiatry-based papers were based in the USA in the 1980s and understood the issue as coming from the children as violent beings, of which I have termed ‘a pathological trait’ (Chethik, 1987; Lewis et al., 1983). More recently, Welniarz (2002, p. 895) framed the phenomenon of interest not as a pathological trait, but as “pulsions violentes qui amènent l'émergence d'une agressivité libre” (violent impulses lead to the instigation of a free aggression). The latter of which could be relevant to the **affective needs** concept, and therefore the boundaries of the rescaling GT could be tested in fields which would otherwise consider CAPVA or ECIS a *trait*.

#### *11.3.4.3 Domestic abuse*

In the next table (table 13), I present the identified literature naming the phenomenon of interest under the concept of ‘domestic abuse’. This section also had a large amount of variety in terms of country of use, with research in seven countries using terms which could be placed under this umbrella. This conceptual framing was also used by six separate fields: psychology, social work, child mental health, psychiatry, sociology, and law.



Table 13 Domestic abuse

Author	Year	Field	Country	Population	Conceptualisation
Zhang, Cai, Wang, Tao, Liu and Craig	2019	Psychology	China	1,084 students in school. Mean age = 14	A distinct form of family violence
Smith, Howard, and Monroe	2000	Social work	USA	292 adopted children. The children ranged in age from three to 20.	An example of behaviour problems
Pagani, Larocque, Vitaro and Tremblay	2003	Psychology	Canada	2524 children (equally divided in boys and girls) were randomly selected for the longitudinal study	A form of abuse
Kehoe, Ott and Hopkins	2020	Child mental health	Australia	Practitioners and professionals in associated fields	Children are perpetrators of family violence, but they are also victims
Fawzi, Fawzi and Fouad	2013	Psychiatry	Egypt	15 patients aged 13-19 of a psychiatric outpatient clinic with a first-episode psychosis	A form of abuse
Sporer	2019	Sociology	USA	The participants in the current study (n = 10) represent four distinct families and are a subset of a larger sample (n = 42) of individuals who self-reported either currently or previously having lived with an aggressive sibling or Child with mental illness	A symptom of a wider condition
Douglas and Walsh	2018	Law	Australia	five focus groups with legal and social service providers that assist: women with domestic and family violence; families experiencing adolescent family violence; and adolescents	A form of domestic abuse
Ibabe and Jaureguizar	2010	Psychology	Spain	adolescents aged between fourteen and eighteen (mean = 15.33), 85% males, 15% females.	A distinct form of familial abuse.

As explored previously in this thesis, conceptualising child-instigated harms under the umbrella of ‘domestic abuse’ has many clear problems. In particular, the issue that existing understanding of domestic abuse comes from frameworks created through research into adult perpetrated intimate partner violence. The tension between using adult-focused conceptualisations to explain the behaviour of children is evident in the above table (table 13). Three papers framed the phenomenon of interest as appropriate to conceptualise as a form of abuse (Douglas and Walsh, 2018; Fawzi, Fawzi and Fouad, 2013; Pagani et al., 2003). Considering Fawzi, Fawzi and Fouad (2013) researched in a setting where the child/young person was experiencing psychosis, it was surprising that they conceptualised the behaviours as abuse and not a symptom of a wider condition. Two papers managed the underlying tensions by conceptualising the phenomenon of interest as a distinct and poorly understood form of family violence, rather than a form of domestic abuse which sits under the existing conceptual and theoretical umbrella (Ibabe and Jaureguizar, 2010; Zhang et al., 2019).

A singular paper conceptualised children as holding the dual role of perpetrator-victim, recognising their own vulnerabilities and the links between vulnerabilities to experience harm, and the increasing likelihood to initiate harm (Kehoe, Ott and Hopkins, 2020). One other paper overlapped with the ‘behavioural’ and ‘criminalised’ sections and conceptualised the phenomenon of interest as a symptom of a wider condition, in this case a mental health condition (Sporer, 2019). This is further support for both the concept of a **mediator**, and PRAR needs.

#### *11.3.4.4 Minimised*

In the next table, below (table 14) I will present the identified literature naming the phenomenon of interest under the concept of ‘minimised’. The language used to describe the phenomenon of interest did not explore the harm caused by incidents or occurrences, but rather used singular terminology to create a snapshot for a reader.

*Table 14 Minimised*

Author	Year	Field	Country	Population	Conceptualisation
Lorber, Del Vecchio and Slep	2015	Psychology	USA	Longitudinal study of 274 couples recruited when their children were neonates (140 girls, 134 boys)	A presentation of distress
Holman	2009	Psychology	France	Case study 4 year old boy	A symptom of a wider condition
Hirsch, Davis, Cao and Roy	2021	Psychology	USA	5.0- to 9.9-year-old children with ADHD (matched comparison of outbursts vs no outbursts).	A presentation of distress
Vassilopoulos, DeLucia and Torres	2021	Psychology	USA	88 parents who sought support for their children's difficulties for children aged 6-16	A symptom of a wider condition/an example of a behavioural problem

In the above table (table 14) there were three ways of conceptualising the phenomenon of interest; A presentation of distress, which supported the PRAR needs (Hirsch et al., 2021; Lorber, Del Vecchio and Slep, 2015); a symptom of a wider condition, which supported the concept of the **mediator** (Holman, 2009; Vassilopoulos, DeLucia and Torres, 2021); and an example of a behavioural problem, which supported the concept of the ‘good child’ (Vassilopoulos, DeLucia and Torres, 2021). All of the above papers were based were in the field of psychology and one of four was completed in France, three of four in the USA.

All four papers conceptualised the family experiences as difficulties faced by the children. I interpreted two of the papers as exploring the phenomena of interest through the lens that children were distressed, and it was this distress that was causing them to harm those around them, in particular their parents (Hirsch et al., 2021; Lorber, Del Vecchio and Slep, 2015). This concept of distress supported criticisms of previous definitions regarding weather harm to parents is intentional or not, and therefore provided support for the introduction of ‘ECIs’ (Boxall, Pooley and Lawler, 2021). Furthermore, they has been some movement in child disability activism wishing to “flip the narrative” and name child-instigated harms as representations of distressed behaviours (Pearson and Eastes, 2022). These narratives and debates support the rescaling GT, as parents reframe the good family as one which prioritises the child who has the most dominant needs, and the adapt to those needs by aggrandising them as a form of distress. However, this can also result in parents not having their own needs met.

Two other papers focused on how these harms were a symptom of a wider condition (Holman, 2009; Vassilopoulos, DeLucia and Torres, 2021), with one of these also conceptualising it as a behavioural problem (Vassilopoulos, DeLucia and Torres, 2021). Thus, it is possible that the harms are minimised because the focus is on the child and their difficulties. However, by minimising the impact of the harms caused could prevent the acknowledgement of risks associated with poor mental health and developmental conditions in relation to family harms.

#### *11.3.4.5 Pathologised*

In the next table (table 15), I present the identified literature naming the phenomenon of interest under the concept of ‘pathologised’. This concept aligns itself to medical models and considered those who engaged in ECIs as having something ‘wrong’ with them.

Table 15 Pathologised

Author	Year	Field	Country	Population	Conceptualisation
Achenbach, Edelbrock and Howell	1987	Psychiatry	USA	55 low-birthweight and 32 full-term children living in Vermont and northern New York participated in a longitudinal study that began when the children were born	A symptom of a wider condition A presentation of distress
Koh and Rueter	2011	Sociology	USA	616 Adoptive families with two adolescent children with a maximum 5-year age difference. Eligible families were required to have participating adopted children placed before 2 years of age (M = 4.7 months, SD = 3.4 months), have no special needs children	A method of coercion
Frank	2013	Psychiatry	USA	Case study of an autistic 11 year old boy at a psychiatric clinic	A symptom of a wider condition (which make it hard for CYP to regulate)
Oruche, Draucker, Al-Khattab, Cravens, Lowry and Lindsey	2015	Nursing	USA	12 biological mothers, 1 adoptive father, 1 grandmother, and 1 aunt who were primary caregivers of a child with ‘disruptive behaviour disorder’	A component of behaviour problems A presentation of distress
Bettinson and Quinlan	2020	Criminal law and justice	UK	A focus group was carried out with nine practitioners from statutory agencies working with families where APV presented	A pathological trait

One of the most notable things about the pathologised table in comparison to the previous tables was the high level of overlap. This was seen in various sections; two of the five papers conceptualised the phenomenon of interest in multiple ways, thus recognising the complex interplay between the biopsychosocial and historical factors which can have an impact on human behaviour. For instance, two papers conceptualised the phenomenon of interest as a presentation of distress (Achenbach, Edelbrock and Howell, 1987; Oruche et al., 2015), alongside a symptom of a wider condition, and a component of behaviour problems, respectively.

Frank (2013) created the clearest boundaries in relation to conceptualising the harms as a symptom of a wider condition, explaining that these wider conditions made it harder for children and young people to regulate their emotions, and thus they cause harm to members of their family. This reinforced the parent, and child illustrations chapters in this thesis. The only paper written by sociologists was also the only one which conceptualised the topic as a method of coercion (Koh and Rueter, 2011). In their example, adopted children faced challenges throughout their life, and harming parents was an effective method of empowerment, as it resulted in having needs met; the need to be in control of the environment. These could be understood as proactive strategies employed by children or proactive need, as children need a proactive response before they seek more harmful strategies to feel empowered, thus, they supported my PRAR framework.

The different conceptualisations within the papers of those using the language which can be understood through pathologising terminology, may be explained by the variation in the fields of the authors. As, whilst all papers were from the USA and UK, there were four fields represented in the five articles.

#### *11.3.4.6 Problematised*

In the next table (table 16), I presented the identified literature under the concept of ‘problematised’. This section also had a large amount of variety in terms of country of use, with almost all Spanish literature naming the phenomenon under this title. This is the largest table of literature in this chapter, and it centralised the child or adolescent, and framed the adult as passive.

Table 16 Problematised

Author	Year	Field	Country	Population	Conceptualisation
Laurent and Derry	1999	Psychiatry	France	A retrospective study covering the medical records of all the inpatients (n 5,645) hospitalized in our child and adolescent psychiatry department. Mean age 14 years (10 –17).	Demonstrating autonomy
Holt	2011	Criminal psychology	UK	Online study. 17 the poster identified as a mother, one identified as a father, and 15 did not identify their gender. Regarding the children, 20 were identified as sons, 12 as daughters and in one case, the gender of the child was not stated. All children over 10	A hidden form of violence Stigmatising
Ibabe, Arnoso and Elgorriaga	2014b	Psychology	Spain	231 adolescents of both sexes (66% boys and 34% girls) aged 14 to 18. The participants were classified in three groups: one made up of offenders reported for violence against parents (PA) (n = 59), a second group of juveniles that had committed offences outside the home (NPA) (n = 47), and a third group made up of adolescents who had not committed offences (NOF) (n = 125).	A symptom of a wider condition (psychological issues)
Nowakowski-Sims and Rowe	2017	Social work	USA	80 youths ranging in ages between 12 and 17 (M = 15, SD = 1.55) and their parents seeking services from the family violence intervention programme	Domestic violence
López-Martínez, Montero-Montero, Moreno-Ruiz and Martínez-Ferrer	2019	Psychology	Spain	1200 adolescents of both genders aged between 12 and 18 years (M = 13.88, SD = 1.32), enrolled at Compulsory Secondary Education	Domestic abuse

Rutter	2021b	Social work	UK	Five mothers of pre-adolescent children	A symptom of a wider condition
Kennedy, Edmonds, Dann and Burnett	2010	Education/Psychology	USA	223 participants (168 male, 55 female; M age = 14.55 years; SD = 1.55; age range, 10–18 years) and their parental figure.	Criminalise (a subtype of juvenile violence within the home)
Cortina and Martín	2020	Psychology	Spain	A total of 225 students from secondary and high schools between the ages of 14 and 20 (M = 16.02; SD = 1.23)	Domestic abuse Replication of broader harmful societal issues
Martínez-Ferrer, Romero-Abrio, León-Moreno, Villarreal-González and Musitu-Ferrer	2020	Education and Psychology	Spain	8,115 adolescents participated (51.5% boys and 48.5% girls). The ages ranged from 12–13 years (53.7%) to 14–16 years (46.3%).	Domestic abuse
Jiménez-García, Pérez, Contreras and Cano-Lozano	2020	Psychology	Spain	905 adolescents (62.5% male and 37.5% female), aged between 12 and 18 years old (M = 15.05; SD = 1.48),	Domestic abuse
Hoyo-Bilbao, Orue, Gámez-Guadix and Calvete	2019	Psychology	Spain	147 offenders were recruited from eight Spanish specialized closed or semi-closed institutions for adolescents who had shown aggression toward their parents	Replication of broader harmful societal issues
Papamichail and Bates	2022	Health	UK	Eight mothers (seven biological mothers and one adoptive mother) and six fathers (one biological, one adoptive father, and four stepfathers). Eight participants were recruited from two intervention programs running in two cities in England, aiming to tackle CAPVA.	A presentation of distress



				The participants' ages ranged from 14-16 years old (M $\bar{x}$ 14.5, SD $\bar{s}$ 0.75). Seven identified as male and one as female.	
Williams, Tuffin and Niland	2017	Psychology	New Zealand	Programme facilitators at a non-governmental organization in a provincial region of New Zealand identified the participants.	Domestic abuse
Armstrong, Muftic and Bouffard	2021	Criminology	USA	This study examines 1,113 calls for law enforcement service in a Midwest state wherein a child (under 18) allegedly assaulted his or her parent. Grandparents were included as 'parents'	Domestic abuse
Bettinson and Quinlan	2020	Criminal law and justice	UK	a focus group was carried out with nine practitioners from statutory agencies working with families where APV presented. Participants were also asked to complete two short narrative exercises: one before the discussion began and the second at the halfway point.	Replication of broader harmful societal issues Anti-domestic abuse
Holt and Lewis	2021	Criminal psychology	UK	Practitioners working in the field	Replication of broader harmful societal issues Anti-domestic abuse
Calvete, Orue, Gámez-Guadix, del Hoyo-Bilbao and de Arroyabe	2015b	Psychology	Spain	Adolescents were recruited from a specialized centre for adolescents who had attacked their parents and had been referred by the Juvenile Prosecutor. In total 15 adolescents (10 boys and 5 girls) took part in the study. They were all between 14 and 17 years old (Mean = 16, SD = 1.33). A total of 12 mothers and 3 female tutors who cohabited with the adolescent (e.g., the second wife of the father and the grandmother) and five fathers.	Replication of broader harmful societal issues Victimisation
Calvete, Orue, Gámez-Guadix,	2014	Psychology	Spain	seven women, all mothers of adolescent children who had assaulted their parents. five Spanish adolescents	Victimisation

del Hoyo-Bilbao and de Arroyabe				(two girls and three boys; M age = 16.8; SD age = 4.71) who had acted aggressively toward their parents	
Vecina, Chacón and Piñuela	2021	Psychology	Spain	65 young offenders in court-mandated treatment and living in two different treatment centres. 37 were boys (58%) and 28 were girls (42%). The mean age was 16 (SD = 1.15), with ages ranging from 14 to 20	Criminalise
Villalba, Olivencia and del Olmo Fernández,	2020	Education	Spain	52 familias (progenitores o familiar tutor responsable del cuidado del menor/joven), 52 families (parents or family guardian responsible for the care of the minor/young person)	Replication of broader harmful societal issues
Condry and Miles	2014	Criminology	UK	1892 cases of violence from adolescents (13–19 years) towards a parent reported to the Metropolitan Police over a one-year period (April 2009–March 2010) and defined as constituting a criminal offence.	Domestic abuse
Miles and Condry	2016	Criminology	UK	data from 100 police case files and 20 interviews with police officers	Domestic abuse (with some caveats)
Zhang, Cai, Wang, Tao, Liu and Craig	2019	Psychology	China	1,084 students in school. Mean age = 14.	Replication of broader harmful family issues
Selwyn and Meakings	2016	Social work	UK	20 Welsh families (10 disruptions and 10 who were currently finding parenting challenging) and 90 adoptive families: 45 parents who had experienced a disruption (the ‘Left home’ group) and 45 parents who were finding parenting challenging (the ‘At home’ group)	A method of coercion
Seijo, Vázquez, Gallego, Gancedo and Novo	2020	Psychology	Spain	210 adolescents, age range 12–17 years (M = 13.21, SD = 0.94). The sample was balanced in terms of gender (107 girls, 51.4%). In relation to schooling, 13% were first, 20% were second, and 67% were third-year Compulsory Secondary Education students.	Related to a wider condition (not a causal study, the phenomenon may cause the condition, or vice versa)

Ibabe and Jaureguizar	2010	Psychology	Spain	Adolescents aged between 14-18 (mean = 15.33), 85% males, 15% females.	Domestic abuse
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In the above table (table 16) there was significant variety in how the various authors conceptualised the phenomenon of interest. Two papers actively warned against researchers and practitioners understanding the issue as a form of domestic abuse (Bettinson and Quinlan, 2020; Holt and Lewis, 2021). Both sets of authors recognised the harm that could be caused to children and young people framed as perpetrators of abuse. Others recommended using frameworks from the domestic abuse field, however cautioned the use of caveats, as this phenomenon was not easily understood through victim perpetrator models (Miles and Condry, 2016).

Sociologists (Koh and Rueter, 2011) in the previous heading considered the phenomenon a method of coercion, as did one of the groups of social workers in this round (Selwyn and Meakings, 2016). In both examples, they focused upon adoptive families and framed these experiences as adopted children facing challenges throughout their life, and harming parents was an effective method of empowerment, as it resulted in having their needs met, the need to be in control of the environment, and this is a proactive need, as identified by the PRAR framework

#### *11.3.4.7 Victimised*

In the next table (table 17), I present the identified literature under the concept of ‘victimized’. This section also had a large amount of variety in terms of country of use, with the majority of French studies appropriate to this category.

Table 17 Victimised

Author	Year	Field	Country	Population	Conceptualisation
Desir and Karatekin	2018	Child development	USA	44 year old caregivers had to have at least one child between the age of 3.5 and 21 years	Domestic abuse
Desir and Karatekin	2018	Child development	USA	79 Caregivers were interviewed about their children's (Mean age = 9.0 years) parent- and sibling-directed aggression	Domestic abuse
Kratcoski	1985	Criminal justice	USA	305 youths recruited from four high schools and a juvenile justice centre completed a questionnaire exploring family conflict. 75% male, 74% white, mean age 16.9	Representation of harmful family dynamics
Laurent and Derry	1999	Psychiatry	France	A retrospective study covering the medical records of all the inpatients (n 5,645) hospitalized in our child and adolescent psychiatry department. Mean age 14 years (10 –17).	That adolescents are emphasising their autonomy
Helin, Chevalier and Born	2004	Youth justice	Belgium	16 jeunes, âgés de 14 à 17 ans, issus d'une population de 72 adolescents Ils ont commis des actes de violence à l'égard de leur mère./16 young people, aged 14 to 17, from a population of 72 adolescents They committed acts of violence against their mother	Domestic abuse Representation of harmful family dynamics
Delaunay, Purper-Ouakil and Mouren	2008	Psychiatry	France	d'enfants ou adolescents qui ont été, soit hospitalisés, soit suivis en consultation dans le service de pédopsychiatrie entre 1998 et 2001. Tous répondent aux critères de trouble oppositionnel avec provocation. Nous avons exclu les enfants ayant un retard mental, un trouble envahissant du développement, une schizophrénie. Le groupe d'enfant comprend 22 patients, l'autre groupe est constitué de 23 enfants. Ils sont appariés	That adolescents are emphasising their autonomy

				<p>pour le sexe et l'âge. L'âge moyen des deux groupes est de 9,9/10 ans (children/adolescents either hospitalised or were child psychiatry outpatients between 1998 and 2001. All meet the criteria for oppositional defiant disorder. We excluded children with learning disability, pervasive developmental disorder, schizophrenia.</p> <p>The group of children includes 22 patients, the other group consists of 23 children. They are matched for sex and age. The mean age of the two groups is 9.9/10 years)</p>	
Charles	1986	Psychology	Not specified	A review of 300 cases was made of 9-17 year old children: 200 in-patient and 100 out-patient	Not recognised due to a lack of harm,
Nock and Kazdin	2002	Psychology	USA	Participants included 606 children (151 girls, 455 boys) and families referred for treatment. Children ranged in age from 2 to 14 years (Mean = 8.3)	Not recognised due to a lack of harm,
Campbell	1967	Psychiatry	UK	Case study of a 15 year old boy and his parents	An exaggeration of the usual conflicts of child autonomy and parental control
Pagani, Larocque, Vitaro and Tremblay	2003	Psychology	Canada	2524 children (equally divided in boys and girls) were randomly selected for the longitudinal study	Domestic abuse

Under the heading of ‘victimized’ (table 17), a new conceptual understanding of the phenomena of interest was identified. Two papers specified that child initiated aggression or violence towards parents had not been acknowledged, or was under-acknowledged, because of the lack of injury caused to parents. As such, the phenomenon of interest was often not visible societally until the children and young people were old enough to cause significant harm (Charles, 1986; Nock and Kazdin, 2002).

There was also diversity in terms of the boundaries of what was and was not harmful behaviour. For instance, four papers conceptualised the phenomenon as domestic abuse (Desir and Karatekin, 2018a; 2018b; Helin, Chevalier and Born, 2004; Pagani et al., 2003), with one of these specifying that was a continuation of harmful family dynamics (Helin, Chevalier and Born, 2004). Three other papers considered the issue an expression of the challenges facing families when children and young people are preparing to be more autonomous (Campbell, 1967; Delaunay, Purper-Ouakil and Mouren, 2008; Laurent and Derry, 1999).

Whilst this section is titled ‘victimized’, due to the language used to identify the problem, in further exploration, the focus failed to be on the experience of parents, did not make clear that children are also victims, but did, in the majority of cases, frame the issue as a specific form of family violence or domestic abuse.

#### *11.3.4.8 Summary*

There is significant overlap between all the conceptual framings I presented above, with significant overlaps in all tables representing child-initiated harms as a symptom of a wider development issue, or one component of a wider pattern of harmful behaviour. Similarly, harms instigated by children and experienced by parents were often understood as an expression of distress.

These significant overlaps demonstrated that the language used to name the phenomenon i.e. behavioural terminology, criminalised, minimised etc. were not consistent with the way it was conceptualised within the text. Instead the boundaries of the harms instigated by children could be understood as a pattern of behaviour or repeated instances; sustained or immediate incidents; directed only at one parent, both parents, the whole family, teachers, or the community. To have conflated the experiences of families under one umbrella lost the essence of their experience, imposed value systems that came from the positionality and training of the researcher, and ignored the processes that families engaged with that navigate,

facilitate, or avoid the harms instigated by children. These processes could instead be understood through my rescaling GT.

### *11.5 Limitations of this review*

Most literature into aggression in children, particularly pre-schoolers, did not focus upon the directionality of the aggression (i.e. sibling, parent, peers). Similarly, some court records did not record CAPVA as a separate offense but subsumed it under the offence of family violence, which included all forms of parricide and sibling violence (Gebo, 2007). Thus, a significant amount of literature was not included in the analysis as it did not include the *directionality* identified. Some literature included all behaviours which may harm parents (destructive behaviour, stealing); whereas others defined this harm based upon whether the parents considered it relevant; other researchers stuck to a particular definition or group of behaviours, such as physical aggression only.

For a scoping review, there were specific barriers to accessing as many papers as possible, I was limited by my language skills, and whilst I criticised the literature in this chapter for being overly westernised, I was also restricted and I was not able to read the eight articles cited by Crystal (1994), which were written in Japanese.

### *11.6 Landscape conclusion*

Many CAPVA researchers described the phenomenon as “under-researched”, including myself previously (Rutter, 2021b, p. 1318). However, I now consider this to have been an incomplete perspective. There is a wealth of research into the experiences of parents living with CAPVA, however it is more frequently framed as a caregiver burden in relation to raising a disabled child (Brown et al., 2019; Call et al., 2019; Clements, 2005; Klein-Tasman and Lee, 2017); an issue of anti-social behaviour, or an issue of so-called ‘troubled families’ (Crossley, 2018) In highlighting the field of research, there was very little representation from social work, despite CAPVA often being considered a safeguarding concern, and ECIs being understood as a child in engaging in harmful behaviours to having their needs met (Bardsley, 2017). Thus, as I am coming from a social work background, this thesis adds an additional consideration for the wider body of childhood aggression literature.

In this chapter, I presented some of the key literature in CAPVA research, as well as highlighting some key texts. There was a lack of description of the behaviour of children, which was the reason so many articles were removed at the full-text screening stage. Children



were described as being aggressive without an acknowledgement of where that aggression was directed. For instance, some parent reporting measures recorded “hits other people” and so this could not be included in the analysis as “people” could be peers, teachers, and potentially not within the home environment.

Arksey and O’Malley (2005) recommend an optional consultation step to a scoping review, in which practitioners or individuals with lived experience collaborate on the review to consult on inclusion and exclusion criteria, and consult on how the selected papers should be analysed. Whilst I did not include this step in this scoping review, I would recommend future reviews do consider including this element. Furthermore, in this review there appeared to be distinct differences in how different fields conceptualised the phenomena of interest, and as such a more in depth analysis could be completed to explore how different fields approach, interpret, and conceptualise the phenomena of interest.

The majority of background literature described CAPVA as a pattern of behaviour, rather than a pattern of experiences. It perceived child-instigated harms to be a snapshot of incidents, rather than an assessment of holistic experiences and interactions. Thus, it is understandable that many researchers and practitioners consider CAPVA as problem facing adolescents and their families, missing the experiences of families with younger children.

Finally, despite childhood aggression being one of the most commonly researched forms of human behaviour, it usually focused upon early childhood development, being framed as a ‘pathological’ or development issue, or framed as ‘challenging behaviour’. As such there was a distinct gap in the literature regarding child -instigated harms experienced by parents in the pre-adolescent phase, older than early years (two to four years old), but earlier than adolescence (12-21). As such, in the present research, I have focused on the earliest indicators of child-instigated harms experienced by parents, those which are seen in earlier age groups (four to 11 years), which are non-intentional, and require a creative approach to explore the nuances of familial interactions.

## Chapter 12. Conclusion

### *12.1 Introduction*

In this thesis, I have attempted to present a Grounded Theory (GT) study into the concerns of families living with child or adolescent-to-parent violence and abuse (CAPVA) from its earliest stages, in pre-adolescent children. In this research, I have not explored the whole spectrum of behaviours which come under the umbrella of CAPVA, but rather a subsection of behaviour which my co-researchers and I have termed “explosive and controlling impulses” (ECIs). ECIs are behaviours which are an unconscious or conscious attempt to resolve a need in the individual, with the unintended consequence of causing harm to others.

Many CAPVA researchers describe the phenomenon as “under-researched”, and I am critical of myself for using this framing previously as I now feel it was an incomplete perspective (Rutter, 2021b, p. 1318). There is extensive research into the experiences of parents experiencing harms instigated by their children, however it is more frequently framed as a caregiver burden in relation to raising a disabled child (Brown et al., 2019; Call et al., 2019; Clements, 2005; Klein-Tasman and Lee, 2017); an issue of anti-social behaviour (Jaureguizar and Ibabe, 2012; Tackett et al., 2013), or an issue of so-called ‘problem families’ (Juan, Washington and Kurlychek, 2020; Pagani et al., 2004; 2009; Ulman and Straus, 2003). Furthermore, the research that exists that specifically focuses upon child-instigated harms experienced by parents predominantly focuses upon adolescent harms, or those families who are in crisis, or have needed to make contact with the criminal justice system (Armstrong et al., 2018; Ávila-Navarrete and Correa-López, 2021; Boxall, Pooley and Lawler, 2021).

For this research, I focused upon the experiences of families with pre-adolescent children in an attempt to understand the processes undertaken by families in their everyday lives and provided an overview of the overall work. In this final chapter, I remind you of the research questions, and give a brief response to each of them. I then summarised the methodological approach to this work and critiqued the methodology and methods. I then identified some of the limitations of the research overall, and other things to consider, such as opportunities for future research. Finally, I will explore how the GT developed in this thesis could be developed into a formal theory, and my conclusion will summarise my original and substantial contribution to knowledge.

## *12.2 Research questions*

The primary goal of this research was to answer three questions:

1. What is the main concern of the substantive population?
2. How is this concern resolved or processed?
3. What terminology and definitions are appropriate for the child-instigated harms within the home covered by this research?

### *12.2.1 The main concern*

The main concern of the substantive population (i.e. parents living with ECIs, and children with ECIs) is the dissonance they experience when not seeing their lived experience represented in the socially constructed ‘idealised family’. This is due to the structural and symbolic expectations of what a ‘good parent’ is; how a ‘good child’ is expected to behave; and how a ‘good childhood’ is represented. ECIs cannot exist within this idealised structure, and so families living with ECIs from a child must process or resolve this concern.

### *12.2.2 Resolving or processing the main concern*

The main concern is resolved through a process I have called rescaling. The rescaling process exists when there is a dissonance with the structural expectation, and the individual experience, such as the parents feeling they are ‘good parents’, but do not see themselves represented in idealised framings of ‘good parenting’; or a child with ECIs feeling like they are trying their best to be a ‘good child’, but never achieving the ‘good child’ they see represented socially.

The rescaling GT is a process which occurs through the following four-part process:

1. An idealised structure with socially expected power dynamics
  - a. i.e. A good family structure is hierarchal with the good parent in control and the good child, compliant.
2. A requirement for a reframing of what the structure should be.
  - a. i.e. A child with explosive and controlling impulses (ECIs) cannot meet the idealised version of a good, compliant child.
  - b. i.e. Reassess the power dynamics underpinning the idealised structure
3. Recognising the individual needs of those within the structure
  - a. Proactive needs

- b. Reactive needs
  - c. Affective needs
  - d. Relational needs
4. Adapting to those needs
- a. i.e. making accommodations for others in the structure
  - b. i.e. making decisions about who has the dominant needs within the structure.

The rescaling GT is not one which automatically prioritises the needs of the parent or the child, but is the way parents and children manage to process their dissonance. When living with ECIs, family members (the substantive population) reframe what the idealised family looks like. They review the needs of others in the family, and their own needs. They then reconsider who has the dominant needs in the given context and prioritise whoever has the dominant needs. Once they have reviewed this, members of the substantive population aggrandise or abase a factor, individual or context based upon what they believe a *good family* can look like.

Rescaling is a multivariate process. It is both dynamic and iterative. Through the interaction of the four-part process, each family member rescales, whereby they make themselves more or less visible within the family dynamic, and through this they can resolve the main concern and often find this process reinforced when they find social inclusion within their own family dynamic (us against the world), or by connecting with other families who have undertaken the same rescaling process.

The existing structural and symbolic expectation of a ‘good parent’, but more specifically a ‘good mother’ provides a conducive context for ECIs, as mothers are expected to put the needs of their child ahead of their own needs, and make relevant sacrifices to this expectation (Hays, 1996; Lapierre, 2010; Maher et al., 2021; Stewart, 2021). Thus, ‘good mothers’ are expected to continuously abase their own needs and prioritise the needs of their child, even when those needs increase ECIs and cause the family and individual parents harm.

### 12.2.3 Terminology and definition

The terms we use to name ECIs, and other behavioural expressions which come under the umbrella of CAPVA, can change the way that we understand, interpret, and work with families living with these issues (Stanbridge and Mercer, 2022; Selwyn and Meakings, 2016). In this research, I prioritised the needs of the co-researchers, in an attempt to find a name which parents would identify with; I have not explored all forms of CAPVA; the focus was

on younger children and therefore it is unclear as to whether the name ‘explosive and controlling impulses’ will resonate with those families outside of this younger age group.

ECIs, as a term, appears to be a more descriptive and identifiable name for families experiencing and managing such behaviours. It was found to be less judgemental, less stigmatising, and was co-produced with both parents and children. ECIs do not involve ‘intent’ in the way intent is understood in the broader family violence literature. ECIs are not a calculated effort to control or manipulate a parent. They are behaviours which are utilised to meet specific needs in the child which can prevent a parent from having their own needs met, or meeting the needs of others within the household.

#### 12.2.4 Summarising the literature

Much of the background literature into child-instigated harms within the home described it as a pattern of behaviour, rather than a pattern of experiences. There was some criticism of literature which presented childhood aggression as a snapshot of individual incidents rather than a pattern of behaviour, and this is a strength of the broader CAPVA literature, as it recognised that CAPVA was a pattern of behaviour (Cottrell, 2001).

Whilst childhood aggression is currently one of the most commonly researched forms of human behaviour globally, the lack of clear conceptual boundaries, and high level of conflation between issues was a potential reason for why CAPVA specifically has been considered a hidden issue for so long; it is subsumed under the a general examples of child and adolescent violence, challenging behaviours, and mental health needs. As such I felt there was a clear need for a grounded approach to researching this field, with a focus on what was the main concern of those living with this phenomenon, in the hope this would complement the current literature.

Current research predominantly focuses upon early childhood development, being framed as a ‘pathological’ or development issue or framed as ‘challenging behaviour’. As such there was a distinct gap in the literature regarding child-instigated harms experienced by parents in the pre-adolescent phase, which is one reason I decided to focus upon the early indicators of child-instigated harms experienced by parents, those which are seen in earlier age groups (four to 11 years), which are non-intentional, and require a creative approach to explore the nuances of familial interactions.

### *12.3 The methodological approach*

Glaserian GT lends itself well to collaboration, and so my methodological approach was one which combined GT with participatory paradigms. As a social worker, I wanted to conduct research which centralised the experiences of the families living with ECIs, which GT offered. Furthermore, the old maxim is that “nothing is as practical as a good theory” (Lewin, 1943). This can be understood as the opportunities to understand a phenomenon consequently offer opportunities to alter the phenomenon. By including participatory paradigms at the various stages of the research, I was able to not only ground the research in the lived experiences of families, working with both children and parent as co-researchers, but I was also directed, guided and supported throughout each stage of the research by them. By engaging in this work in a participatory way, and centralising the lives of co-researchers in this work, the development of theory *could* be the action component, promoting change by changing minds.

Another benefit of utilising a Glaserian GT approach was that, whilst most GTs are developed through the process of deduction, Glaserian GT is an abductive process, and this abductive approach meant that I was able to lift the differences between parenting types, or situational environments into the conceptual level, which helped navigate some of those differences, particularly between, birth, adoptive, and foster parents. These differences may be interesting to explore in future research.

This research took me through several stages. Firstly, I began with diary based methods with eight parents living with ECIs. Over a three-month period they shared their experiences utilising whichever diary-based approach worked for them, and we met individually on a six-weekly basis. After three months, all of the parent co-researchers identified that demand avoidance was an important aspect of their experience and therefore they directed a recruitment round which increased our parent numbers to 34, and the study became international. These 34 parents (31 mothers and three fathers) continued to participate in six-weekly interactive interviews and kept diaries for a further six or seven months. All parents understood the experience of their children to be related to a demand avoidant profile, and we then began developing the first round of a Delphi questionnaire.

The Delphi questionnaire was an international questionnaire, which ran over five months, with three rounds, and six weeks between each round and additional time for analysis. ‘Experts’ took part in this questionnaire, with experts defined as practitioners working with

families living with CAPVA, where the behaviours began prior to adolescence; or parents of adult or adolescent children initiating CAPVA where the behaviours began in pre-adolescence. For the first round, parent co-researchers assisted in the development of questions, trialled the resources, and provided recommendations for which questions should be removed or added.

The other co-researcher group was arts-based workshops with 21 children at a primary school specifically for children with social, emotional, and/or mental health (SEMH) needs as their primary need on an education, health and care plan (EHCP). The focus of the workshops was to creatively represent the emotional experiences of having ECIs from children who had been identified by their teachers and parents as instigating these harms within the home on a regular basis. These workshops ran weekly for two months, although there were also four months of observations within the school, the workshops were child-led and child-focused throughout. Whilst children can be inflexible, in this research I found that children with ECIs had a huge amount of agency; and rather than being inflexible, they were resistant and this resistance could be perceived as controlling; but was an instinctive, or innate response rather than an intended form of utilising power over parents and the home.

The final stage of theory development was testing the boundaries of the categories through the incorporation of literature into the GT. Using the constant comparison method of analysis was useful in developing this research, both through abduction and theoretical sampling, I was guided by co-researchers regarding saturation. It is important to note that in this form of GT, codes were used as conceptual labels; they could not be overly descriptive. These codes were classified as indicators and helped me to build concepts, these concepts then build categories. The connections between the categories build the core category which was developed into the rescaling GT.

### 12.3.1 Critique of the methodology and methods

This process was particularly laborious and, at times, intrusive to my everyday life as coding, analysis, and memos needed to be done immediately (Glaser, 1998). This was also compounded by periods of fatigue when I felt particularly unclear about the direction of the research, saw that I had made errors, or questioned whether I would ever find core categories. Furthermore, I have found this work a challenge at times due to the lack of control I feel I had during the research process, I am not alone in this feeling as: “GT requires a tolerance for feeling out of control while generating the beginning of the relevant main concern, the core

category, and sub- core categories” (Glaser, 1998, p. 11) and, at times, it is important to just trust in the process.

During one-to-one sessions with parent co-researchers, I wanted to know as much as possible, in as much depth as is possible. However, because I had designed this research in such a way, I needed to step back from the data generation and facilitate platforms in which the co-researchers could pick and choose what was important to them. My values and my practice sometimes came into conflict and at times I have prompted too much, or asked questions which may have been more interesting to me than to my co-researchers.

Research often involves dealing with the unexpected, particularly when that research involves working with people. Whilst all challenges cannot be prepared for, I have identified specific challenges I expected to encounter and limitations I identified in the research process. Firstly, the amount of data I generated throughout this research process was overwhelming. Despite the maxim “all is data”, GT was developed using an individual interviewing methods approach and integrating the complex methods I utilised to develop the theory created a vast amount of unnecessary data. Whilst I do intend to use this additional data in future papers, it is something that Glaser cautions (Glaser, 1978; 1998; 2005; 2020). However, one of the benefits of Glaserian GT and the constant comparison approach to analysis is that data generation and analysis run concurrently and so I have been able to achieve or beat timetabled goals throughout this PhD process. Another general limitation of a GT, is that analysis is prioritised over the richer lived experience. As such, I have been restricted as to what I can explore, because I am developing theory, rather than describing CAPVA, or contextualising the lived experience for many families. Although some meaning making has been evidenced thanks to the methods I applied.

#### *12.3.1.1 Impact of Covid-19*

The profound impact of Covid-19 was unprecedented for contemporary universities and postgraduate research in the UK and beyond. The impact on sociological research meant the field was challenged to re-direct approaches to participatory paradigms which were initially conceived as the foundation for this research design. For instance, the methods were not as participatory as I had initially endeavoured, although participatory paradigms were utilised throughout each stage of the research design. Challenges relating to Covid-19 and the paramouncy of the GT approach meant that the process was relatively dynamic. As the field of ECIs is an emergent field which can benefit from innovative and creative methods, future



research could engage co-researchers more in the analysis component of GT, and potentially in the initial planning of the whole research design.

Participatory research usually requires face-to-face collaboration to frame, design, and/or analyse the research (Abma et al., 2019; Banks et al., 2013; Cahill, 2007). However, during the process of this research we were – societally – recovering from the strategy employed by the Government to target Covid-19, which was social distancing. In 2020, the UK and Irish Governments implemented social distancing recommendations which included the closure of pubs, restaurants, leisure centres, gyms, community centres, and other environments conducive for social contact. Employers were recommended that all staff should work from home where possible, and non-essential meetings should be cancelled. Durham University was the first University to announce that all face-to-face teaching would be expected to transfer to online, and schools were closed to all but vulnerable children, and the children of key workers (note, the two are not mutually exclusive). Social distancing was a cost-benefit epidemiological measure of adapting behaviours to reduce the transmission of disease. It involved individuals taking responsibility to avoid physical contact with others in an effort to significantly reduce the number of potential carriers; thus protecting those individuals who may be particularly vulnerable to the disease (Reluga, 2010).

My aim when beginning this research was to ground the research in the experiences and understanding of people with lived experience of ECIS; both as caregivers and children responsible for it. Due to the restrictions on accessing children, through timetabling, I had initially expected to begin working with children through an ethnomimetic method in September 2020; this was not possible when children were not attending schools, and the schools who were still open for pupils were not accepting visitors to reduce the transmission of the virus. As such, the presented research does not have the levels of participatory-focused iterations that were envisaged in the pre-Covid-19 proposal, and instead parent co-researchers became the foundation for the research, with children and experts testing the robustness of various concepts and constructs at later stages.

### 12.3.2 Original contribution to knowledge

Firstly, the introduction of ECIs, a term which was co-developed with parents and children living with ECIs, and the argument that CAPVA should be an umbrella term in which ECIs sit. Secondly, the methodological approach whereby I combined GT with participatory principles, but I also utilised creative and innovative methods to identify the processes undertaken by parents and children where there were ECIs. I believe the Delphi method has

not been applied to CAPVA research with both expert practitioners and experts-by-experience before, and as there was no clear specifications for how to analyse Delphi method data, I produced my own guidelines.

I also applied the constant comparison method of analysis to integrate data from diaries, interactive interviews, arts workshops, reflections, Delphi responses, and literature to build and test the rescaling theory. Constant comparison is usually preserved for interview and observation data, and so this was a new use for this analytical approach. Finally, the rescaling GT is itself a new contribution to knowledge, and there will be opportunity for it to be tested through applying it to other areas in the future.

#### *12.4 Recommendations for future research*

If future research into the rescaling process is to occur, then this could be tested through an assessment model. How an individual rescales; what is aggrandised and what is abased, and whether there are patterns within the process could be explored through questions posed to family members, such as the following:

1. How did the individual reframe the idealised family?
  - a. This could be explored through “what makes a good parent?”, what does a good child do?”.
2. What are the needs of each individual family member?
3. How do you adapt to these needs?

Existing assessment practices, such as the exchange model of communication (Aryee, Budhwar and Chen, 2002) allow for a collaborative conversational way of working and by asking the above questions there is opportunity to make visible that which has otherwise been hidden. For instance, a family may be talking about their child, and requesting support for their mental health. However, mental health is a **mediator**, it helps the substantive population make sense of their experiences, humanising it, and this **mediator** is aggrandised which makes less visible the *impact* of the ECIs on the family. Thus, by recognising, and recording the details of the rescaling components makes visible the practices the substantive population are engaging in which would otherwise be hidden until crisis.

There were differences between parents with a history of domestic abuse, and those without in terms of their ability or willingness to rescale to the needs of their child. There were also conflicts between partners when they reframed the idealised family differently, or one did not

reframe it at all. The differences between relationships, families, and how the identity of a parent can facilitate the rescale as they and their needs are abused, whilst the needs of their child are aggrandised. As to whether there are differences in this process between mothers and fathers, or whether this rescaling process has clear gender differences is beyond the scope of this thesis, but there is potential to test a formative theory through a comparison of the rescaling of fathers and mothers, as well as sons and daughters.

I recommend that future research recognises ECIs as a subset of CAPVA, and this could be useful when providing specific interventions and/or providing useful terminology which can be understood by families and service providers; particularly when the children are younger (as is the case in this research). Furthermore, I recommend that researchers further consider the nuances of experience shared by families experiencing CAPVA, and that there be continued research into the impacts of CAPVA which will be varied dependent upon the child, the family, and their own interpretations and understanding of their direct lived experiences. It is beyond the scope of this thesis to explore how the process of rescaling is initially developed when individuals *become* parents. Although this of interest and I intend to explore this further in future research.

Finally, whilst I consider this research highly participatory, I was unable to follow all of the research threads that my parent co-researchers wished to follow. Many of them were particularly interested in enhancing the voices and experiences of young people who use ECIs and identified adults who have the opportunity to grow up and reflect on these behaviours would have a level of insight that the children would potentially not.

Nevertheless, I did not include adults in this research for three reasons:

1. The lack of time and access to this participant group considering the restrictions in a PhD.
2. That if I was to include pathological demand avoidant (PDA) adults (a specific request of two parent co-researchers), then it could be inferred that I was stating that only PDA children could have ECIs, or that all PDA children have ECIs, and this is not the case.
3. I believe the stories of adults who have grown up with ECIs require more investment and exploration than I could provide. There are a number of studies, as mentioned in my literature review, which cover this, and I believe further life-story and

autobiographical work, potentially with those who had ECIs in childhood, but not in adulthood, requires further exploration,

#### 12.4.1 Considerations

There is significant debate regarding language within the field of violence, and abuse, and I have already mentioned how this applied to the behaviours observed of the children. Nevertheless, one of the other issues rests with the parents experiencing ECIs. The victim-survivor narrative was not applicable to this research, although one parent did describe themselves as a victim of domestic abuse from their child, other co-researchers did not conceptualise their experiences this way. As a result, the existing understanding of victim—survivor narratives may not be appropriate for parents experiencing ECIS from younger children. This is despite the fact we know that not all parents survive the experiences they have with their child. It may be useful for further research into victim-survivor identity to explore whether this identity and narrative is applicable to parents experiencing ECIS, and if it is not, then what name is appropriate? Whilst ECIs from children are not rare, they are distinct enough experiences that those on the receiving end potentially need a description of their circumstances, to humanise it.

#### 12.4.2 Limitations of the theory

If the substantive population had been reserved to only *parents* living with ECIs, or only *children* exhibiting ECIs, rather than *those living with ECIs* then it is possible that this interactionist process would not have been discovered. Thus, this theory is specifically identifying the interaction between those living with ECIs, and not their individual process. Therefore, if my substantive population had been reduced down to just parents, or just children, the process may have been interpreted differently.

The framework underpinning the rescaling GT consisted of four core categories: The idealised family (the good child and good parent); power and resistance (consisting of imposed inclusion; punishment and rewards); needs of the child (proactive; reactive; affective; relational); and adapting to the dominant needs (child; parent; partner; other children). The construction of these core categories was based upon the constant comparison of concepts and this resulted in the collapse of some categories (such as the needs of the child had six categories which we collapsed into four), and others were not included as they did not reach saturation. As such, this is not a perfectly formed and fully developed formative theory which can be immediately applied but is a step towards understanding the processes engaged

in by the substantive population to resolve their main concern (lack of visibility). This theory will develop and be modified as I continue to work on it.

#### 12.4.3 Generating formal theory

“Grounded theories are not proven they are only suggested” (Glaser, 2005, p. 134). This means that GTs are the processes engaged in by the substantive population and are therefore not generalisable. As such, Glaser (1978) identified three classifications which he considered sources of formal theory:

1. Grounded in systematic research
2. Ungrounded
3. The combination of grounded and ungrounded

Thus, there is opportunity for this work to be synthesised with systematic further research, or analysed via a comparative analysis (Glaser, 1978). This will be a continuous development as I will seek to test and explore the rescaling GT, and assess whether it will be transferable to other areas which meet the criteria of the framework mentioned above, and throughout this thesis. The development of this rescaling GT is not a wholly completed work but this thesis is a large step towards understanding the processes engaged in by families living with ECIs.

#### 12.5 Conclusion

In this chapter I have concluded the thesis, summarised the answers to the three research questions, and provided general evidence for what my original contribution to knowledge has been. Despite working with parents, children, and practitioners, I have not attempted to add to existing evidence on what it is like to live with ECIs initiated by 4–11-year-old children. My focus was not on how practitioners work with families living with this phenomenon, or how it feels to be explosive as a young child. This thesis does not have ‘findings’, as I have not ‘found’ anything. I am only able to illustrate the concepts which have helped me build a picture of how the ECIs of children can be processed. As this thesis is predominantly focused upon concepts and categories, rather than individual stories, I feel that I have potentially not done justice to the challenges, the resilience, and what appears to be an unending sense of compassion, empathy, and patience that I have encountered from parents, children and practitioners in this area, but this is not always the case. Many parents need to take time away from their children, either through respite, residential care, or family foster placements. There

is not the evidence to prove or disprove the theory, but I hope that this framework provides guidance for those who come next.

## Chapter 13. Epilogue

Engaging in such emotive research, with parents, children and experts who were so open and inclusive of me, made me feel welcome as an ‘insider’ researcher, even when I did not feel like an insider because my son has never been the source of my hurt. Nevertheless, there are elements of shared experience which relate to harms to parents symbolically and structurally, and this is something I have insider experience of. My parenting experiences have meant that, for short periods, I have adapted my behaviour to keep my son calm, I have needed to co-regulate his emotions, or contain them. I don’t think I was aware of how much I have done this until reflecting on my own parenting experiences as part of this research. For me, these periods have been days or weeks, not months or years, but as I have continuously reflected on my own experiences, I have had a difficult realisation: I think I was a ‘violent’ child. I certainly had ECIs.

When I was nine, I bit my aunt so hard she needed medical treatment. Not immediately, but I had broken the skin and it became infected. It must have been very painful. My family were helping her, my uncle and cousins moved to a new house, they had asked me to go to the supermarket to get cans of coke for everyone twice already that day, and I had settled down to watch QVC as they were selling a crystal swan. I wanted to see how many they would sell, then my aunt asked me to go back to the supermarket but I couldn’t. My legs were perfectly capable of moving but I needed to see how many crystal swans sold as desperately as I needed to breathe. Nine-year-old me ignored her until she grabbed a handful of my hair and pushed my head against the wall, asking me if I’d like her to smack my head off the wall. Instinctively, I turned and bit her as hard as I could. For many years I reasoned that it was self-defence and not violence, and it was not my ‘character’ to be physically violent. But looking back on my life through my new lens, the lens of this research, I have always been controlling, not with people, but with many aspects of my life. My parents must have been walking on eggshells to prevent the latest ECI (once my dad stole a mushroom I had lined up on the edge of my plate, and I cried for an hour and then refused to eat for three days... I don’t even like mushrooms). “You know what she’s like” was the hymn of my upbringing, and my parents were always so patient with my ECIs, potentially because they were only ever within the home. Biting my aunt was just an extreme example of how much I needed to complete my activity. I *needed* to see the crystal swans sell, and I *needed* to have my mushrooms lined up on my plate.

I found my reflective diary full of reflexive ponderings from the impact this research has had on my sense of self. My upbringing, culture, training, experiences, and the person I am now is vastly different to the one who began this work almost three-years ago. I'm not just more aware of how my own impulses and behaviour have on others, but my role in platforming others, aggrandising the needs and capacities of others to achieve what they need. I see rescaling in all families, and that the structure of the family provides a context conducive to harm, and taking up space, or making yourself smaller, aren't the only options in family life.



## Appendix 1

### Pen Portraits

**Emma:** Living with a young child who is so consumed by anxiety that he is driven to violent meltdowns several times per day & mentally & physically abusive to the people he loves & needs is not only heart-breaking but is also incredibly difficult to live with. Families like ours reach breaking point - once loving couples split, siblings are not safe & suffer from poor mental health & the wider family, friends, schools & external services often blame the parenting (not strict enough) leaving the parents (often the Mother) alone, desperate & trapped in an abusive relationship they cannot escape.

We are a typical British middle-class family. University-educated, married parents with successful careers, good work/life balance & two primary school aged boys 21m apart. We are present & have big loving external families. I have recently been diagnosed with ADHD & have a history of anxiety disorder & depression.

When I signed up to this research, we were in a very dark place, but we had just learnt about PDA & felt a strong glimmer of hope that we could improve our son's & our family's quality of life. I was more than happy to share our story, to shine a light on this topic, highlight the vulnerability of our children & hoped our journey to a different way of life could help others.

Every catch up with Nikki was a pleasure; I enjoyed sharing the highs & lows with someone who understood but could also use the information to support other families. It was helpful that research participants could document their experiences that month however they chose & it felt relaxed; not a chore. It's vital that every professional our children & young people encounter is aware of PDA because sometimes just small adjustments & adaptations in language & environment enables these bright, capable, funny, sensitive, creative & lovingly beautiful people to shine.

**Michelle:** My name is Michelle, I live in Derbyshire with my partner-Simon, my 2 daughters- & our cat Blake.

My youngest daughter was diagnosed as being autistic with a PDA profile in August 2020. I have always found family life to be challenging, often feeling as though its more difficult than it needs to be but not being able to find anything that makes a difference. I volunteered for the research as I hoped to pass on & also gain information about what it is like to live with a child who demonstrates aggressive behaviour. If through this research project just one family can get help/advice/information more readily than we did then that would be a real achievement.

I have enjoyed being a part of this research. It has prompted me to journal about what family life is like for us & this has given me the opportunity to reflect, which has led to a better understanding & enabled me to make some changes. It has also been comforting at times to realise others experience the same types of difficulties as we do. The journaling has also been a welcomed outlet for voicing my frustrations. Some of which I have been able to let go of thanks to the journaling rather than letting them fester & grow. The journaling has made me realise what is really important/needs focusing on & what can be let go of.

**Rose:** We are a family of three who recently moved to the Algarve hoping to enjoy a calmer lifestyle. Due to the stresses of school, we are digital nomads, renting out our property to travel the world and learn about life in the best way.

I want to help the people behind me and raise awareness that there are families like ours. It's only been the last week or so that I have been open about my life and struggles on social media. It was remarkable how many people didn't acknowledge it. It's uncomfortable and people don't want to hear about it, it's unbelievable that especially the people who need to hear about it, don't want to hear about it.

I'm proud to be part of this work and the journey we've had to acceptance. I wish I knew three years ago what I know now. I would rather deal with an attendance officer than the school trauma.

**Beth:** I only found out about pathological demand avoidance recently, and I just really wanted to learn more and help others because it's so misunderstood and people are judged all of the time.

When you have a child with behavioural problems you can't go out and it just affects the whole family. Children who are told not to have these emotions are going to have problems in later life and so I've always tried to show my two girls that they are allowed to have emotions. We need to tell our kids that it's ok to have emotions and healthy ways to express them but other parents, who don't have kids with these difficulties, need to be more accepting and teach their kids that everyone deals with emotions differently and that's ok. Sometimes I look at [my eldest] and think, I used to be like that.

**Jane:** I feel there is so much mystery and unknown with these children. We have hit a crisis and we will send more children into the abyss if we don't do more to understand them and help them.

I think we need real life stories to understand what's going on, it's no good to be academic. Like our kids, we don't learn from being told, we have to live it; the pain, the frustration, the difficulties. I've felt it was vital to get involved, to help stop people getting to the crisis point, even though so many are already in crisis. This work should have been done ten years ago, it's like my son, the effort to do it is less than the anxiety. The effort to be involved in this research was less than carrying on with the way we were.

I think being part of the research has been really therapeutic; getting thoughts down rather than letting them rattle around in my head; it's given them purpose. It's worth it, giving the words purpose, to encourage change.

**Josie:** Amy is 8, an only child, donor-conceived from a donor egg. She knows about this in an age-appropriate way. While we had the normal struggles that everyone has with a new baby, everything seemed to be fine. Amy was a cheerful baby: she rarely cried, slept quite well and was nicknamed 'smiley baby' at her nursery.

However, we really struggled to parent Amy as she got older. Her struggles to contain her emotions (particularly anger and frustration) have got worse, she's stronger and more is

demanded of her in the way of e.g. homework and that's given us more to fight about. She also struggles to eat enough and to fall asleep and is unnerved by new environments. When she loses her temper, she can be violent, hitting and kicking us and spitting in our faces or in our food. She has little interest in formal education and homework is a continual struggle. She is highly impulsive, creative and hilariously funny and insightful. Fortunately, her teachers have all been exceptionally understanding and she gets some support at school.

During the first lockdown, Amy became preoccupied with several obsessions, one of which was that she was going to go to live in a den in the garden with her friend from next door. The den was going to have plumbing, electricity, furniture, and apparently, a karaoke studio. She packed clothes, shoes, crockery and food. We realise now that her obsessions get worse when she is anxious. Making a nest out of blankets and pillows is a sure sign that something is up.

“Home education” was traumatic for us. There was a lot of screaming, shouting and ripping up worksheets. However, it was useful to see by watching the online lessons how hard Amy found it to concentrate for more than a few minutes. In autumn 2020 she was diagnosed (privately) with ADHD and ASD with PDA features and we were finally able to start getting some help now we had more idea what was going on.

I found a link to a Facebook group for parents of children with PDA and through that I heard about Nikki's research project. I was glad to be able to contribute, in the hope of helping others and to be frank, what felt like some free therapy! It was really good to talk to Nikki about our struggles and helped me to feel more normal in what we were experiencing.

I think what Nikki is doing is very valuable because these are poorly understood conditions and there is a lot of stigma in admitting that your child hurts you. Especially when they behave well for others (this is called 'masking'). The pressure on our marriage has been intense. I would strongly recommend to anyone in our situation to try to find other parents who get it, maybe through specialist websites or services, because a lot of people recommend e.g. sticker charts and generally being more assertive and authoritarian, which doesn't work with anxiety at all.

**Helen:** I am Helen, I'm 44 and have two daughters (11 and 9). Their personalities couldn't be further apart; my 11-year-old is so laid back. She will go anywhere, do anything, wear anything. My youngest was the most placid baby ever, but from eighteen months onwards she was the opposite. I think, if I hadn't had my eldest daughter first, I would really worry about my parenting, but because I had the experience with her, and I think parents are shocked when they have two children who are just so different. So, I researched and I spoke to experts and it helped. It was the professionals I talked to who identified that my nine-year-old could be on the autistic spectrum and because of the difficult journey I want to help people who come across the same difficulties we have experienced.

**Natalie:** I am married and mum to two boys, 11 and 8. I have a degree in French and German, a Master's degree in International Development and have been working in international education within universities for 15 years. Both my personal and professional life has had an international focus since going to University and my children are dual heritage.

I would describe myself as a lifelong learner who takes quite an academic approach to the challenges that life presents and have become quite knowledgeable in new areas of focus, such as marketing, university management, free-flap surgery and most recently special educational needs. This skill is what has kept me focussed and positive in face of the serious health challenges that both my husband and I have faced over the past 8 years, as well as the challenges of raising children who do not fit into what is expected within the set standards of childhood development.

Although I am not a scientist I love learning about natural sciences and have a particular interest in the concept of space and time, probably from a more philosophical standpoint. I love learning about the world (and other worlds) and have keen interest in people, culture and belief. I like to keep fit and enjoy running, going to the gym and swimming.

I volunteered to take part in this research as I wanted to turn any challenge that I was going through into improved support to others going through similar challenges. The situation with my youngest son had exacerbated during the first lockdown in March 2020 and we were, as a family, in crisis. I was determined to get my family out of crisis and I felt that participating in an academic piece of work would provide structure and focus to what I was trying to achieve. When you are going through crisis it is very difficult to maintain positive focus alone. I have found involvement in the research both satisfying and beneficial. It gives purpose to the challenges that I am going through, which has in turn given me the personal strength to continue.

Over the course of the first 12 weeks, I kept a weekly diary which helped me to identify behaviour triggers and documented the effects of what I was doing. It is through the first 12 weeks that I developed a true understanding of my son. The next 12 weeks provided time for reflection and reinforcement, and it is during this period that I saw the benefits of the change of approach I was taking throughout the course of the research. The discussions with Nikki helped to bring perspective and validation to what I was doing.

**Nicola:** I self-identify as autistic, definitely neurodivergent, and probably PDA. Mum of two neurodivergent children, and an experienced SEN teacher and autism educator. I took part in this research because I am passionate about raising awareness and acceptance of neurodiversity. I was a SEN teacher, and I still didn't know my child was neurodivergent until she was 8. I felt like I didn't have any support, particularly in the school system I felt judged, and I didn't want others to go through that constant invalidation – to both myself and my child – it affected both of our mental health.

I'm passionate that all people who come into contact with children should know about this. I can't be the best parent I can be with poor mental health. I used to be that teacher judging parents who were struggling to get their children into school until I went through the experience myself. I was socialised into thinking that things had to be a certain way when I needed to be thinking about what we do need as a family.

In this research, I'm conscious that I haven't taken part as much as I would have liked. It's nice to be listened to, validating, it's actually quite empowering to have someone around who wants to hear what you have to say.

**Katie:** I'm married, and we're parents to our three boys, 10, 9 and 7. I took part in the research following several runaway attempts by Jack from home, grandparents and school, which led to a social worker being allocated, a police strategy meeting, and the boys being placed on the Child in Need register. Taking part has been a therapy for me and allowed me to openly share my thoughts and feelings safely. Being able to talk about our journey on the ASD pathway, applying for an Education, Health and Care Plan, and looking into secondary schools with Nikki who understands these challenges has been invaluable. I feel proud to be part of this important work and hope the results and toolkit will help many families like us. What's most important is people know they are not alone, that they are not the first person to feel the way they do, and won't be the last, and that there is always hope.

**Louise:** I'm mum to 3 children. I think of myself as being sensitive, caring, and I have a good sense of humour. My family is fun, loving, and a bit crazy. I took part in this because any awareness of our experiences and experiences of others is good, there is such a lack of understanding anything we can do to help a child is great. I really enjoyed taking part, is really nice to waffle onto someone who is interested in listening. Sometimes I feel like I talk about this too often to my friends, and they don't need to hear so much of it.

**Catherine:** My kids are going to miss out, especially in the teenage years, but I think that by helping out and helping find out a bit more can help the next parents along. I'm stressed out, anxious, but just want to make a difference (just don't know how). I'm a bit lost, and don't know where to go to get support and advice. I don't want my child to reach crisis before they get help. Everything needs funding, and postcode lotteries are absolutely ridiculous, so hopefully by raising awareness, it will improve access to things.

When I was really into it, it was really helpful to reflect on things – that my son's behaviour isn't bad, it's his way of expressing things. It's nice to know you're not on your own as well, to hear how other people in the research are getting on.

**Izzy:** I became a mother at age 36, until then I had worked with children much of my life. That came in handy, quite early on I noticed my son was a bit different. This meant I could look for help and diagnoses when he was a toddler. Rather than be brushed off as an anxious first-time-older Mum or being told to wait ("he will grow out of it") my professional experience gave me the confidence to insist and advocate. Understanding and accommodating for his diagnoses and concurrent symptoms have improved our quality of life.

Access to a social life and an education for my son are very limited. Standard provisions and parenting courses do not help families like mine. A tailored approach is required in every aspect and we have made a good life for ourselves. We try and help other families, to avoid them being judged, accused, having involvement with unsuitable services or reaching breaking point.

Because of this I took part in the research project by Nikki Rutter. It is meaningful and has a clear end product; a practical toolkit consisting of information through lived experience. This could benefit professionals and parents, especially those at the beginning of their realisation that the standard approach just doesn't work for their particular situation. The element of

validation, hope and agency this research offers also appealed; “this exists, I am not “wrong”, this child is not wayward, with the right approach and adjustments I can make things work”.

The reflective notes I kept for Nikki were sometimes painful, things are easier to live past if not discussed in a more formal manner! But I enjoyed the purpose of the conversations, the insights and the intent; possibly transforming an account of our difficult times into something that helps others.

**Michelle:** I’m a Mum of 3. I enjoy my work; it’s an outlet. I can be very busy at times and try to be organised (but not as much as I should be). I like to be outside, I like walking, I like nature, that’s my outlet when I’m not doing other things.

When the research came up, obviously I’ve been battling with the children, with all the difficulties they have. It interested me on a personal and professional level. It’s a passion of mine to make sure children are included in the decisions and support they need. It’s nice to share things with others too. I’ve found the process easy, the research has been explained throughout, what it’s for and where it’s at. It’s also helped me reflect on where E’s at, and where it’s going.

**Louisa:** Me and my partner are in our 50s. We have a birth son who is on the autistic spectrum who has gone off to uni. We are also special guardians to our nephews (12- and 10-year-old boys). Who we’ve had since they were 5 and 3. I’m currently a student and hope to finish my studies by the summer. I love baking, and gardening, and cycling, and swimming. During covid I’ve done a lot more baking and gardening, and a lot less cycling and swimming. I’m a feminist, and my feminist values are very important to me.

A few years ago I decided I needed to speak up about the situation we were in, because keeping quiet was not healthy for me. I wanted to help influence professionals who might be supporting people in a similar situation, after working with good and bad professionals and I hoped this work would promote good practice. I’ve found taking part in this research very positive. I have found connecting with people who have similar experiences and approaches in an empathetic way is important to me and I found it really helpful.

**Clair:** Single mother of three. Two Autistic, one of which is Demand avoidance profile (PDA) and has physical outbursts. I have been in a relationship for several years now, we don’t live together due to the needs of the children from both sides. I have had to give up work to be fulltime carer for my PDA child as they are unable to attend school or go anywhere much other than home. My career background is I am a registered paediatric nurse of 16years.

The last three years of my career were as a respiratory research nurse in Nottingham. I have hobbies which I currently am unable to pursue but will do again when child is well enough to have more independence from me. I like walking and have completed a couple of 100km continuous challenges. Wildlife and Bird Watching. Listening to Music. That is what helps me the most to relax as I am able to listen while at home. My life has completely changed from working and having clinics, running respiratory studies to being home almost 24/7. Trying to understand my child’s struggles and what helps, whilst protecting them and their siblings during the physical scared outbursts. They have reached a point of being unable to

mask any longer and being consumed by the conflict within themselves of wanting to but being unable to do basic tasks let alone. The journey with my children has enabled me to look back on my childhood and my feelings throughout my life and what aspects I struggle with and how I have masked, fawned, fight, flight and freeze. How I was always described as stubborn or in a world of my own when younger. The Sensory issue with clothes, smells, lights, sounds amongst other things. As a result, I have come to the conclusion that I too am on the spectrum. Autistic with ADHD.

I became involved in the research to raise awareness of professionals and the wider community that this issue is real and happening. To build a support network and resources that can help other parents to gain knowledge and understand their child and behaviours and how to help ease them. To help others understand, it is not abuse by the child on the parent it is the child struggling to feel safe and is reacting as anyone would do if they felt they were in danger. This reaction, feeling, is from trying to gain control of their environment to feel safe and calm. It is an instinctive survival mechanism. These children do not have the intention of hurting themselves or anyone, they do not knowingly manipulate anyone, they are not vindictive. They do not need punishing for their behaviour as this results in further anxiety as they do not understand why. It is in our power to help them. Keep them safe and others until they have the ability to do so and override their instinctive survival mechanism. In essence what drives them is a need to find freedom and autonomy to enable them to build a safe environment.

How you have found being part of the research: Very interesting and helpful. Having the researcher to discuss things with and talk about the issues and why they happen and hear that other feel the same is a big step forward in understanding this difficult aspect of children on the spectrum.

**Susie:** I would say I am outspoken, passionate about things that matter to me. I speak up if I am unhappy or concerned about something. I enjoy being with people and but also enjoy time on my own. I am hard working and dedicated to what I do. Love being a mam but also love having a job.

My reason for getting involved in the research was so I could share what was happening in my life and hope this could help others in the future. I also wanted to see if there was anything, I was missing with regards to support /referrals etc.

I have enjoyed being part of the research, I kept a very detailed diary at 1<sup>st</sup> but stopped this after xmas as I found it was getting to hard revisiting the days/events which had happened. I am currently on a very difficult journey with my 11 yr old and found this has helped me knowing I am not alone.

**Lou:** Yorkshire born, 43-year-old, wife and Mum of two adopted boys who are 15 and 11. I work full time as an administration assistant for a Governmental Arm's Length Body, and I am studying part time for my MSc in Psychology. Prior to working as an admin assistant, I spent 18 years working in the maritime industry; at sea, in vessel management and in maritime education.

My youngest son has been violent towards me since he was 3, whilst he was smaller it was easy to contain. However, as he got older and stronger it became harder, and he became more

violent; I have had my nose broken, jaw dislocated and have lost count on the number of times he has tried to strangle me. I hoped that the reflective style of research, would allow me to identify triggers, and how I respond and how the violence can be de-escalated.

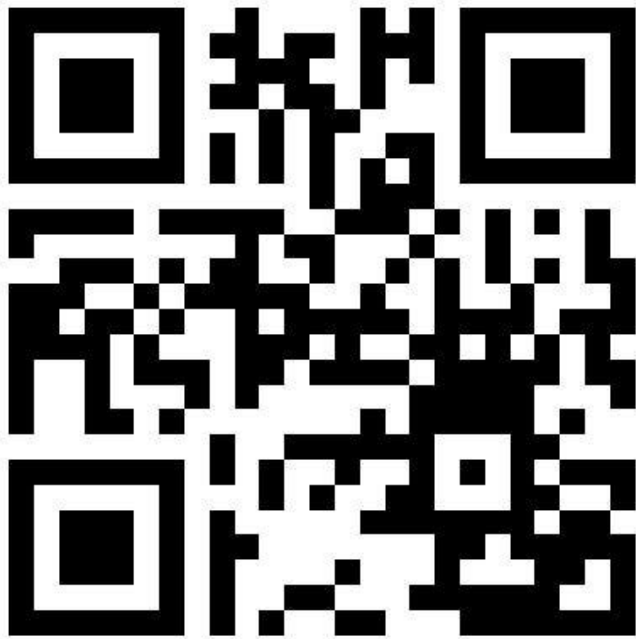
The research process has made me take the time to identify my son's triggers, as they aren't always as obvious to identify. I have learnt to rethink how I respond to my son's triggers and pause and think before responding. This has seen a reduction in the violent outbursts.

**Erin:** An autistic creator and mother of two autistic children. She is a strong believer in living and parenting with compassion, and is most often found reading.

I took part in this research as I know first-hand the stigma and lack of understanding surrounding child-parent violent and challenging behaviour. We need more research and more resources, and I am happy to contribute my lived experience and understanding. Knowing there are other families like mine, going through similar things and encountering the same barriers, has been validating and helpful. I hope that in adding my voice to this research, there will be parents, professionals, and ultimately children who will find support and understanding. Blame and shame do not help children, or parents. Compassion and understanding do.



## Appendix 2



## Appendix 3

### PARTICIPANT INFORMATION SHEET

**Title of study:** Understanding Child-on-Parent Violence through insights into its early stages; in primary school children

You are being invited to take part in some research. Before you decide to participate, it is important for you to understand why I am conducting the research and what it will involve. Please read the following information carefully.

#### **What is the purpose of the research?**

I am doing this study to raise awareness of what it means to be ‘walking on eggshells’ around your child. What it means for families and what services need to do to respond better to this issue. As this is a relatively unknown issue, I will be focusing upon early experiences; with parents of children aged 4-11 years old.

#### **Who is carrying out the research?**

I am Nikki Rutter, a Postgraduate Researcher at Durham University. I am also Mum to an autistic teenager who used to be very aggressive when in mainstream school. I hope that we can work in partnership to develop this research and build understanding of your lived experiences. Keeping your voice central to all components of the research.

#### **What happens if I agree to take part?**

If you agree to participate, we start with an introduction where we talk about the research and what is important to you. This can be done via phone, WhatsApp, Zoom, Skype, or Microsoft Teams. After this we will talk roughly every 6 weeks about your thoughts, feelings and experiences. You can record your thoughts, feelings and experiences by using a diary which can be shared between us during meetings. This diary can be any form that is most comfortable to you (video diaries, voice notes, typed up entries, creative work).

I am working with parents and carers from August 2020-March 2021, but your participation is flexible and how long you are involved is completely dependent upon you, your own commitments and your capacity to share information about your life. I will also collect some information about you and your family (ages, any special needs,

#### **Are there any risks associated with taking part?**

This research has been approved by the Department of Sociology Research Ethics Committee at Durham University. There are no specific questions and you can share as much or as little as you are comfortable with. The research might bring up upsetting memories or feelings so please only take part in the research if you feel emotionally able to do so. If you do feel distressed, we can pause or stop your participation at any time.

Suggested sources of support:

Samaritans: 116 123

Family Lives: 0808 800 2222

## **Data Protection and Anonymity**

Your data will be processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2016 (GDPR). The data collected will be anonymised unless you wish to be identified. Your personal data will not be stored once analysis is completed. Your raw data will only be viewed by the researcher and research supervisors. All electronic data will be stored on a password-protected computer, which only the researcher has access to.

## **What will happen to the results of this research?**

This research will form part of a thesis in fulfilment of requirements of a PhD in Sociology and Social Policy. It will be shared for research purposes and to increase awareness of support needs of families. This research will result in the production of theory and recommendations into supporting families living with these challenges.

## **Is participation voluntary and what if I wish to later withdraw?**

Your participation is entirely voluntary. You do not have to participate if you do not want to. If you decide to participate, but later wish to withdraw from the study, then you are free to withdraw any time up to September 2021, without giving a reason and without penalty.

## **How long will your information be held?**

I will not hold your personal data once right to withdraw expires (September 2021) as it will be analysed within a wider data set. The data generated via this research will be held up until September 2025 for further research purposes.

## **What if I have other questions?**

If you have further questions about this study, please do not hesitate to contact me:

Nikki Rutter  
PhD Researcher  
32 Old Elvet DH1 3HN  
Email: [nikki.rutter@durham.ac.uk](mailto:nikki.rutter@durham.ac.uk)  
Tel: 07818172159



## Appendix 4

### PARTICIPANT CONSENT FORM

**Title of study:** Understanding Child-on-Parent Violence through insights into its early stages; in primary school children

Lead Researcher: Nikki.rutter@durham.ac.uk

	<b>Participant initial</b>
1. I have been provided with a copy of the Participant Information Sheet.	
2. I (the participant) confirm that I have read and understand the information sheet for the above study	
3. I understand that my participation is voluntary and that I am free to withdraw before September 2021, without giving any reasons.	
4. I understand what my role will be in this research, and I have had the opportunity to ask questions.	
5. I am aware that if I disclosure any troubling circumstances, the researcher has the responsibility to share this information with the relevant safeguarding teams.	
6. I am happy for the information that I provide to be used (anonymously if desired) in academic papers and other formal research outputs.	
7. I am willing for my information to be audio/visually recorded.	
8. I understand that I am free to ask any questions at any time before and during the study.	
9. I agree to the researchers processing my data in accordance with the aims of the study described in the Participant Information Sheet.	

Thank you for your participation in this study. Your help is very much appreciated.

**Participant Sign:** \_\_\_\_\_

**Researcher Sign:** \_\_\_\_\_

## Appendix 5

### Arts based information form

Child details:			
Name		Age	
Class number		Gender	
Reason for referral			
Please identify concerns you have for the child which has prompted this referral (please check all relevant boxes):			
<input type="checkbox"/> Aggression/violence towards parents <input type="checkbox"/> Aggression/violence towards siblings <input type="checkbox"/> Aggression/violence within the classroom <input type="checkbox"/> Difficulty recognising own emotional state (compared with their chronological age) <input type="checkbox"/> Difficulty in explaining own emotional needs (compared with their chronological age) Other: _____ _____			
Expected outcomes			
Please identify what outcomes you would like to see for the child (tick all that apply):			
<input type="checkbox"/> A reduction in violent or aggressive behaviour <input type="checkbox"/> Improved confidence and self-esteem <input type="checkbox"/> Able to identify their own emotions <input type="checkbox"/> Ability to remove themselves from stressful situations <input type="checkbox"/> Improved capacity to explain their own emotions Other: _____ _____			
Referrer details:			
Name		Class number	
Role		Date	

Please return to Nikki Rutter: [nikki.rutter@durham.ac.uk](mailto:nikki.rutter@durham.ac.uk).

Suitable children will be allocated to a weekly 45 minutes arts-based intervention for the 20/21 academic year to explore how they can understand their emotions and behaviour

## Appendix 6

Timetable for arts sessions with Nikki Rutter every Wednesday

One member of staff must accompany their two children for the session

<b>Time</b>	<b>Class and children</b>
9.30-10.15	1 ZP and MS 2 TA and RD
10.30-11.15	3 LM and MS 4 AW and AS
11.30-12.15	5 JL, CB, LH and MW
13.00-13.45	6 TB 7 TS and RL 9 MB and LD
14.00-14.45	6 DE and DH 8 CM and LD

## Appendix 7

**Research Title:** Understanding Child-on-Parent Violence through insights into its early stages; in primary school children

	<b>Participant initial</b>
I have been provided with a copy of the Participant Information Sheet.	
I confirm that I have read and understand the information sheet for the above study	
I can confirm that I have parental responsibility and so can consent on their behalf	
I understand that my child's participation is voluntary and that I am free to withdraw my child before September 2021, without giving any reasons.	
I understand what my child's role will be in this research, and I have had the opportunity to ask questions.	
I am aware that if I disclose any troubling circumstances, the researcher has the responsibility to inform the rightful authorities.	
I am happy for the information that my child provides will be used in academic papers and other formal research outputs.	
I am willing for the sessions my child participate in to be audio recorded.	
I understand that I am free to ask any questions at any time before and during the study.	
I confirm I will inform the school if any member of my household displays symptoms of the coronavirus during the research.	
I agree to the researchers processing my child's data in accordance with the aims of the study described in the Participant Information Sheet.	

Your help is very much appreciated.

### **What if I have other questions?**

If you have further questions about this study, please do not hesitate to contact me:

Nikki Rutter  
 PhD Researcher  
 32 Old Elvet DH1 3HN  
 Email: [nikki.rutter@durham.ac.uk](mailto:nikki.rutter@durham.ac.uk)  
 Phone: 07818172159

**Child's name:** \_\_\_\_\_

**Parent/Carer Sign:** \_\_\_\_\_

**Researcher Sign:** \_\_\_\_\_

## Appendix 8

### PARENT INFORMATION SHEET

Your child is being invited to take part in some arts-based workshops. Before you decide if they can take part, it is important that you understand why the workshops are running and what it will involve. Please read the following information carefully.

#### **What will my child be doing?**

I will be running weekly small group sessions with children in school to help them to explore their thoughts, feelings, and behaviours. These sessions will be arts-based, and each session will be run around a particular theme (family, happiness, loss, joy etc.). These workshops will be fun and are designed to help your child develop skills around identifying emotions and safe expressions. These sessions will run until the end of the school year, and you will have an opportunity to see the work they have produced.

#### **What is the purpose of the research?**

I am conducting research on what is sometimes referred to as ‘child-to-parent violence’. The purpose of the study is to increase awareness and understanding of the experiences and support needs of families where parents have younger children (age 4-11) and feel that they are ‘walking on eggshells’ around their child.

The aim of this research is to help frontline services understand how they can help parents and carers who are accessing support for their child’s emotions and behaviour. This part of the research will also produce work which can be used in schools to help children learn more about identifying and managing their own emotions.

Some of the key questions I seek to address through this research are:

1. How do primary-aged children understand their own violence and aggression?
2. What can an exploration of primary-aged children’s violence add to the research field?
3. What is considered good practice by experts in the field of CPV?

#### **Why has my child been chosen?**

Your child has been identified by their teacher as benefitting from the arts-based workshops where they will learn to identify and eventually manage their emotional outbursts. It is hoped that the work they will complete will help them learn more about their feelings and actions and skills to talk about them. Your child’s school has been chosen as it is an SEMH setting. Having SEMH needs means your child has difficulty in managing their emotions or behaviour which can result in inappropriate responses to their environment. These behaviours may include:

- Destroying property (their own and others)
- Name calling
- Swearing
- Spitting



- Self-harm
- Threats to harm themselves
- Threats to harm others
- Violent and aggressive behaviours

### **Are there any risks associated with taking part?**

The research has been approved by the Department of Sociology Research Ethics Committee at Durham University. There are no significant risks associated with participation but some of the topics that will be explored may be emotional. Normal safeguarding procedures within the school will apply, and this is designed to be a safe space for the children to explore complex feelings.

### **Data Protection and Confidentiality**

Your child's data will be processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2016 (GDPR). All information collected about your child will be kept strictly confidential unless raising safeguarding concerns which require sharing with relevant agencies. The creative work will be shared by the researcher with the school community and yourselves but only those who take part in the creative process will be able to identify who did which aspect. Children will all be given a pseudonym as part of the research to maintain confidentiality.

### **Who is carrying out the research?**

This research is being completed by Nikki Rutter, a Postgraduate Researcher in Sociology and Social Policy at the Department of Sociology in Durham University. I have been a School Governor of an SEMH school for over four years, and my own son went to an SEMH primary school before leaving for secondary school.

### **What will happen to data generated in these sessions?**

The art created by the children will be their property. If you consent to them participating in the research, photographs will be taken of aspects of their work, and audio recordings of the sessions will be analysed and reflected on to develop theory. This data will influence other aspects of the research and will ultimately be used to create recommendations into supporting children and families living with these challenges. If you do not consent to the research, your child will still be able to access the workshops as a participant, but they will be removed from the audio recording and their work products will not be photographed for data purposes.

An analysis of this data will also form part of a thesis in fulfilment of requirements of a PhD in Sociology and Social Policy. It will be shared for research purposes, but all information will be anonymised and your child will be unidentifiable.

### **Is participation voluntary and what if I wish to later withdraw my child?**

Participation is entirely voluntary – you do not have to consent to your child participating if you do not want to. If you decide to consent to your child participating, but later wish to withdraw them from the study, then you are free to withdraw them at any time, without giving a reason up until March 2022

**How long will your information be held?**

I will hold any personal data and special categories of data for at least three years after the study. This research will run until September 2022, and further analyses may be completed up to September 2025.

What if I have other questions?

If you have further questions about this study, please do not hesitate to contact us:

Nikki Rutter

PhD Researcher

Department of Sociology

Durham University

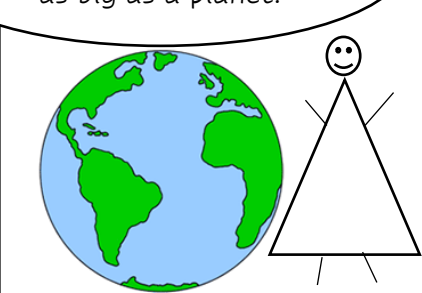
32 Old Elvet DH1 3HN

Email: [nikki.rutter@durham.ac.uk](mailto:nikki.rutter@durham.ac.uk)

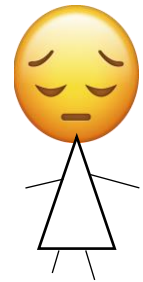
# Appendix 9

## Child Information Sheet

If bodies were as big as feelings, we'd all be as big as a planet!



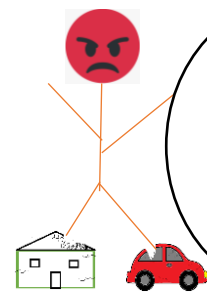

Some big feelings feel very good; like excited, or happy.




Some big feelings feel very bad; like sad, or lonely



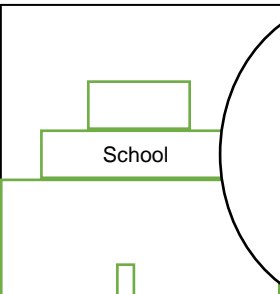
Some big feelings help us do kind things



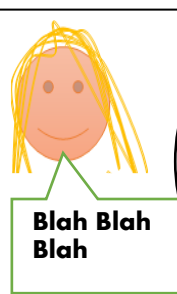
Some big feelings make us do crazy things



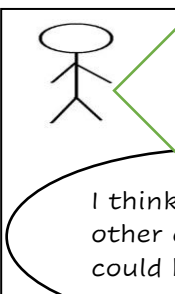
My name is Nikki. My job is to learn more about how feelings affect our behaviour and actions



I work at a big school called Durham University



I talk about feelings... but I need your help

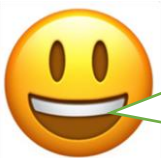


You can be my teacher

I think you and other children could help me learn

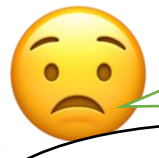


Together we will make art about our feelings




I hope it will be lots of fun! We can stop whenever you want to.

We will learn about feelings and actions



Some feelings will be worrying

If worries are too big, I will help by sharing them with others





I won't tell anyone who you are

But if you want to talk about what we do with someone you trust, that's ok

I will use your work to teach others about feelings and actions

Why we hurt people we love

But if you don't want me to share your work, that's ok too.

You can also change your mind!

Who are you?

I am \_\_\_\_\_

I am \_\_\_\_\_ years old

Draw Yourself:



Please draw in your answer

I would like to learn more about my feelings:

Yes



No



I would like my work to be used to teach others about feelings and actions:

Yes



No



If you would like to change your mind, please tell me or your teacher 😊

## Appendix 10

### Delphi Letter

Thank you for your interest in this research,

You may be aware that I am conducting a three-year research project into understanding the experience of families in relation to children who have been violent towards their parents.

As part of the research, I am conducting a survey to consult with experienced and knowledgeable individuals in the hope that I will be able to make a useful contribution to the overall field. This survey will include expert practitioners (professionals), and experts by experience (caregivers) and I will be establishing a consensus of what is considered ‘good practice’ across the UK and Ireland.

The method I am using to develop a consensus is known as the ‘Delphi technique’. This is a structured method which involves consulting with people using a sequence of three questionnaires. The first of these questionnaires is attached to this letter and here you are asked to provide your opinions on a series of issues relation to 4–11-year-old children who have been violent towards their parents, based on your own knowledge and experience. Your feedback will be confidential, and you are representing your views as an **individual** rather than a representative of all parents or practitioners.

When I have received all initial questionnaires from participants, I will collate all views and produce a second questionnaire developed in response to participant views. You will then be asked to rank your agreement to a number of statements. The final questionnaire will be a summary of the views expressed in the second round and offer the opportunity to rank statements in order of importance and offer additional comments.

Although this process sounds a little complicated, each questionnaire should take no more than 30 minutes to complete. The three questionnaires will be distributed at approximately six-weekly intervals. I am confident that this will be an interesting process for participants in that it will offer all who take part an opportunity to examine the views of a wide range of people in the field.

I am hoping to engage at least 30 participants who are involved in supporting young people who have shown a pattern of violence towards their parent or have lived experience of this issue. The nature and extent of individuals’ involvement in this area of work will vary. The exclusion criteria is that the behaviours of the young people you work with, or your experience of childhood violence must have occurred whilst the child/young person was in primary school or younger. Or there is a sibling within the home displaying similar behaviours.

I very much hope that you will feel able to contribute. In some cases, we are writing to more than one person in each project or team. Please note, therefore, that I am asking you to respond in an **individual capacity**. I am interested in your personal views, rather than the policies of your organisation or the working practices of your colleagues (although, of course, these may be related).

If you choose to take part, you will receive a copy of the findings of the exercise.

The biggest challenge in completing exercises of this kind is the need to allow sufficient time for all questionnaires to be returned, but to avoid an overly long gap between questionnaires, where momentum could be lost. As the second questionnaire is based on the statements all participants provide in the first, it is necessary to have a cut-off date, after which it will not be possible to include a submission. In order to be clear about timescales, I ask you to return the first questionnaire as soon as possible, but at the latest by 1st April, so that I can ensure that your views are included in the next phase of the process. I include the following timetable for subsequent communications:

1 <sup>st</sup> questionnaire to be returned by 1 <sup>st</sup> April 2021
2 <sup>nd</sup> questionnaire to be sent out to you by 14 <sup>th</sup> April 2021
2 <sup>nd</sup> questionnaire to be returned to us by 20 <sup>th</sup> May 2021
3 <sup>rd</sup> questionnaire to be sent out to you by 14 <sup>th</sup> June 2021
3 <sup>rd</sup> questionnaire to be returned to us by 10 <sup>th</sup> July 2021
Final report to be sent to you by 10 <sup>th</sup> September 2021.

I would like to thank you in advance for considering our request and hope very much that you will feel able to take part in this process.

If you have any queries or further questions, please do not hesitate to contact Nikki Rutter:

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Email: [nikki.rutter@durham.ac.uk](mailto:nikki.rutter@durham.ac.uk)

To access the questionnaire: <https://durham.onlinesurveys.ac.uk/child-parent-violence>

With best wishes

Nikki Rutter

## Appendix 11

### Delphi statements

1. Child-parent violence is more widespread than we realise
2. We should always see the child before the behaviour (i.e., the child bites, not they are a biter)
3. Children do not want to be violent and are also victims
4. From ages 0-6 violence on a semi-regular basis is developmentally appropriate and is not a concern
5. Damaging property is not a problem and can help children direct their anger in a healthy way
6. Having an intense interest in horror, murder, killings, can be indicative of a problem
7. Using violence towards animals is indicative of using violence in the home
8. Children who use violence have always been victims of trauma themselves
9. If calling the police is the only option, many families will keep CPV hidden
10. All professionals who come into contact with children and parents should be trained to identify CPV
11. There should be posters about CPV in all areas where children and parents congregate
12. Distinct referral pathways should be available for CPV where specialists collate information from agencies, but other agencies are not involved in direct work
13. Existing safeguarding pathways which are meant to keep children and adults safe from abuse are not adequate in cases of CPV
14. Parents are the experts and should be listened to first
15. A clear understanding of family dynamics is crucial before beginning any work
16. Help should be offered as soon as families ask for it
17. Assessments should be done at once with the whole family and not fragmented
18. Children should be offered their own long-term support worker who does not work with any other member of the family
19. Parents should all have mental health assessments as part of the family assessment
20. Assessments for sensory and neurological differences in the child can be helpful for families
21. Home visits are essential
22. Most families seeking help do not require support as most

children will grow out of the behaviours without intervention

23. The goal of work with these children is to help them understand themselves and why they are being violent
24. Safety planning and risk assessments should be completed with every family
25. It is crucial to work with families for a prolonged period to be effective
26. Other issues in the family (mental health needs, repairing relationships) cannot be addressed until the violence significantly reduces
27. Children need to acknowledge and accept responsibility for their behaviours
28. Work should not include a social worker under any circumstances
29. Strengths of the child should be the focus rather than the behaviours, as focusing too much on the violence can cause it to escalate
30. There is no such thing as a child who cannot live with a family, only children who think they don't deserve to
31. So called 'common sense'/traditional parenting does not work if there is violence
32. Traditional parenting programmes do not work if there is violence
33. Forgiving the violence is necessary to repair the relationships
34. Punishment and rewards do not work and can escalate violence
35. A supportive family network is sometimes enough
36. Residential homes and schools are never appropriate for families experiencing CPV
37. Peer support is essential, so group sessions are the preferred way to support families
38. CPV is domestic abuse
39. CPV is not caused by a failure in parenting
40. Fear of labelling a child stops professionals from recording the details of violence
41. CPV is a child trying to gain control of their parents
42. Children who use violence will become violent adults
43. Perpetrator models should be avoided with children
44. CPV is a public health issue
45. Violence usually begins during a time of unrest in a child's life
46. Children under 11 initiating violence should be understood through a trauma-informed lens



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