

CHILD-TO-PARENT ABUSE BY LATE TEENS AND YOUNG ADULTS: RISKS AND INTERVENTIONS

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Abstract

Background: Child-to-parent abuse (CPA) is an area of family violence that has remained relatively under researched. Our current understanding of the risk factors and interventions for this type of abuse, particularly within the United Kingdom (U.K.), is limited.

Aims: The current thesis aims to address four primary research questions: firstly, whether the Attachment Style Questionnaire (ASQ; Feeney et al., 1994) is a measure that demonstrates appropriate psychometric properties and is applicable to the assessment of attachment among adolescents and young adults (Chapter 2); secondly, what the estimated lifetime occurrence of CPA perpetrated by late teens and young adults and its situational antecedents are within the U.K. (Chapter 3); thirdly, whether there is a relationship between CPA, adverse childhood experiences and child to parent attachment (Chapter 4); and finally, what interventions currently exist for CPA and what empirical evidence is available to support the effectiveness of these (Chapter 5).

Method: The topic of CPA and the justification of the current thesis are introduced in Chapter 1. With a view to informing the measurement of attachment within the empirical study described in Chapter 4, the ASQ as a measure of attachment tendencies for adolescents and young adults is critically evaluated in Chapter 2 with consideration of its reliability, validity, discrimination, appropriate norms, and limitations. Two empirical studies are described in Chapters 3 and 4, both of which were conducted using an internet-mediated research design and used opportunity and

snowball sampling techniques: an estimate of the occurrence of CPA towards mothers (*n*=59) and fathers (*n*=77) within the U.K. and the situational antecedents for abuse is investigated from the child's perspective, and the association between parental attachment, adverse childhood experiences and CPA towards mothers (*n*=48) and fathers (*n*=59) is explored. A mapping systematic review is presented in Chapter 5, which identifies existing interventions for CPA and assesses the effectiveness of interventions where possible; this was conducted through systematic searches of relevant literature databases and identification of grey literature through searches of appropriate online databases, contact with organisations delivering CPA interventions and experts in the field, and scanning of reference lists of key studies. Chapter 6 summarises the findings of this thesis and draws together the research and practice implications and recommendations.

Results: The utility of the ASQ in attachment research is supported, although indicates limited clinical utility. Preliminary findings from the empirical studies highlight the extent of the problem, with 60.3% of respondents in the Mothers Survey reportedly having engaged in Moderate, High or Extensive levels of abuse, and 64.9% of respondents in the Fathers Survey being categorised as such. Differences in triggers for CPA perpetration were demonstrated according to victim gender, and the findings additionally suggest that different aspects of parental attachment are predictive of CPA towards mothers and fathers, but that adverse childhood experiences do not significantly predict CPA for either parent

gender. Finally, a paucity of research describing and evaluating interventions for CPA is identified in the systematic review, resulting in an absence of conclusions about the efficacy of these interventions being drawn.

Discussion: While only tentative conclusions are drawn from the current research due its own limitations, the findings provide clarity with regards to the presence and efficacy of existing interventions and afford substantive support for further research in this field of study. The findings indicate an urgent need for high quality randomised control trials to support the use of evidence-based treatment with affected families. Improving our understanding of how this form of abuse develops and is maintained is imperative for the development of effective evidence-based interventions.

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CHAPTER 1

Introduction to Thesis

Introduction

Child-to-parent abuse (CPA) has been defined as intentional abusive behaviour carried out by children, which seek to cause harm or gain power over a parent (Holt, 2013); these intentional abusive behaviours can be physical, psychological or economical (Cottrell, 2001). As a form of intra-familial violence, CPA has remained relatively under researched (Kennair & Mellor, 2007). In fact, until the 1960's there were only 15 studies that explored this type of abuse within the family (Charles, 1986). As recently as the 1970's, Harbin and Madden (1979) termed this form of abuse within the family as "battered parent syndrome". Since then, a number of different terms have been used to describe this phenomenon, including child-to-parent violence, filial violence, and parent abuse, which have created difficulties in adequately defining the issue, and subsequently contributed to the lack of research attention in the area (Coogan, 2014).

Defining CPA

The term "child" itself within the context of CPA remains poorly defined and is a focus of ongoing debate in the literature (e.g. Pareira et al., 2017; Simmons, McEwan, Purcell & Ogloff, 2018). The majority of CPA research to date has focused on the child's age, rather than the parent-child relationship, and therefore utilised the legal definition of a child to mean individuals under the age of 18, while excluding children under the age of (at least) eight, who are developmentally limited in their ability to form an intent to

perpetrate abusive behaviour (Gallagher, 2008; Simmons et al., 2018). However, while age is an important factor to consider when investigating age of onset, CPA perpetration is not limited to children under the age of 18; Snyder and McCurley (2008) found that 10% of domestic assaults committed by young adult offenders (aged 18-24 years old) were perpetrated against parents, while in their community sample, McCloskey and Lichter (2003) found that young adults over the age of 18 were at increased risk of being aggressive towards their parents if they had been exposed to marital violence in childhood. As a result of these findings, Simmons et al. (2018) argue that research should focus on the relationship between child and parent, rather than limit the study of CPA to the child's age or stage of development.

In the same vein, in their attempt to provide a comprehensive definition of CPA, Pareira et al. (2017) exclude age as a parameter in their final definition, arguing that there is no scientific basis with which to include this; a parent's role of caregiver and a child's role of a cared for person can present itself at any age, and CPA can occur in any relationship in which these roles are exercised. This is particularly relevant for children aged between 18 and 25, which Arnett (2000) defined as 'emerging adulthood', recognising that in westernised cultures many individuals do not take on enduring responsibilities such as marriage and parenthood until their late twenties, and this period of life is characterised by extensive exploration. Given that an estimated 54% of children aged 18 to 25 in the United Kingdom (U.K.) continue to live with their parents

(Office for National Statistics, 2019), and that within the U.K. an estimated 27% of adult children who do not live with their parents are in receipt of regular financial support from their parents (Keohane, Gicheva & Barlow, 2018), the study of CPA in adulthood is worth investigating.

In addition to the inconsistencies in defining CPA as a whole, significant variations in the literature exist regarding which behaviours constitute CPA and the types of behaviour that comprise different forms of abuse. Types of abuse described and investigated within the CPA literature have varied, but broadly included psychological or emotional CPA, which comprises behaviours such as coercion, intimidation, verbal abuse, exercising control over the household, degradation, and threats of harm; social or financial CPA, comprising behaviours such as demands for money or possessions, incurrence of debts, and theft; physical CPA, including behaviours such as slapping, hitting and shoving; and less commonly investigated, sexual CPA, which includes behaviours such as sexual assault or threats (Cottrell, 2001; Holt, 2013). However, in their review of the CPA literature, Simmons et al. (2018) identified a number of discrepancies in the way that different types of abuse had been operationalised; for example, they found that different studies had measured social or financial CPA as a separate form of abuse, included it within the measurement psychological CPA, or combined it with physical CPA. As a result of these definitional inconsistencies, the ability to generalise and compare results across studies is limited.

Further discrepancies in CPA research exist with regards to the frequency and severity with which potentially abusive behaviours are required to occur in order for them to constitute CPA, with some studies including single incidents of psychologically abusive behaviour in their overall estimates of CPA prevalence (e.g. Ibabe, 2019), and other studies imposing cut-off scores in their measurement of abuse (e.g. Simmons, McEwan, Purcell & Huynh, 2019). Researchers have increasingly emphasised the importance of recognising that some of the abusive behaviours described above, particularly in relation to psychological or emotional and social or financial CPA, may be considered socially acceptable or normative in certain contexts and cultures, and that it is the severity and frequency with which potentially abusive acts are carried out that distinguishes normative from abusive behaviour (Simmons et al., 2019).

With consideration of the above limitations, for the purpose of this thesis, the term CPA shall be used to refer to any child initiated abuse against their caregiving parent, parents or legal guardians, regardless of the child's age, with abuse being defined as any repeated intentional act of physical, emotional and psychological, social and financial, or sexual violence (Pareira et al., 2017; Paterson, Luntz, Perlesz & Cotton, 2002).

Prevalence of CPA

Since its initial conceptualisation, reports of the prevalence of CPA and the physical and mental health consequences to its victims

have resulted in this form of abuse receiving increased attention (e.g. Calvete, Orue, Gamez-Gaudix & Bushman, 2015). However, as with other forms of family violence (Gelles, 1998), the inconsistent operationalisation of CPA and methodological variations in attempts to quantify the scope of the problem has resulted in international prevalence figures ranging between 10% and 18% of families affected (Gallagher, 2008), and between 1.9% and 27% of families affected in the U.K. (Holt, 2013), limiting the usefulness of prevalence rates for the purposes of interpretation and comparison (O'Hara, Duchschere, Beck & Lawrence, 2017). Further challenges to obtaining appropriate estimates of CPA are attributed to limited acknowledgement of CPA within research, policy, and practice, the use of small sample sizes in studies, and underreporting by parents (see Coogan, 2014).

With consideration of the difficulties operationalising and measuring CPA, within the U.K. the extent of research investigating CPA prevalence has been particularly limited, with only seven existing studies providing an indication of the scope of this issue to the author's knowledge (Browne & Hamilton, 1998; Condry & Miles, 2014; McCLoud, 2017; Mirlees-Black, Mayhew & Percy, 1996; Parentline Plus 2008, 2010; Selwyn & Meakings, 2015). The first of these studies was the 1996 British Crime Survey for England and Wales, which interviewed 16,500 adults about their experiences and perceptions of crime, and was the only British Crime Survey to include experiences of physical CPA (Mirlees-Black et al., 1996). Of the 680,000 incidents of domestic violence reported by women in

the survey, 1.9% of violent incidents were perpetrated by children, including adult children and those not living with their parents, while figures regarding CPA perpetrated against fathers was not included in the final report.

Four of these studies comprise the analysis of data from populations involved with clinical or forensic services, whereby access to such services increases the likelihood of the presence of more frequent and severe cases of CPA (McCloud, 2017). Parentline Plus (now known as Family Lives), a U.K. national charity offering support to parents, has offered insight into the extent of CPA in two reports about the issue (2008; 2010). The 2008 report indicated that they received 30,000 calls to their helpline from parents between October 2007 and June 2008, 8% of which related to child-to-parent physical aggression. The 2010 report indicated that the charity's helpline had received 22,537 phone calls between June 2008 and June 2010 in which incidents of child-to-parent aggression were reported, 31% of which related to incidents of physical aggression. Condry and Miles (2014) went on to analyse all cases of CPA that had been reported to the Metropolitan Police, London, over a one year period from April 2009 to March 2010 for characteristics relating to the offender, victim, and incident. Of the 2336 cases of crimes committed by adolescents aged 13-19 years against their parent(s), they identified 1892 cases of reported CPA, which included offences relating to violence and/or criminal damage. Finally, Selwyn and Meakings (2015) investigated occurrences of CPA among a sample of 90 parents in England and Wales who had

adopted a child and were either struggling with their child (n=45) or had experienced adoption disruption (n=45), in which a child under the age of 18 had prematurely left the adoptive family home. The majority of adopted children had been exposed to child maltreatment and other adverse experiences prior to being adopted. Through analysis of interview data, Selwyn and Meakings (2015) identified that 62 of the 90 interviewed parents (69%) had experienced sustained patterns of physical CPA, and 38 of the 45 parents (84%) in the adoptive disruptions group had been affected by CPA.

The final two studies to provide an estimate of CPA prevalence in the U.K. both used cross-sectional research designs, and measured occurrences of physical and psychological CPA using variations of the self-report Conflict Tactics Scale (CTS; Straus, 1979). Browne and Hamilton (1998) administered the CTS to 469 psychology undergraduate students at the University of Birmingham in England, the majority of whom were under the age of 20 (73%) and female (68.7%). The general population of the university's students were described as being predominantly middle class, and all participants were reported to have spent some time living with their parent(s) in the year preceding the study, with 86.5% of participants describing living with both their biological mother and father. The study found that 14.5% of the sample reported physical CPA towards one or both of their parents within the previous year, and 3.8% of these respondents had engaged in severe CPA at least once against their mother and/or father. Overall rates of

psychological CPA were not reported in the final study. Comparatively, in an unpublished doctoral thesis, McCloud (2017) used the CTS to investigate CPA among a sample of 890 secondary school students. The sample comprised predominantly male (60.1%) adolescents aged between 11 and 18 years old from two mainstream schools in Surrey, U.K., and were reported to have been largely representative of the general population with regards to ethnicity, but were above average with regards to socioeconomic status. The study found that 64.5% of participants had reported some form of CPA within the previous six months, with 64.4% of the sample reporting psychological CPA and 4.3% reporting physical CPA. While the absence of research within the U.K. exploring the full range of abusive behaviours described in the CPA literature is of note, the findings from these studies indicate the presence of CPA as a prevalent form of family violence.

When investigating specific types of abuse, a recent review of the CPA literature by Simmons et al. (2018) found international prevalence estimates between 5 and 21% for physical CPA, and 33 to 93% for emotional, verbal and psychological CPA; financial CPA was reported in only one identified study with a Spanish sample (Ibabe, Arnoso & Elgorriaga, 2014), which estimated prevalence among offenders charged with CPA to be 53%, compared to 21% among both non-offenders and offenders charged with other offences.

Age of Onset

The onset of CPA perpetration has been reported to predominantly begin at the age of 12 to 14 years old (Cottrell, 2001), around the time when children become physically stronger and more independent, and peak around 15 to 17 years of age (Snyder & McCurley, 2008).

Gender

Gender differences in the rates of CPA perpetration have been identified in the literature according to type of abuse and population sample under investigation. Studies investigating psychological CPA in community samples indicate higher levels of perpetration amongst females, while rates of physical CPA have been found to be largely similar across genders in community and clinical samples (see Simmons et al., 2018). Conversely, studies investigating CPA perpetration in offending samples have found significantly higher rates of abuse perpetrated by males (e.g. Condry & Miles, 2014; Purcell, Baksheev & Mullen, 2014; Snyder & McCurley, 2008), although whether this is reflective of more serious CPA perpetration being carried out by males or the existence of gender biases in reporting and within the criminal justice system remains unknown (Simmons et al., 2018).

The vast majority of findings within perpetrator community, offender and clinical samples have found that CPA is predominantly directed towards mothers (see Simmons et al., 2018), although some studies have found no differences in physical CPA prevalence

in relation to victim gender (Ibabe, Jaureguizar & Bentler, 2013a; Ibabe, Jaureguizar & Bentler, 2013b) or a higher proportion of father victimisation (Peek et al., 1985). One further study found that fathers are more likely to be victims of severe physical CPA (Browne & Hamilton, 1998). Simmons et al. (2018) suggest that these latter contradicting findings may be a reflection of different sample characteristics within the studies, as well as measurement issues resulting from limited consideration being given to the frequency and severity of the abusive behaviour being measured.

Family Risk Factors

A growing body of literature has started to focus on the risk factors and predictors associated with CPA in order to inform intervention strategies. Two recent reviews of the literature on risk factors for CPA (Hong, Kral, Espelage and Allen-Meares, 2012; Simmons, 2018) applied Bronfenbrenner's (1979) social-ecological model to better organise these factors and drive research efforts. While attempts to better understand risk factors for CPA are ongoing, the researchers identified a number of factors within each level of the social-ecological model that have been found to increase the risk of CPA perpetration: ontogenetic or chronosystem factors (individual factors such as substance use, gender and age), microsystem factors (e.g. victimisation in childhood, situational antecedents, exposure to domestic violence, parenting style), exosystem factors (socio-economic factors, exposure to media violence), and macrosystem factors (reinforcement of gender

stereotypes, cultural norms). However, a recent review of CPA research suggests that the findings of these studies remain largely mixed and inconclusive (O'Hara et al., 2017), and Simmons et al. (2018) conclude in their review that the field of CPA research is lacking a theoretical model to explain how these factors interact with one another to produce CPA.

While our understanding of the precise aetiology of CPA remains limited, the field of developmental psychology indicates that it is likely that these behaviours are impacted upon by multiple contexts, and particularly the context of the family environment (Hong et al., 2012). An area of theoretical explanation that has therefore started to be examined in more depth is the family characteristics that predict and maintain CPA, and particularly negative and fractured family dynamics (Ibabe & Bentler, 2016).

Experiences of Domestic Abuse

Experiences of victimisation in childhood have been widely cited in the literature as a predictor of aggression in adolescence and adulthood (Derzon, 2010; Gil-González, Vives-Cases, Ruiz, Carrasco-Portiño, Álvarez-Dardet, 2008; Holt, Buckley & Whelan, 2008), and its emerging association with CPA is therefore unsurprising. Research indicates that an estimated 50-80% of CPA perpetration is committed by children who have witnessed or suffered parental abuse (Browne & Hamilton, 1998; Ibabe, Jaureguizar & Díaz, 2009; Routt & Anderson, 2011), and in particular witnessed father-to-mother abuse (Hong et al., 2012).

Furthermore, in his study investigating CPA towards mothers within the United States, Livingston (1986) found that mothers who have been victims of assault by another adult in the presence of their child are subsequently at increased risk of being victims of CPA. These findings provide some evidence towards bidirectionality and reciprocity in family violence (Ibabe & Bentler, 2016).

Several studies have suggested that victim and/or perpetrator gender may mediate the relationship between experiences of domestic abuse and CPA, with male children who have experienced domestic abuse being at increased risk of perpetrating CPA compared to female children, and experiences of domestic abuse being a significant predictor for CPA towards mothers, but not fathers (see Simmons et al., 2018). For example, Ulman and Straus (2003) found that over 60% of children who had witnessed violence between their parents had engaged in CPA towards their mother, although the same outcome was not observed in CPA towards fathers. Furthermore, Calvete et al. (2015) found that while exposure to domestic abuse was a significant predictor for CPA towards mothers for both male and female children over a three year period in their Spanish sample, exposure to domestic abuse was only a significant predictor for CPA towards fathers for male children. These findings suggest that children, and particularly sons, model their fathers' aggressive behaviours towards their mother through a process of social learning (Hong et al., 2012), and also points towards a reciprocal relationship between aggression by parents and children, where parental aggression fosters aggression

by the (male) child, but aggression by the (male) child deters aggression by the parent (Brezina, 1999). However, Simmons et al. (2018) note that the research investigating this association has been limited and other studies have indicated contradicting findings (e.g. Lyons, Bell, Fréchette & Romano, 2015)

Parent-Child Relationships

Negative or weak relationships between parents and children have been associated with an increased risk of CPA, specifically characterised by low levels of parent-child involvement and a lack of bonding (Valois, MacDonald, Bretous, Fischer & Drane, 2002). The association between poor family relationships and CPA perpetration has been repeatedly demonstrated in the literature with community, clinical, and offender samples (see Simmons et al., 2018). Conversely, positive family relationships, characterised by cohesion and low conflict, has initially been demonstrated to serve as a protective factor against CPA and the further deteriorating effect that CPA can have on family relationships (Ibabe & Bentler, 2016).

These features of parent-child relationships are central to attachment theory, which stresses the importance of the bond that an infant forms with its primary caregiver(s) for all future psychosocial development (Ainsworth, 1989). Largely in response to the quality of their relationship(s) with their primary caregiver(s) in early childhood, as well as genetic and environmental factors, a child develops a set of internalised beliefs and expectations about itself and others, known as working models, which are thought to

impact significantly on its future social relationships, as well as its ability cope adaptively during times of need, conflict and distress in its later developmental years (Ravitz, Maunder, Hunter, Sthankiya & Lancee, 2010; Simons, Paternite & Shore, 2001). Individuals who develop generally high levels of self-worth and perceive others to be responsive and available (i.e. hold adaptive working models) are described as having a 'secure attachment style', while the reverse is true for individuals described as having an 'insecure attachment style' (Fearon, Bakermans-Kranenburg, van Ijzendoorn, Lapsley & Roisman, 2010). Although an in-depth account of attachment theory is beyond the scope of this thesis, it is of note that since its initial development, attachment theory has expanded from the study of infants to being widely regarded as a life-span concept (Sperling & Berman, 1994), with early years patterns of attachment behaviour and subsequent experiences within close relationships jointly impacting on the individual's later psychosocial development and adult attachment styles (Simpson, Collins, Farrell & Raby, 2015).

The link between poor parental attachment and aggressive behaviour in individuals is well-established (see Fearon et al., 2010). Research within the general aggression literature suggests that attachment styles and perpetration of aggression in adolescence and young adulthood may be mediated by the individual's working models, such that adolescents and young adults with more secure attachments present with higher levels of self-esteem and more positive attributions of others, and are subsequently less likely to engage in aggressive behaviour (Gomez

& McLaren, 2007; Simons et al., 2001). More comprehensive socioemotional models of the relationship between attachment and aggression suggest the presence of a complex interaction of factors that can result in aggression or antisocial behaviour throughout the lifespan, including insecure attachment relationships (either through abuse, rejection or hostility by the caregiver(s)), maladaptive working models, social information-processing deficits, temperament, limited moral development, and the individual's current social context (van Ijzendoorn, 1997).

While investigations of the relationship between CPA and attachment have not progressed to the extent to which such models have been tested, our current understanding of risk factors for CPA indicates the presence of similar factors to those presented in van Ijzendoorn's (1997) socioemotional models, including less secure attachment relationships with caregiver(s), cognitive and emotional deficits, increased engagement in generally antisocial patterns of behaviour, and social maladjustment (see Simmons, 2018). While the application of such models to CPA requires further investigation, earlier support for the association between CPA and attachment has emerged in the CPA literature (Agnew & Huguley, 1989; Paulson, Coombs & Landsverk, 1990; Peek, Fischer & Kidwell, 1985), with all three studies indicating higher incidents of CPA perpetration among participants who report low levels of parental attachment or bonding. However, the paucity of research investigating the relationship between CPA and attachment makes it difficult to draw any conclusions about the strength of this association.

Parenting Styles

A relatively large amount of emphasis in the literature has been placed on the link between CPA and parenting styles and associated practices. Four different parenting styles, dependent on a parent's level of responsiveness (supportiveness and acceptance) and demandingness (supervision and disciplinary practices), have been found to impact on the psychosocial development of a child; authoritarian (demanding and responsive), authoritative (demanding but not responsive), permissive (responsive but less demanding), and rejecting-neglecting (neither demanding nor responsive) (Baumrind, 1971). The influence of these parenting styles on a number of different child outcomes has been demonstrated (e.g. Baumrind, 1991; Gracia, Fuentes, Garcia & Lila, 2012; Hoeve et al., 2007).

Consistent with existing research regarding aggressive discipline as a predictor for CPA (e.g. Pagani et al., 2004), Ibabe and Bentler (2016) found that CPA was more prevalent in families where parents used negative consequences for a child's inappropriate behaviour without explaining or justifying their actions, so called 'power-assertive' or excessively controlling discipline. Moreover, they found that the use of power-assertive discipline mediated the relationship between CPA and family relationships. Ulman and Straus (2003) found that the rate of CPA was significantly increased relative to incremental increases in the use of corporal punishment over the previous 12 month period. From qualitative interviews with parents and service providers,

Cottrell and Monk (2004) observed a pattern of behaviour in which parents attempted to assert the same high levels of rigid control from childhood to adolescence. Tensions would begin to emerge as the adolescents attempted to gain increased levels of autonomy, and result in the use of CPA by the adolescent as a means to assert their power. Conversely, a relationship between CPA and both inconsistent parenting styles between co-parents and permissive parenting styles has also been identified in the literature (e.g. Valois et al., 2002). In this instance, it has been suggested that CPA is used by children as a means to successfully coerce parents into meeting their demands (Cottrell & Monk, 2004).

Situational Antecedents

Evidence from the general aggression literature indicates that the interaction between situational antecedents and individual factors is a significant driver in the perpetration of aggression (Anderson & Bushman, 2002; Marshall & Brown, 2006), yet our understanding of this interaction in the context of CPA is very limited. Of the small number of studies that have explored this issue, situational antecedents to CPA within offender and community samples have been reported to include the child's temperament, verbal conflict or disagreement between the child and parent, substance use by the child, and lack of respect (see Edenborough, 2007; Simmons et al., 2018). However, what remains unclear is how these situational factors might interact with individual factors to precede CPA, and whether differences exist with regards to the type

of CPA perpetrated and levels of CPA severity according to distinct situational antecedent. Further exploration of these issues may yield important findings for the development of appropriate interventions for CPA.

Intervention Needs

While the identification of key risk factors that contribute to CPA are imperative for the development of interventions specific to the needs of both the victims and perpetrators, our understanding of the contextual and maintenance factors that underlie CPA and how these factors interact within a tested theoretical framework is limited, hindering the process of targeted intervention development. Despite this, several considerations for interventions to address CPA have been noted by authors. In their review article, Kennair and Mellor (2007) suggested that the most important aspect of any intervention was that it was inclusive of all relevant family members, while Holt (2009) argued for the development of CPA-specific interventions that emphasise the need to avoid victim-blaming, and are importantly offered independently of the criminal justice system.

In their review, Simmons et al. (2018) strongly emphasise the need for future research to "be gender-sensitive and focus on the relationship between perpetrator and target, rather than arbitrary age-related boundaries on perpetration" (p.43). These suggestions can be extended to the intervention needs of families affected by CPA; a number of gender differences in the risk factors

underlying CPA have been identified in the literature, suggesting the possible need for gender-specific interventions to address different intervention needs, while limiting service provision to children under the age of 18 would exclude a large proportion of individuals who live with their parents until much later than this (Osborne, 2015). Indeed, while Browne and Hamilton (1998) found that 14.5% of their university undergraduate student sample reported using violence towards their parents, the contributing risk factors and intervention needs of this age group remains largely unexplored.

Nevertheless, in response to a growing awareness of CPA, a number of group programmes and family intervention approaches have started to be used or developed in an attempt to tackle the issue, such as Break4Change (Break4Change Partnership, 2015), Nonviolent Resistance Parenting Group (Newman, Fagan & Webb, 2014; Ollefs, von Schlippe, Omer & Kriz, 2008), and Who's in Charge? Program (Gallagher, 2016). However, what becomes more difficult to identify when reviewing the literature on CPA, is research investigating the efficacy of these interventions, for which there is a scarcity of methodologically robust studies (O'Hara et al., 2017).

Current Thesis

The literature review within the current chapter highlights that, while the body of research exploring the topic of CPA is growing, this area of study remains in its infancy, most notably as a result of inconsistencies in defining and measuring the issue (Simmons et al., 2019). This has hindered our understanding of the

extent of CPA both within the U.K. and internationally, the development of a comprehensive understanding of the key contributing risk factors for CPA, and the development of theoretical models to drive intervention efforts. While the rectification of these complex issues is beyond the scope of the current thesis, and will require substantial collaborative efforts by the wider research community, this research seeks to further our understanding of the risk factors and interventions for this form of family violence, as well as support efforts to increase awareness about the issue within the U.K.

With this view, the primary aims of the current thesis are threefold:

- To further our understanding of the estimated occurrence of CPA and its situational antecedents within the U.K.;
- To identify and evaluate a self-report measure of attachment for adolescents and young adults;
- To explore the relationship between CPA, adverse childhood experiences and parental attachment;
- To identify and evaluate existing interventions for CPA.

The following objectives will be undertaken in order to achieve these aims:

- Critically evaluate the Attachment Style Questionnaire (ASQ; Feeney, Noller & Hanrahan, 1994) as a measure of attachment for adolescents and young adults;
- Obtain a current lifetime estimate of CPA towards mothers and fathers within the U.K. among a national sample of

adolescents and emerging adults aged 16-25 using a CPA-specific measure;

- Identify the situational antecedents for CPA from the perspective of the child;
- Explore the association between parental attachment, adverse childhood experiences and CPA;
- Identify existing interventions for CPA and, where possible, determine the effectiveness of these interventions in reducing CPA.

Given recent and ongoing systematic reviews of risk factors for CPA (Chou, Sammut-Henwood & Avellino, 2018; Hong et al., 2012; Simmons et al., 2018), the literature review in the current chapter provides an overview of current prevalence estimates and identified family risk factors relevant to the current thesis, and highlights gaps in our understanding of the intervention needs of families affected by CPA. The following four chapters are designed to meet the aforementioned objectives of this thesis.

Prior to empirically exploring the association between parental attachment and CPA, particular consideration was given by the present author to the measurement of attachment as a result of the wide range of available self-report tools (Ravitz et al., 2010). Due to the design of the research study described in Chapters 3 and 4, consideration of the psychometric properties, as well as administration and scoring times, were particularly relevant when selecting a measure. In their review of adult attachment measures,

Ravitz et al. (2010) identified the ASQ (Feeney et al., 1994) as a measure of attachment in close relationships with adequate psychometric properties, which additionally benefits from quick administration and scoring times, although the authors provided limited further details of these features. In Chapter 2, the ASQ is therefore critically evaluated as a measure of attachment tendencies for adolescents and young adults before its use in the subsequent empirical research component of this thesis.

In response to the limited research investigating the extent to which CPA presents itself within the U.K., and our scant understanding of the situational context in which CPA is more likely to occur, Chapter 3 offers further insight into the scope of this social problem within the U.K. by investigating the estimated occurrence of CPA towards mothers and fathers, as well as the situational antecedents for abuse, from the perspective of the child. An internet-mediated survey was conducted with a sample of 135 participants, 59 of whom completed questionnaires relating to abuse towards mothers, and 77 who completed questionnaires relating to abuse towards fathers. The Child-to-Mother Violence Scale (CMVS, Edenborough, Wilkes, Jackson & Mannix, 2011) was selected for the measurement of CPA in this research, as it was considered the most culturally appropriate CPA-specific instrument at the time of the study's design. Eligibility for the current research included an age parameter of 16 to 25 years old; the lower age limit was selected due to the ethical and logistical difficulties inherent to obtaining appropriate online consent from gatekeepers for children under the

age of 16 (Hokke et al., 2018), while the upper age limit of 25 was selected to include individuals described in Arnett's (2000) definition of 'emerging adulthood', who have largely been neglected in the field of CPA research, while excluding individuals above this age who are less likely to be living with, or financially dependent on, their parent(s) (Office for National Statistics, 2019). Although research indicates that the onset of CPA predominantly begins between the ages of 12 and 14 years old (Cottrell, 2001), the current study's focus on lifetime occurrences of CPA suggested that appropriate data regarding age of onset could still be obtained. The findings of this study and recommendations for future research are discussed.

In Chapter 4, the association between parental attachment, adverse childhood experiences and CPA is explored, with a view to furthering our understanding of relevant family risk factors. A total of 114 participants from the research described in Chapter 3 (51 relating to abuse towards mothers and 63 relating to abuse towards fathers) continued to complete a further three measures relating to parental attachment and adverse childhood experience; the ASQ, the Parental Attachment Questionnaire (PAQ; Kenny, 1987), and the Revised Adverse Childhood Experiences (ACE) Scale (Finkelhor, Shattuck, Turner & Hamby, 2015). The results are discussed in the context of future research to further inform intervention needs.

Intervention needs are further discussed in Chapter 5, which presents the findings of a systematic review that has been conducted to map existing CPA interventions and explore their efficacy. As described above, details of a number of interventions

have started to emerge in the CPA literature; however, only a limited number of studies were identified as meeting the criteria for inclusion within this review, with even fewer studies being of sufficient quality to assess their risk of bias. The findings indicate that no identifiable conclusions about the efficacy of CPA interventions can be drawn, and support the pressing need for high quality randomised control trials to support the use of evidence-based treatment with affected families.

Chapter 6 provides an overview of the findings within this thesis, drawing conclusions from each of the chapters in the context of our existing knowledge. Consideration is given to the methodological strengths and limitations of the thesis, as well as its contributions to the field of CPA research. Future research recommendations and practice implications are discussed.

CHAPTER 2

The Attachment Style Questionnaire: A Critique

Abstract

Self-report attachment measures have increasingly been used to investigate the impact of attachment classification on the biopsychosocial functioning of adults. The current review provides a critical evaluation of the psychometric properties of Feeney et al.'s (1994) Attachment Style Questionnaire (ASQ) and its applicability to adolescents and adults. Results indicate good levels of content validity, face validity, and construct validity, and acceptable levels of concurrent validity, predictive validity, incremental validity, discriminant validity, and test-retest reliability. However, the ASQ's internal consistency reliability is questionable and its parallel form reliability remains untested. The critique concludes that ASQ's clinical utility is limited due to an absence of standardisation with a normative sample, however, its utility for research is supported.

Introduction

Since the initial development of attachment theory, a substantial evidence base has emerged that supports the wide-ranging impact that attachment classification has on an individual's biopsychosocial functioning, including cognitive functioning, social-emotional competence, mental health and physical health (Ranson & Urichuk, 2008). This includes a plethora of research investigating the influence of attachment on the quality of relationships among adolescents and adults (see Trentini, Foschi, Lauriola & Tambelli, 2015), which has been made possible in part due to the development of self-report attachment scales initiated by Hazan and Shaver (1987).

Hazan and Shaver (1987) suggested that adult attachment styles within romantic relationships paralleled those observed in studies of infants; namely secure (comfortable with closeness), anxious/ambivalent (fearful of abandonment and rejection), and avoidant (discomfort with closeness). Using a forced-choice measure, participants in Hazan and Shaver's study were presented with a single item in which descriptions of the three attachment styles were provided and asked to select the option with which they best identified.

Since this time, both the measurement and conceptualisation of adult attachment styles has been widely debated, resulting in the emergence of an extensive range of both interview instruments, in which observed data is coded, and more sophisticated self-report instruments (Karantzas, Feeney & Wilkinson, 2010). While all

attachment measures include the assessment of an individual's ability to regulate emotions, the behavioural strategies that they use in close relationships, and the extent of their interpersonal awareness, interview and self-report instruments differ with regards to the attachment phenomena that they are designed to assess; self-report measures are used to investigate an individual's conscious perceptions and attitudes towards current relationships, while interview instruments are designed to probe an individual's unconscious attitudes and beliefs about themselves and others (Ravitz et al., 2010).

Measures are generally described as being either categorical, in which individuals are assigned to attachment style categories, or dimensional, in which the dimensions of attachment styles are assessed (see Ravitz et al., 2010). Researchers have argued that categorical approaches indicate mutually exclusive attachment styles, where this approach is unsupported by empirical findings (see Karantzas et al., 2010; Mikulincer & Shaver, 2003). For example, research has suggested that individuals can concurrently present with multiple types of attachment insecurity (e.g. Carver, 1997; Fraley & Waller, 1998; Levy & Davis, 1988). Indeed, researchers have argued that there is limited evidence for discrete categories of attachment styles, instead advocating for the use of dimensional models of individual differences (Bartholomew, 1990; Fraley & Waller, 1998; Fraley & Shaver, 2000).

In addition to conceptualisation and measurement issues, Feeney et al. (1994) argued that the focus on intimate relationships

within all self-report attachment measures at the time of their writing resulted in the exclusion of the study of attachment in individuals who had limited or no experience of intimate relationships. As such, Feeney et al. developed the Attachment Style Questionnaire (ASQ) with a view to: (i) clarifying the number of attachment styles and underlying dimensions fundamental to adult attachment, (ii) developing a self-report measure that could be used to assess young adolescents, (iii) developing a self-report measure that could be used to assess individuals who had limited or no experience of intimate relationships.

The current review assesses the psychometric properties of the ASQ and its applicability to adolescents and adults. As suggested by Kline (1986), in order for a psychometric test to be described as good, the following properties should be demonstrated: at minimum interval level measurement; reliability, validity and discrimination; and appropriate norms. These criteria, as well as the limitations of the ASQ, are considered within this review.

Overview of the ASQ

The ASQ (Feeney et al., 1994) is a 40-item self-report measure that assesses adolescent and adult attachment, where respondents are asked to indicate their agreement to each statement on a 6-point Likert scale, ranging from 1 (totally disagree) to 6 (totally agree). It was developed using the constructs described in Bartholomew's (1990) two-dimensional model of adult attachment, where individual differences in adult

romantic attachment are interpreted through the models that people hold of themselves and others. Originally comprised of 65 items, the majority of items within the ASQ were specifically developed for this measure, with the remaining items originating from existing self-esteem measures and Hazan and Shaver's (1987) forced-choice measure.

The original 65-item measure was piloted on a sample of 470 university students. Items with low communalities were identified through principal-components analysis and removed, resulting in the final 40-item measure (see Appendix A). With a view to clarifying the number of attachment styles and underlying dimensions fundamental to adult attachment, Feeney et al. examined three-, four- and five-factor solutions. Their results indicated that the five-factor solution was better able to delineate the various attachment groups, thus resulting in the ASQ measuring attachment according to five subscales: Confidence (secure attachment), Discomfort with Closeness (avoidant attachment), Need for Approval (fearful and preoccupied), Preoccupation with Relationships (anxious-dependent), and Relationships as Secondary (dismissing).

Psychometric Properties

Level of Measurement

The ASQ uses an ordinal scale (1-6) and scoring of the attachment categories is completed on a nominal level (Relationships as Secondary, Need for Approval, Discomfort with Closeness, Preoccupation with Relationships, and Confidence).

Whether the level of measurement is nominal, ordinal, interval, or ratio is an important consideration when deciding on the use of parametric or nonparametric statistical analyses (Pett, 2016). Although Kline (1986) argued that parametric tests are not appropriate for ordinal-level data, advocating instead for the use of at least interval scales for parametric testing (see Pett, 2016), Norman (2010) convincingly argued that parametric statistics can be applied to ordinal data from Likert scales, even with unequal variances, small sample sizes, and non-normal distributions.

Reliability

The reliability of a test indicates the extent to which it remains stable over time and internally consistent (Kline, 1986).

Test-retest reliability. Test-retest reliability measures the correlation of scores from participants who are tested twice using the same instrument (Langdridge, 2004). The extent to which there is agreement in these scores is indicated by a correlation coefficient, where a correlation of -1 indicates complete disagreement, 0 indicates no relationship, and +1 indicates perfect agreement. Feeney et al. (1994) calculated the test-retest reliability of the ASQ using a subsample of 295 university students over a ten week period, and obtained acceptable levels of stability, with correlation coefficients ranging between 0.67 and 0.74 on each of the five subscales.

Internal consistency reliability. Internal consistency reliability relates to the degree to which the items within a test are measuring the same construct. In order for a test to be considered reliable, the coefficient alpha (an index of internal consistency) should ideally be around 0.9, and no less than 0.7 (Streiner, 2003).

During the development of the ASQ, Feeney et al. (1994) found high levels of internal consistency based on a sample of 470 university students, with alphas ranging between 0.76 and 0.84 on each of the subscales. A further study (Axfors, Sylvén, Skalkidou & Ramklint, 2017) compared the short and full versions of the ASQ among a sample of 1631 pregnant women in Sweden and determined alphas above the acceptance limit of 0.7 for all subscales except Relationships as Secondary, which had an alpha of 0.64. It should, however, be noted that the generalisability of the latter findings is limited due to the particularly specific sample selection.

Using a sample of 129 adults from a university and surrounding community in the USA, Haas et al. (2016) investigated the association between individual differences in human sociability, including attachment, and the structural gene for oxytocin. They established an alpha of 0.72 for the anxious scale and 0.80 for the avoidant scale of the ASQ. Conversely, in their study investigating factors underpinning interpersonal psychotherapy among a sample of 62 clinically diagnosed depressed and non-depressed adolescents, O'Shea, Spence and Donovan (2014) assessed the two higher-order subscales of Insecure (comprising Discomfort with Closeness,

Preoccupation with Relationships, Need for Approval, and Relationships as Secondary) and Secure (comprising Confidence) attachment, which indicated an alpha of 0.91 for Insecure, but an alpha of 0.67 for Secure.

Parallel form reliability. Parallel form reliability is used to measure the correlation of scores between two parallel tests (Kline, 1986). There are no known studies that have applied parallel forms to the ASQ. Given the difficulties inherent in developing a parallel test and the overlap of some properties between test-retest reliability and parallel form reliability (Gignac, 2009), the absence of assessing the ASQ using parallel forms is justified.

Validity

Validity refers to the extent to which a test measures what it purports to measure (Kline, 1986).

Face validity. Face validity refers to the extent to which a test is subjectively viewed as measuring what it claims to measure (Langdrige, 2004), and is most commonly assessed informally by the test's respondents or the wider research community (Gignac, 2009).

Whilst face validity was not considered in Feeney et al.'s (1994) original research, researchers who have further assessed the efficacy of the ASQ have indicated that the items are appropriate for the measure of attachment (Axfors et al., 2017; Fossati et al.,

2003; Karantzas et al., 2010). Moreover, Karantzas et al. suggest that the ASQ items assess both generalised facets of attachment and more distinct components relating to avoidance and anxiety. The face validity of the ASQ is additionally reflected in the transparency of the content of its 40 items. Even for respondents with no understanding of attachment theory, it is clear that this assessment is making attempts to explore the respondent's attitudes and beliefs about close relationships. The face validity of the ASQ is supported by items such as 'I feel confident that other people will be there for me when I need them' (Confidence), 'I find it hard to trust other people' (Discomfort with Closeness), and 'Achieving things is more important than building relationships' (Relationships as Secondary).

While high levels of face validity are said to increase adults' cooperation on tests and may be beneficial to support the respondent's self-reflection (Kline, 1986), this can also be viewed as a limitation, as higher levels of face validity are associated with increased opportunities for socially desirable responding (Gignac, 2009). Indeed, Leak and Parsons (2001) noted that the ASQ was susceptible to impression management by respondents in their study. The inclusion of a bias indicator to detect socially desirable responding within the ASQ may have therefore been advantageous in order to identify respondents engaging in impression management or self-deception (Perinelli & Gremigni, 2016).

Concurrent Validity. Concurrent validity refers to a test's correlation with another established test that measures the same construct, where concurrent validity is said to be good if a correlation above .75 is established. Feeney et al. (1994) measured the ASQ's concurrent validity through the pattern of associations with Hazan and Shaver's (1987) forced-choice measure. They obtained significant findings (p<.0001) for each of the ASQ's five dimensions. These findings support the concurrent validity of the ASQ when compared to Hazan and Shaver's forced-choice measure.

Predictive Validity. Predictive validity refers to a test's ability to accurately predict a future criterion. Cohen (1992) suggested that a correlation equal to .10 is considered a small effect size, .30 is considered medium, and .50 is considered large.

Feeney et al. (1994) measured predictive validity through understanding the correlations between the scales of the ASQ, the Intimacy, Conflict, and Parenting Style (ICPS) Family Functioning Scales (Noller, Seth-Smith, Bouma & Schweitzer, 1992), and the Junior Eysenck Personality Questionnaire (EPQ; Eysenck & Eysenck, 1975). It was theoretically anticipated that high scores on the Confidence subscale of the ASQ and low scores on the remaining subscales measuring insecure attachment would predict perceptions of a democratic parenting style, high levels of family intimacy, and low family conflict. It was additionally anticipated that particular attachment subscales from the ASQ would predict particular personality scales based on similarities in presentation. All

correlations confirmed the hypothesised relationships between the ASQ scales and the overall scales of ICPS Family Functioning Scales and EPQ. The absolute correlation coefficients ranged from .54 to .97, indicating good levels of predictive validity.

Content Validity. Wilson, Pan and Schumsky (2012) describe content validity as relating to how well items of a scale capture all dimensions of a tested construct.

Karantzas et al. (2010) noted that, in contrast to many other dimensional measures of attachment, items within the ASQ were not generated using Hazan and Shaver's (1987) forced-choice measure. Rather, in order to ensure that it captured the core ideas of attachment as highlighted by Bowlby and Ainsworth, the ASQ was developed using a 'bottom up' approach. As described above in the overview of the ASQ, all of the scales within the tool were theoretically driven by Bartholomew's (1990) two-dimensional model of adult attachment, which incorporated features of the existing models of adult attachment, as well as those from infant attachment theory.

While the ASQ appears to demonstrate appropriate content validity, it is of note that debates about the construct of adult attachment and its theoretical boundaries continue to emerge (see Simpson & Rholes, 2015); whether attachment security is dictated by the attachment relationship with the primary caregiver or a culmination of all attachment relationships (Cowan & Cowan, 2007), whether attachment styles should be described in terms of

dimensional or categorical classifications (e.g. Fraley, Hudson, Heffernan & Segal, 2015), and the stability of attachment styles across the lifespan (e.g. Chopik, Edelstein & Grimm, 2017) are topics that illustrate the ongoing points of contention in the current literature. As such, accurately evaluating the content validity of any attachment measure is inherently difficult.

Incremental validity. Incremental validity is used to determine whether a psychometric test is able to uniquely predict an external criterion when compared to other existing measures (Hunsley & Meyer, 2003).

A study by Trentini et al. (2015) assessed the psychometric properties of the State Adult Attachment Measure (Gillath, Hart, Noftle, & Stockdale, 2009) Italian Translation (IT-SAAM); they included this measure, along with two previously established Italian Translation attachment measures (ASQ [Fossati et al., 2003] and Experiences in Close Relationships-Revised; ECR-R [Busonera, Martini, Zavattini & Santona, 2014) in a multiple hierarchical regression, exploring variance in two outcome variables – happiness and depression. Whilst the IT-SAAM accounted for some unique variance, its contribution was small, and the authors concluded that overall, the ASQ accounted for a larger proportion of variance than the IT-SAAM and ECR-R when entered as predictors.

Differential validity. Differential validity relates to how well a psychometric tool discriminates between different populations. A

scale should always have the ability to predict results; however, such predictions might differ based on a target population.

Relating to attachment, theoretically, individuals with personality disorder are thought to present with higher levels of attachment insecurity when compared to individuals without personality disorder (see Levy, Johnson, Clouthier, Scala & Temes, 2015), and should therefore present with different scores on attachment measures such as the ASQ. Fossati et al. (2003) confirmed this, as their analysis revealed differences in these groups in all five subscales of the ASQ. These differences were all significant (using Bonferroni correction; $p<.01$). Further, sex differences in parent, peer and romantic attachments have previously been demonstrated (Giudice, 2010; Nickerson & Nagle, 2004), and Feeney et al.'s study confirmed that males and females scored differently on all subscales of the ASQ ($p<.05$).

Construct Validity. The extent to which a test is tapping into the concept being studied is known as construct validity. It is most commonly assessed through inter-correlations between items (Langdrige, 2004).

Feeney et al. did not conduct such an analysis, however, using component analysis, subsequent research by Fossati et al. (2003) revealed that all items of the ASQ subscales showed the largest loadings on their respective factor. The underlying theory behind factor loading is based on their correlations, and so it can be safely assumed that these items also correlate highly with each

other (Fields, 2013). Considering a sample size of 487, a minimum factor loading of .30 can provide meaningful and significant loading (Hair, Tatham, Anderson & Black, 2005). All factor loadings ranged from .37 to .75. Further, as Fossati et al. report through their study of the relationship between the ASQ and Parental Bonding Instrument (PBI; Parker, Tupling & Brown, 1979), the correlations between them are theoretically meaningful. The latter findings should, however, be interpreted with caution; while the PBI has been repeatedly cited as a measure of adolescent attachment within the literature, its development was not driven by attachment theory (Wilson & Wilkinson, 2012) and, while it correlated highly with a more complex measure of attachment (Adult Attachment Interview; George, Kaplan & Main, 1996) for participants with secure attachment histories, some discrepancies were noted in its comparability for participants with insecure attachments histories (Manassis et al., 2016).

Finally, a study exploring how the subscales of the ASQ correlate with avoidance and anxiety among American and Dutch student populations further support the scale's construct validity, where all correlation results were as theoretically expected (Conradi, Gerlsma, van Duijn & de Jonge, 2006).

Appropriate Norms

In order to make the interpretation of a test possible, sets of scores (i.e. norms) need to be established from a clearly defined sample population (i.e. normative sample). The normative sample

of a test is a crucial factor in its standardisation, where the sample size and its representativeness are important variables (Kline, 1986).

Feeney et al. (1994) piloted the initial 65-item ASQ on a sample of 470 university students in their first or second year of study in Australia. Further details of the sample were not provided by the authors. Following a reduction in items, the ASQ was tested on an Australian sample of 248 male and female students, the majority of whom were 13-14 years old. In order to cover a broad range of socioeconomic backgrounds, the sample was taken from three high schools within a large metropolitan area. Due to the limited information provided by Feeney et al. with regards to the normative samples, the adequacy of their size and representativeness are unable to be established. In addition, norms were not reported by the authors.

Nevertheless, since its initial development, the utility of the ASQ has been reliably demonstrated across different cultures and ages, including both adult males and females in Italian samples of university students, non-psychiatric and psychiatric inpatients and outpatients (Lo Coco et al., 2016; Fossati et al., 2003), Australian adult and adolescent community samples (Karantzas et al., 2010; Karantzas, Goncalves, Feeney & McCabe, 2011), a Swedish sample of pregnant women (Axfors et al., 2017), and an Australian sample of clinically depressed and non-depressed adolescents (O'Shea et al., 2014). However, the ASQ was not found to be valid in a Malaysian sample (Ng, Trusty & Crawford, 2005), although the

authors noted that their results should be interpreted with caution due to a small sample size.

Discussion

The ASQ was developed in an attempt to address the limitations inherent in categorical measures of attachment, which include the assumption of discrete and mutually exclusive attachment styles and an inability to measure attachment style change (Karantzas et al., 2010). As with other self-report measures, the ASQ benefits from its practical utility, brief administration time, and no administration training requirements. Consistent with Feeney et al.'s original aims, the ASQ is able to assess attachment among adolescents and adults who have limited or no experience of romantic relationships, and enables the assessment of the degree of attachment insecurity within each attachment style, thus additionally allowing for the measure of change.

In evaluating the psychometric properties of the ASQ, the tool was found to appropriately meet the basic requirements. In constructing the test using a 'bottom up' approach, Feeney et al. (1994) were able to demonstrate good levels of face validity, construct validity and content validity. The concurrent validity, predictive validity, incremental validity, discriminant validity, and test-retest reliability of the ASQ was found to be acceptable, although the internal consistency reliability varied across studies

(Axfors et al., 2017; Feeney et al., 1994; Haas et al., 2016; O'Shea et al., 2014).

While the ASQ does address many of the limitations of categorical measures of attachment, its own limitations are also evident. The ASQ's parallel form reliability remains untested, and although the test is argued to have good face validity, this conversely increases its susceptibility to impression management by respondents (Gignac, 2009). Similarly, while the test has demonstrated its applicability across different cultures and ages, Feeney et al. failed to report norms in their original study, limiting the ASQ's utility within clinical settings. Further research with the ASQ would be beneficial to provide increased evidence of its psychometric properties, particularly with regards to clarifying its internal consistency reliability and standardising the measure with appropriate normative samples. Finally, the ASQ's use of an ordinal scale may be considered a further limitation in terms of its research utility, as the application of parametric statistics to ordinal level data continues to be an area of debate (Kline, 1986; Norman, 2010). Although Norman (2010) evidenced the application of parametric tests to ordinal data and asserted that parametric tests were sufficiently robust to manage violations to statistical assumptions, an alternative to the ASQ's Likert scale might be the use of a semantic differential response format that uses an interval level of measurement (Rosenberg, 2017).

Overall, the current review has served to demonstrate reasonable levels of reliability and validity of the ASQ as a measure

of adolescent and adult attachment, and there is good evidence for its utility in the field of attachment research. As with all self-report attachment measures, the ASQ is unable to probe an individual's unconscious attitudes and beliefs about themselves or others, but can be effectively used to "directly assess conscious attitudes towards, or awareness of behaviors [*sic*] in, experiences of separation, loss, intimacy, dependence, and trust" (Ravitz et al., 2010, p.420). The ASQ's use in the current thesis' investigation of the association between self-reported adverse childhood experience, attachment and CPA is therefore supported, and is detailed in Chapter 4.

CHAPTER 3

The Extent and Triggers of Child-to-Parent Abuse among Late Teens and Young Adults: An Examination of Victim Gender Differences

Abstract

CPA is a form of family violence that has received increasing attention in recent years due to high prevalence estimates and the physical and mental health consequences of its victims. The current study aimed to provide an estimate of the lifetime occurrence of self-reported CPA towards mothers and fathers in the U.K. and the perceived triggers for episodes of abuse among individuals aged between 16 and 25. Participants were recruited through opportunity and snowball sampling. With the use of a web-based survey, a total of 59 participants responded to items relating to CPA towards mothers (Mothers Survey) and 77 participants responded to items relating to CPA towards fathers (Fathers Survey). Results indicate that 60.3% of respondents in the Mothers Survey were found to have engaged in Moderate, High or Extensive levels of abuse, while 64.9% of respondents in the Fathers Survey were categorised as such. Triggers for CPA were found to differ according to victim gender and level of abuse. These findings are discussed in the context of future research, prevention and intervention efforts.

Introduction

Despite the wide-ranging impact of child-to-parent abuse (CPA) on families, reviews of the existing literature on CPA have consistently concluded conflicting prevalence estimates and a poor theoretical understanding of situational antecedents (Holt, 2013; Hong et al., 2012; Kennair & Mellor, 2007; Simmons et al., 2018). Central to the disparate findings described in Chapter 1 are the inconsistencies in the operationalisation and definition of CPA, which have in turn resulted in the use of varied measurement approaches to investigate the interaction of factors that precede and reinforce it (Simmons et al., 2018).

Measurement of CPA

As noted above, our understanding of the extent of CPA has remained hampered by the variability of data collection methods and measurement scales within studies (Simmons et al., 2018). Early investigations of CPA used direct or reported observations of physically aggressive behaviours towards parents to measure occurrences (e.g. Charles, 1986; Harbin and Madden 1979); however, the acknowledgement of CPA as a form of family violence resulted in the CTS (Straus, 1979) being increasingly used within CPA research (e.g. Browne & Hamilton, 1998; Calvete, Orue & Gámez-Guadix, 2013). The CTS, and its subsequent revised version (CTS-2; Straus et al., 1996), was initially developed as a tool to measure family conflict, with the revised tool measuring conflict according to five scales; Negotiation, Psychological Aggression,

Physical Assault, Injury, and Sexual Coercion. While these measures have been most widely applied within research relating to intimate partner violence, they can be adapted to investigate conflict within different relationships (Jones, Browne & Chou, 2017). Accordingly, CTS items relating to physical assault and psychological aggression have predominantly been applied to the measurement of CPA (e.g. Ibabe & Bentler, 2016). However, comparable to more general criticisms of the CTS and CTS-2 (Jones et al., 2017), the use of these measures in CPA research has been found to neglect some of the more covert behaviours described in qualitative studies, such as financial abuse or coercion (Simmons et al., 2019).

More recently, a number of CPA-specific measures that explore a wider range of potential behaviours used by children within conflicts have begun to emerge (e.g. Calvete et al., 2013; Edenborough et al., 2011; Ghanizadeh & Jafari, 2010; Ibabe & Jaureguizar, 2011 as cited in Ibabe et al., 2014). Ghanizadeh and Jafari (2010) were the first to develop such a tool; they constructed the 27-item Abused Parent Questionnaire (APQ) to measure occurrences of CPA among a clinical sample of 74 children aged 5-14 years with a diagnosis of attention deficit hyperactivity disorder (ADHD) in Iran. The tool was developed from items described in DeKeseredy's (1993) report for the National Clearinghouse on Family Violence, and demonstrated good face validity and internal consistency reliability in Ghanizadeh and Jafari's (2010) sample, as well as good concurrent and internal consistency reliability in an

Egyptian clinical sample of 150 adolescents with first-episode psychosis (Fawzi, Fawzi & Fouad 2013).

Two further measures were developed in Spain; the Intra-Family Violence Scale (Ibabe & Jaureguizar, 2011) and the Child-Parent Aggression Questionnaire (CPAQ; Calvete et al., 2013). The 9-item Intra-Family Violence Scale was developed and used to examine the extent of physical, psychological and emotional CPA among a sample of 485 Spanish adolescents, aged 12 to 18 (Ibabe & Jaureguizar, 2011). While it was not possible to obtain an English translation of the original published article, a subsequent study by Ibabe et al. (2014) indicated that the tool was empirically supported by exploratory and confirmatory factor analysis, and in their own study of 231 adolescents in Spain, Ibabe et al. (2014) indicated good levels of internal consistency reliability. Calvete et al. (2013) subsequently developed the CPAQ, which comprises ten items that are repeated to separately measure physical and psychological abuse towards the mother and father. The assessment also includes two open questions to elucidate information about the triggers for aggressive behaviours. The process of item selection was not described in the development paper; however, in their sample of 2719 adolescents aged 13 to 18 years, Calvete et al. (2013) demonstrated good psychometric properties.

Finally, the Child-to-Mother Violence Scale (CMVS; Edenborough et al., 2011) is a self-report instrument that was developed as a measure of mothers' experiences of abusive behaviour displayed by their children. The 24 items within this tool

were generated from a review and content analysis of the relevant literature and a review of items from existing measures, namely the CTS, as well as feedback from children, experts, and mothers. It additionally includes a supplementary 17-item scale to explore perceived triggers for CPA where relevant. In their pilot sample of 129 mothers in Australia, and subsequent sample of 1024 mothers in the same region, Edenborough et al. (2011) demonstrated good internal consistency reliability, test re-test reliability, and construct validity. However, since its development, the CMVS is not known to have been used in any subsequent published research.

A major criticism of the CTS as applied to CPA research, as well as the four CPA-specific measures described, is that they fail to appropriately differentiate between normative and abusive behaviour (Simmons et al., 2019). While cut-off scores for different levels of severity of abuse have been described in CPA research using the CTS (Browne & Hamilton, 1998), CMVS (Edenborough, 2007), and CPAQ (Calvete et al., 2013), Simmons et al. (2019) argue that these appear to have been arbitrarily defined by the authors rather than empirically derived from culturally relevant social norms, fail to account for overall abusive patterns of behaviour, and do not consider the interaction between frequency and severity of abusive behaviour. Condry & Miles (2014) suggest that CPA "is likely to be experienced as a continuum of behaviour with prolonged impact" (p.270); however, these measurement issues have been noted to facilitate some inflated rates of overall CPA through the inclusion of isolated or infrequent incidents of

socially normative, albeit disrespectful, behaviour by children, where it is likely that such behaviours would only be considered abusive if they occurred at a high frequency or level of intensity (Simmons et al., 2019).

Purpose of Research

With a view to enhancing our understanding of CPA, the aims of the current study were two-fold: firstly, to provide a current estimate of the occurrence of self-reported CPA towards mothers and fathers in the U.K. among individuals aged between 16 and 25; secondly, to identify the perceived triggers for episodes of abuse.

Method

Design

The study utilised a descriptive design, which was deemed necessary in order to provide an overview and estimated occurrence of CPA.

Participants

Eligibility criteria for participation in the research comprised being between the ages of 16 and 25, residing in the U.K., and being able to read and understand English. Due to the current study using an internet-mediated research design, discussed in further detail below, the lower age limit of 16 was selected to prevent the ethical and logistical complexities associated with obtaining appropriate informed consent from participant

gatekeepers, particularly in the absence of any relevant ethical best practice guidelines on this issue (Hokke et al., 2018). The upper age limit of 25 was selected to include individuals described in Arnett's (2000) definition of 'emerging adulthood', as detailed in Chapter 1, who have largely been neglected in the field of CPA research, while excluding individuals above this age who are less likely to be living with, or financially dependent on, their parent(s) (Office for National Statistics, 2019), and therefore not enacting a role of a person under care (Pareira et al., 2017). Participants were recruited using opportunity and snowball sampling (Langdridge, 2004). Information about the study was distributed on social networking platforms through funded targeted advertisement and requests for circulation by individuals and organisations. A total of 361 colleges across the U.K. (ranging between one and six colleges per county depending on availability) were additionally contacted directly to request distribution of the advertisement to students. A total of five colleges responded to confirm that they had circulated the information to their students.

Participants who described their ethnicity as anything other than White were excluded from the dataset, as the sample of non-White respondents was too small and diverse to enable meaningful analyses of possible cultural variation that has previously been demonstrated in other forms of offending behaviour (Smith, 2005). Within the Mothers Survey, a total of four participants were excluded; 3.2% (*n*=2) of participants had identified as Mixed and 3.2% (*n*=2) identified as Other. Within the Fathers Survey, six

participants were excluded; 1.2% (*n*=1) of participants had identified as African/Caribbean, South Asian, East Asian, Middle East, Mixed, or Other respectively, and 1.2% (*n*=1) preferred not to disclose their ethnicity. This yielded a final sample size of 135 participants: 59 participants who completed questionnaires relating to abuse towards mothers (Mothers Survey), and 77 participants who completed questionnaires relating to abuse towards fathers (Fathers Survey).

For the Mothers Survey sample, the mean age of participants was 19.19 years (*SD*=3.14, range=16-25), compared to a mean age of 19.65 years (*SD*=3.32, range=16-25) for the Fathers Survey. Regarding gender, 74.6% (*n*=44) of participants were female in the Mothers Survey, 23.7% (*n*=14) were male, and 1.7% (*n*=1) indicated 'other'. Within the Fathers Survey, 85.7% (*n*=66) of participants were female, 11.7% (*n*=9) were male, and 2.6% (*n*=2) indicated 'other'. Most participants in the Mothers Survey were born in the UK (88.1%, *n*=52), with the mean number of years living in the UK being 17.3 (*SD*=5.86, range=0-25). Similar rates were identified in the Fathers Survey, where 92.2% (*n*=71) of participants were born in the UK, with the mean number of years living in the UK being 18.4 (*SD*=5.1, range=0-26). Total number of siblings ranged from 0 to 4 (*SD*=1.15, *M*=1.7) within the Mothers Survey, compared to 0 to 9 (*SD*=1.55, *M*=1.9) in the Fathers Survey.

Further demographic variables of interest relating to family composition, current living arrangements, educational achievement and employment status are reported in Table 1.

Table 1.
Demographics of Study Samples from Mothers and Fathers Survey

	% Frequency	
Factor	Mothers Survey (*n*=59)	Fathers Survey (*n*=77)
Family Composition		
Intact	45.8	64.9
Lone Mother	20.3	11.7
Lone Father	1.7	2.6
Mother and Step-Parent	6.8	6.5
Father and Step-Parent	3.4	[a]--
Blended Family	1.7	1.3
Same Sex Parents	1.7	--
Combination	18.6	13
Living With		
Male and female parent/guardian	47.5	50.6
Lone female parent/guardian	28.8	18.2
Lone male parent/ guardian	--	2.6
No one	8.5	7.8
Partner or boy/ girlfriend	10.2	19.5
Own children	1.7	--
Step-parent or parent's partner	5.1	7.8
Foster parent(s)	1.7	--
Siblings	44.1	49.4
Step-siblings	1.7	1.3
Grandparents	--	5.2
Other relatives	1.7	5.2
Other non-relatives	11.9	5.2
Educational Achievement		
Secondary school	32.2	28.6
A-levels	40.7	40.3
Undergraduate degree	18.6	15.6
Postgraduate degree	8.5	15.6
Employment Status		
Full-time employment	11.9	16.9
Part-time employment	33.9	36.4
Unemployed	3.4	2.6
Student	49.2	44.2
Unable to work	1.7	--

Note. [a]No participants indicated this response.

Procedure

After reading a participant information sheet, which involved partial deception with regards to the aims of this study, participants completed a consent form and a series of measures online using a web-based survey platform (SurveyGizmo). Participants were randomly allocated by SurveyGizmo to either the Mothers Survey or Fathers Survey. Randomisation was used as a method of experimental control in order to minimise the risk of selection and accidental bias (Suresh, 2011). While this approach did not allow for comparisons to be made between results from the Mothers Survey and Fathers Survey, thereby not enabling comparisons of CPA prevalence according to victim gender, lengthening the questionnaires to include items relating to both mothers and fathers was not deemed suitable, as this would have resulted in a substantial increase in the survey's length (from 160 items to 310 items), and is therefore likely to have resulted in lower response and completion rates, and a reduction in quality of responses (Deutskens, de Ruyter, Wetzels & Oosterveld, 2004).

The measures included a demographic questionnaire and an adapted version of the CMVS experience scale and trigger scale (Edenborough et al., 2011). Participants were invited to complete three further questionnaires relating to risk factors associated with CPA, which are described in Chapter 4. Each of the measures (with the exception of the demographics questionnaire) included one control question asking participants to select a specific response option to identify inattentive or incorrect responding, and

participants were provided with the opportunity to end their participation following the completion of each measure. The questionnaires were not time limited. Participants were directed to a debriefing page in the event of premature discontinuation or following completion of the study.

Although there are several limitations inherent to internet-mediated research (detailed in the discussion section, below), this method of data collection was deemed the most suitable for the current study due to its enhanced ability to recruit large and diverse samples relative to other modes of data collection (Kraut et al., 2004), and enhanced disclosure by participants due to the anonymity afforded by internet-mediated research (Joinson, 1999), including enhanced disclosure about topics of a sensitive nature and socially undesirable behaviours (Pitman, Osborn & King, 2014). Nevertheless, the physical absence of a researcher in internet-mediated research has been noted to present additional challenges with regards to study design, particularly relating to the maintenance of study integrity and increased likelihood of participant misunderstanding resulting in discontinuation or incorrect completion (Nosek, Banaji & Greenwald, 2002). Efforts were therefore made to ensure that such challenges were addressed at each stage of the procedure within the present study by providing simple and coherent instructions, undertaking regular monitoring of survey completion, and removing data that was likely to have been affected by inattentive or incorrect responding.

Measures

Adapted Child-to-Mother Violence Scale. The original CMVS is a self-report multiple measure of mothers' lifetime experiences of abusive behaviour displayed by their children, including physical, emotional, psychological, social and financial abuse, as well as threats of sexual abuse (Edenborough et al., 2011). The CMVS was developed in the suburbs of Sydney, Australia, with a view to measuring the subjective experiences of CPA by mothers of children aged between 10 and 24 years. It is comprised of two scales; the experience scale aims to explore lifetime experiences of CPA, and the triggers scale aims to explore perceived triggers for CPA where relevant. In the 24-item experience scale, respondents are asked to rate the frequency with which they have been victims of different types of abusive behaviour by their child using a four-point response format ('never', 'occasionally', 'most weeks' or 'daily'). In the 17-item triggers scale, respondents are required to select all of the perceived triggers of CPA that they think apply and rate the frequency with which these triggers were perceived to occur using the same four-point response format. Additional open-ended items were included at the end of each scale to allow the respondent to provide further details or clarification.

Although published development and validation of the full CMVS was conducted by Edenborough et al. (2011), results from the pilot study of the measure was previously published by Stewart, Wilkes, Jackson and Manning (2006), and more extensive details of the measure's development were described in Edenborough's (2007)

unpublished doctoral thesis. Initial items within this tool were generated from a review and content analysis of relevant CPA, family violence, and adolescent violence literature, and a review of items from the CTS, as well as consideration of the limitations of this measure (Edenborough, 2007). Item reduction was initially undertaken through inter-rater agreement by the research team about the appropriateness of each item, and subsequently through consultation and feedback from children and experts in relevant fields of study. Piloting of the measure was undertaken with 129 mothers, following which Edenborough (2007) explored the prevalence of CPA among a sample of 1024 mothers, and found that 50.9% of the study's sample had experienced one or more forms of CPA.

While clinical cut-off scores are not available, in response to a number of participants within the sample expressing their view that occasionally being sworn at or given the silent treatment by their child did not constitute abusive behaviour, Edenborough (2007) developed a method for calculating levels of severity of abusive behaviours, which is detailed in Appendix B. When applied to the results of Edenborough's (2007) study, the majority of participants who reported experiencing CPA were described as having Extensive experiences of abuse (35.3% of the total sample), while 10.6% of the sample were categorised as having Moderate experiences and 5% had Minimal experiences. However, of note is that this categorisation was not included in the subsequent published validation study (Edenborough et al., 2011). The absence of an

empirically derived method for calculating these thresholds raises questions about the tool's specificity when detecting levels of abuse.

Initial validation of the CMVS indicates appropriate psychometric properties. Test-retest reliability was calculated using a subsample of 20 participants from the pilot study within a three week period, which indicated a strong positive correlation of 0.97 on both of the tool's scales. Internal consistency was measured by conducting split-half testing on the results of the pilot sample of 129 mothers and the main study sample of 1024 mothers, with high levels of internal consistency determined for both scales. Results from the pilot study indicated an intraclass correlation coefficient (ICC) of 0.91 and alphas of 0.82 and 0.88 on the 24-item experience scale, and subsequently an ICC of 0.93 and alphas of 0.89 and 0.86 in the main study. The trigger scale was identified as having an ICC of 0.99 and alphas of 0.98 and 0.99 in the pilot study, and an ICC of 0.93 and alphas of 0.9 and 0.85 in the main study.

High levels of face validity and appropriate content validity were established through a combination of generating items from a comprehensive review of the literature, testing the clarity and readability of the items with a panel of three children aged 10 to 12 years, and consulting with a panel of seven experts from relevant clinical and academic fields (Edenborough, 2007). Regarding the construct validity of the CMVS, maximum likelihood factor analysis was conducted for both the experience scale and trigger scale. The results indicated that, rather than measuring a set of distinct

factors, the experience scale was measuring a single concept, while the trigger scale was found to measure diverse postulations (Edenborough et al., 2011). The authors considered that these results may have emerged as a result of the differences between the two scales, with the trigger scale being more prone to very individualised responses, although did not conduct further analyses of these differences. Further to this, the test's concurrent, incremental, differential, and predictive validity, as well as its parallel form reliability, remain untested. Indeed, as previously mentioned, the CMVS is not known to have been used in any subsequent published research since its development.

In addition to demonstrating sufficient reliability and validity, the CMVS was selected as the measure of CPA for the current study as it was the only CPA-specific measure developed and used in an English-speaking westernised country, and was therefore considered the most culturally appropriate of the available instruments for use within the U.K. This measure was adapted for the current study to capture the perspective of teenagers and young adults on their own lifetime behaviour towards their mother or father (see Appendix B). The adapted 22-item experience scale used within the current study was found to be acceptable in the Mothers Survey (Cronbach's α= .74) and questionable in the Fathers Survey (Cronbach's α= .63). The triggers scale was adapted to comprise 16 items in which respondents are required to select all of the perceived triggers of CPA that they think apply. Participants who selected any response

other than 'never' within the adapted experience scale were directed to complete the trigger scale.

Ethical Considerations

Ethical approval for the current study was granted by the University of Nottingham Faculty of Medicine & Health Sciences Research Ethics Committee (Reference: N270217). The study was conducted in accordance with the Code of Human Research Ethics (The British Psychological Society, 2014) and in consideration of the Ethics Guidelines for Internet-mediated Research (The British Psychological Society, 2017). As a result of the physical absence of a researcher in internet-mediated research, the presence of additional ethical concerns has been raised in relation to the process of obtaining informed consent, providing adequate debriefing, and maintaining participant confidentiality and anonymity when compared to laboratory-based research (Nosek et al., 2002). These issues were considered throughout the design and conduct of the current study.

Participants were provided with an information sheet that included clear details of the general study title and aims, the benefits and potential risks of participation, the confidentiality and anonymity of their responses, their right to withdraw from the study at any time, data security procedures, and the researchers' contact information (see Appendix E). So as to minimise biased or socially desirable responding to what is considered a sensitive topic, participants were only informed of the broader research theme and

purpose of this study within the participant information sheet, amounting to partial deception. As well as emphasising that confidentiality from the researcher would be maintained, participants were provided with a web link that detailed a method in which they could maintain confidentiality from other household members through the use of 'private mode' on their web browser; this was deemed a pertinent feature due to the sensitive nature of the topic under investigation (Pitman et al., 2014). At the end of the participant information sheet, a consent form consisting of statements confirming the participants' understanding and acceptance of the information provided to them was presented (see Appendix F). Understanding and consent was indicated by participants ticking a box next to each statement.

In order to ensure that participant withdrawal rights were upheld, survey responses were not automatically saved by the survey platform. An increased risk of participants prematurely ending their participation in internet-mediated research, whether voluntarily or involuntarily, has been noted in the literature; while the physical absence of a researcher can serve to better protect the withdrawal rights of participants by decreasing situational demands placed on them, this can also present difficulties when attempting to ensure adequate debriefing (Nosek et al., 2002). Therefore, as recommended in the Ethics Guidelines for Internet-mediated Research (The British Psychological Society, 2017), participants were provided with the option to withdraw from the study on each page of the survey; in the event of their withdrawal, participants

were explicitly asked for permission to use their partially completed responses. Participants were directed to a debriefing page at the end of the survey or if the participant used the option to withdraw from the study following partial completion, which provided information about the full purpose of the study and a list of professional groups and organisations the participants could approach if they felt unsettled by any of the topics covered (Samaritans, Childline, NAPAC, Victim Support, Family Lives and NHS Choices; see Appendix G). Participants were also reminded of the researchers' contact information, which they could use to raise any concerns or queries relating to the study. Finally, participants were given the opportunity to volunteer for a future qualitative interview on the topic of CPA; a link was provided at the end of the debriefing page, which redirected them to another webpage where they could leave their email address and indicate their consent to be contacted for this purpose in the future.

No participant identifying information was explicitly collected in this survey and participant Internet Protocol (IP) addresses were not recorded, which served to ensure the adequate protection of anonymity and confidentiality during data collection and transmission. The downloaded data were stored on a University of Nottingham secure drive, and all files were password protected.

Treatment of Data and Analyses

Survey responses were analysed using IBM SPSS Statistics 24 software. Prior to conducting analyses, the data were screened for

errors in the data file and corrected (Pallant, 2013). Within the Mothers Survey, a total of 31 participants were excluded from the dataset due to failing to agree to all of the items within the consent form (*n*=9), failing to (fully) complete any of the questionnaires (*n*=2), or responding incorrectly to control questions (*n*=20). Within the Fathers Survey, a total of 84 participants were excluded from the dataset due to failing to agree to all of the items within the consent form (*n*=16), not meeting the eligibility criteria (*n*=2), failing to (fully) complete any of the questionnaires (*n*=49), withdrawing from the research (*n*=1), and/or responding incorrectly to control questions (*n*=16). This resulted in a final sample size of 59 participants for the Mothers Survey and 77 participants for the Fathers Survey who completed sufficient questionnaires to be included within the estimated occurrence analyses.

Fisher's Exact Test was carried out in order to explore whether any associations existed between participant gender (male or female), living arrangements (living with parent(s) or not living with parent(s)), and family composition (intact or not intact) and reported occurrences of the four different types of abuse under investigation (emotional or psychological, physical, sexual, and financial or social abuse). Fisher's Exact Test was deemed most appropriate due to the study's small sample size, which resulted in expected values below 5 in more than 20 per cent of cells (Langdridge 2004).

Analysis of descriptive statistics was undertaken. Variability was described through frequencies; these descriptive statistics

provide the most meaningful analyses of Likert-type data, which fall into the ordinal measurement scale (Boone & Boone, 2012). Categorisation into different levels of CPA severity was tested using Edenborough's (2007) categorisation method, which is described in Appendix B. The results of this categorisation are described, along with re-categorisation using z scores, which were computed for raw scores in the Mothers and Fathers Survey datasets. Z scores provide a measure of the number of standard deviations a participant's raw score falls within when compared to the sample mean. Participants who obtained a *z* score of -1 (raw score range 0-2) were categorised as No/Minimal Abuse when compared to the sample mean, those who obtained a *z* score of 0 (raw score range 3-5) were categorised as Moderate, *z* scores of 1 (raw score range 6-8) were categorised as High, and *z* scores of 2 or above (raw score range 9-15) were categorised as Extensive. The computation of z scores was considered the most appropriate for this data in the absence of clinically derived cut-off scores and was deemed more methodologically rigorous when compared to Edenborough's (2007) categorisation method.

With consideration of the issues operationalising CPA discussed in Chapter 1, treatment of data and results have been transparently reported throughout the following section in order to allow for future comparisons to be made.

Results

Group Differences

Fisher's Exact Test was carried out in order to explore whether any associations existed between participant gender, living arrangements, and family composition and reported occurrences of the four different types of abuse under investigation. Bonferroni correction was applied (.01 for the present analysis) and is reported in addition to a significance level of .05.

The results from this analysis are presented in Table 2 and suggest an absence of significant associations between these variables within the Mothers Survey. Within the Father's Survey, two relationships emerged as significant at the .05 level, but were not significant with the Bonferroni correction; the relationship between gender and emotional or psychological abuse, in which 55.6% of males reported engaging in this form of abuse compared to 86.4% of females (p=.04), and the relationship between family composition and financial or social abuse, in which 52% of respondents from intact families reported occurrences of this form of abuse compared to 22.2% of respondents from non-intact families (p=.02).

Estimated Occurrence of CPA

Severity of CPA.

The categorisation of CPA into different levels of severity initially attempted to replicate the methods used by Edenborough (2007).

Table 2.
Associations between Participant Gender, Living Arrangements, and Family Composition, and Reported Occurrences of Types of Abuse

	Type of Abuse					
	Psychological		Physical		Social/Financial	
	% Freq.	p	% Freq.	p	% Freq.	p
Mothers Survey						
Gender		.67		1		1
Male	92.9		7.1		57.1	
Female	84.1		11.4		54.5	
Living Arrangements		.67				.13
With Parents	82.9		8.9	.62	60	
Without Parents	92.9		14.3		35.7	
Family Composition		1		1		.60
Intact	85.2		11.1		59.3	
Not Intact	84.4		9.4		50	
Fathers Survey						
Gender		.04*		.68		.72
Male	55.6		11.1		33.3	
Female	86.4		25.8		43.9	
Living Arrangements		.53		.08		.13
With Parents	83.6		29.1		47.3	
Without Parents	77.3		9.1		27.3	
Family Composition		.53		.85		.02*
Intact	80		26		52	
Not Intact	85.2		18.5		22.2	

Notes. Responses for 2-tailed significance level of Fisher's Exact Test. Sexual Abuse omitted from table as no participants indicated presence. *p<.05. **p<.01.

The frequency of respondents within each level of severity in both the Mothers and Fathers Survey is shown in Table 3, which indicates that the majority of respondents within both surveys had engaged in Extensive CPA towards their parent (52.5% in the Mothers Survey; 62.3% in the Fathers Survey). However, as a result of these cut-off scores being arbitrarily defined rather than empirically derived, the inclusion of potentially normative behaviour within the Moderate and Extensive categories cannot be ruled out. For example, a

respondent who indicated that they had occasionally put their parent down in front of others, with an absence of any other abusive behaviour, would be categorised as moderately abusive.

Table 3.
Frequency of CPA towards Mothers and Fathers by Severity using Edenborough's (2007) Categorisation

	Frequency%	
Level of Severity	Mothers Survey (n=59)	Fathers Survey (n=77)
No Abuse	8.5	13
Minimal	8.5	1.3
Moderate	30.5	23.4
Extensive	52.5	62.3

In the absence of empirically derived cut-off scores for the CMVS, standardised *z* scores were computed for raw scores in the Mothers and Fathers Survey datasets. The results of this analysis are shown in Table 4, which indicates that, when compared to the scores of the total sample, 60.3% of respondents had engaged in Moderate, High or Extensive abuse in the Mothers Survey, compared to 64.9% of respondents in the Fathers Survey.

Table 4.
Frequency of CPA towards Mothers and Fathers by Severity using Z Score Calculation

	Frequency%	
Level of Severity	Mothers Survey (n=59)	Fathers Survey (n=77)
No/Minimal Abuse	39.7	35.1
Moderate	27.6	37.7
High	25.9	18.2
Extensive	6.8	9.1

Types of CPA

The frequency of respondents who selected anything other than 'never' on each item of the revised CMVS in both the Mothers Survey and Fathers Survey is shown in Table 5. These results should be interpreted with caution as they include behaviours that may be considered socially normative according to the frequency and intensity with which they occurred; these will therefore be referred to as "potentially" abusive behaviours. Of the Mothers Survey sample, 84.7% had engaged in potentially emotionally or psychologically abusive behaviours, 54.2% had engaged in potentially financially or socially abusive behaviours, and 10.2% had engaged in potentially physically abusive behaviours, while zero respondents indicated a history of making sexual threats. This compares to 81.8% of participants who had engaged in potentially emotionally or psychologically abusive behaviours towards their father, 41.6% who had engaged in potentially financially or socially abusive behaviours, and 23.4% who had engaged potentially physically abusive behaviours; parallel to the Mothers Survey, zero respondents indicated a history of making sexual threats towards their father.

When the threshold for frequency of incidents was increased to include only individuals who responded 'most weeks' or 'daily', indicating a pattern of behaviour that is more likely to be considered abusive, of the total sample in the Mothers Survey, 22% had engaged in emotional or psychological abuse, compared to 23.4% in the Fathers Survey; 10.2% had engaged in financial or social abuse towards their mother, compared to 9.1% of respondents towards

their father; and zero respondents had engaged in physical abuse in either the Mothers or Fathers Survey.

Age of onset.

Within both surveys, results indicate that the most common age group of onset for CPA was 12-14 years old (38.3% for mothers, 44.1% for fathers), followed by 15-17 years old (27.7% for mothers, 20.4% for fathers), 9-11 years old (17% for mothers, 13.6% for fathers), and under 9 years old (12.8% for mothers, 16.9% for fathers). A total of 4.2% of respondents indicated that the onset of CPA towards mothers had been over the age of 18, while zero respondents reported that this was the case towards fathers.

Triggers of Behaviour

The perceived triggers for CPA identified by respondents in both the Mothers and Fathers Survey according to z score level of severity is presented in Table 6. Of the respondents in the Mothers Survey who selected the option of 'Other' (zero in the Extensive category, 7.7% in the High category, and 6.3% in the Moderate category), reported triggers included their mother taking away their favourite toy and retaliation for failure to mete out equal punishment between siblings. In contrast, those who selected this option in the Fathers Survey (25% in the Extensive category, zero in the High category, and 32.1% in the Moderate category), triggers including retaliation for their father hitting them first, favouritism

towards another sibling by their father, and inconsistency by their father with regards to behavioural expectations.

Table 5.
Frequency of CPA towards Mothers and Fathers

Item[a]	% Frequency					
	Mothers Survey (*n*=59)			Fathers Survey (*n*=77)		
	Occasionally	Most Weeks	Daily	Occasionally	Most Weeks	Daily
1. Name calling or swearing	35.6	6.8	1.7	36.4	9.1	[a]--
2. Put down in front of others	32.2	1.7	--	37.7	5.2	1.3
3. Told parent s/he was crazy	33.9	8.5	--	28.6	5.2	--
4. Demeaned parenting or partnering skills	35.6	6.8	--	49.4	9.1	1.3
5. Given silent treatment	52.5	5.1	1.7	54.5	2.6	2.6
6. Taken over family rooms	28.8	3.4	1.7	20.8	2.6	--
7. Taken over family car	3.4	5.1	--	10.4	1.3	--
8. Taken parent's money or belongings	27.1	--	--	14.3	5.2	--
9. Aggressively demanded money or things	6.8	1.7	--	6.5	--	--
10. Incurred debts without telling parent that s/he had to cover	--	1.7	--	2.6	--	--
11. Threatened to harm themselves to control parent	6.8	--	--	3.9	--	--
12. Broken or thrown things near parent	16.9	--	--	7.8	--	--
13. Broken or damaged things important to parent	10.2	--	--	6.5	--	--
14. Bullied or stood over parent	6.8	--	--	--	1.3	--
15. Aggressively demanded parent did what they want	11.9	--	--	9.1	--	--
16. Hurt or killed parent's pets	--	--	--	--	--	--
17. Threatened to kill parent or others	--	--	--	--	--	--
18. Hit, punched, kicked parent or twisted his/her arm	3.4	--	--	10.4	--	--
19. Choked parent	--	--	--	--	--	--
20. Shoved, pushed or grabbed parent	10.2	--	--	20.8	--	--
21. Hit parent with a hard or sharp object	--	--	--	--	--	--
22. Made sexual threats to parent	--	--	--	--	--	--

Notes. [a]No participants indicated this response

Table 6.
Triggers of CPA towards Mothers and Fathers

	% Frequency					
	Mothers Survey (*n*=59)			Fathers Survey (*n*=77)		
Triggers	Moderate (n=16)	High (n=13)	Extensive (n=7)	Moderate (n=28)	High (n=14)	Extensive (n=8)
We argue or disagree with each other	56.3	53.8	100	71.4	64.3	37.5
My mother/father doesn't listen to what I have to say	37.5	53.8	85.7	28.6	42.9	37.5
I feel down or stressed about school/work	50	38.5	42.9	21.4	57.1	25
S/he criticises what I do	37.5	46.2	85.7	25	35.7	25
I am going through mental health difficulty	25	38.5	16.7	21.4	35.7	62.5
Feeling fed up with conflict or argument between my parents	18.8	38.5	16.7	28.6	42.9	50
Other	6.3	7.7	[a] --	32.1	--	25
Family structure changed	6.3	15.4	16.7	10.7	14.3	12.5
S/he refuses to give me what I want/need	--	23.1	28.6	3.6	14.3	--
I feel short of money	6.3	7.7	16.7	3.6	14.3	--
S/he enforces house rules or asks me to share house work	6.3	15.4	--	7.1	--	12.5
I get bullied at school or by others in the neighbourhood	6.3	--	--	--	7.1	--
After we've lost someone in the family or when we are going through bereavement	6.3	--	--	3.6	7.1	--
After I've had a few drinks	--	7.7	--	--	--	--
S/he asks me to give them money towards spending around the house	--	--	--	--	--	--
After I get high on drugs	--	--	--	--	--	--

Notes. [a]No participants indicated this response

Discussion

The current study aimed to provide an estimate of the occurrence of self-reported CPA towards mothers and fathers in the U.K., as well as the perceived triggers for episodes of abuse among individuals aged between 16 and 25. When standard scores were used to determine levels of CPA severity in comparison to the overall sample, 60.3% of respondents in the Mothers Survey were found to have engaged in Moderate, High or Extensive levels of abuse, while 64.9% of respondents in the Fathers Survey were categorised as such. Although these figures are higher than previous estimates of 1.9-27% of families affected by CPA in the U.K., this is likely to be predominantly accounted for by the present study's inclusion of a wider range of potentially abusive behaviours. Indeed, to the author's knowledge, this is the first study in the U.K. to apply a CPA-specific measure to this field of research, and the use of differing samples and methodologies in other studies limits effective comparisons of overall CPA from being made. The majority of previous studies investigating CPA within the U.K. have focused solely on incidents of violence towards parents (Mirrlees-Black et al., 1996), and/or used sampling strategies in which high levels of violence are more likely to have been reported, such as contact with parents seeking external support for parenting difficulties (Parentline Plus, 2008; 2010; Selwyn and Meakings, 2015) and Police records (Condry & Miles, 2014), making extrapolation from these results difficult. Although most similar to the current study in their use of a self-report measure with children, effective

comparisons with Browne and Hamilton's (1998) research investigating CPA prevalence among university students and McCloud's (2017) research investigating CPA prevalence among secondary school students is also limited due to the use of different tools to measure CPA (CTS versus CMVS), in which only a minority of items and categories of abuse are comparable, and the use of different timescales for the measurement of CPA (one year and six months respectively versus lifetime occurrence).

While the majority of findings within previous international studies have found that CPA is predominantly directed towards mothers (see Simmons et al., 2018), results from the current study indicated mixed results. Respondents categorised in the High level of CPA severity showed higher rates of abusive behaviour towards mothers (25.9%) than fathers (18.2%); however, respondents in the Moderate and Extensive categories reported higher rates of abusive behaviour towards fathers (37.7% and 9.1% respectively) than mothers (27.6% and 6.8% respectively), resulting in higher reports of abuse towards fathers overall. When more specific types of behaviour were considered, comparable to previous estimates (see Simmons et al., 2018), similar overall rates of potentially emotionally or psychologically abusive behaviour were reported in both surveys, with 84.7% in the Mothers Survey and 81.8% in the Fathers Survey, which reduced to 22% and 23.4% of respondents respectively who engaged in this behaviour 'most weeks' or 'daily'. This compares to 64.4% of children who had engaged in psychological abuse towards either parent in the previous six

months in McCloud's (2017) U.K. sample, which comprised items relating to shouting at parents, insulting or swearing at parents, and threatening to hit parents. Within the current study, Mothers were more likely to be victims of financial or social abuse overall, with 54.8% of respondents indicating they had engaged in this behaviour towards their mother, compared to 41.6% in the Fathers Survey; however, this discrepancy was reduced when the threshold for frequency was increased, with 10.2% of respondents in the Mothers Survey and 9.1% of respondents in the Fathers Survey reporting that they had engaged in this behaviour 'most weeks' or 'daily'. Conversely, fathers were more likely to be victims of physical abuse overall; 23.4% of respondents reported engaging in this behaviour towards their father 'occasionally', compared to 10.2% in the Mothers Survey, while no respondents in either survey reported engaging in physical CPA 'most weeks' or 'daily'. This contrasts to McCloud's (2017) findings of 4.3% of respondents who had engaged in physical CPA (comprising slapping, hitting with an object that could harm them, and kicking or punching) towards either parent, and Browne and Hamilton's (1998) study, which found that 8.5% of respondents had engaged in violence and 1.7% had engaged in severe violence towards their mothers, while 6.1% had engaged in violence and 2.8% had engaged in severe violence towards their fathers. It is, however, of note that the higher rates of CPA occurrence within the present study may result from its measurement of lifetime CPA occurrences, compared to occurrences over the previous one year in Browne and Hamilton's (1998) study

and six months in McCloud's (2017) study. There was additionally an absence of participants within the present study who reported having previously made sexual threats towards either their mother or father. However, of note is that the psychological abuse and financial or social abuse scales of the CMVS include potentially normative behaviour if these are not perpetrated at a sufficiently high level of intensity or frequency to cause distress, disruption or harm, such as giving their parent the silent treatment (perpetrated 'most weeks' or 'daily' by 6.8% of the current sample towards mothers and 5.2% towards fathers) or taking over family rooms (perpetrated 'most weeks' or 'daily' by 5.1% of the current sample towards mothers and 2.6% towards fathers); the above results should therefore be interpreted with caution in the absence of research investigating social norms in relation to the behaviour of children towards parents within the U.K., and therefore in the absence of reliable cut-off scores for abusive behaviour.

Analyses of associations between participant gender, living arrangements, and family composition and reported occurrences of the four different types of abuse under investigation indicated that, although not significant with the Bonferonni correction, female respondents reported significantly higher levels of emotionally or psychologically abusive behaviour towards fathers when compared to male respondents at the .05 level, while this association was not observed within the Mothers Survey. These results partially support previous findings of higher rates of psychological abuse perpetrated by adolescent females than males within both CPA (Calvete et al.,

2013) and dating abuse research (Corral & Calvete, 2006; Straus, 2004). Furthermore, while no significant associations were observed between family composition and financial or social abuse in the Mothers Survey, respondents in intact families were significantly more likely at the 0.5 level (but not with the Bonferroni correction) to perpetrate financial or social abuse towards fathers. To the author's knowledge, there is an absence of previous research investigating the association between family composition and financial or social abuse; however, given that children in non-intact families are most likely to live with their single mother following parental separation (Mooney, Oliver & Smith, 2009), it is possible that decreased father-child involvement may result in reduced access to opportunities for children to engage in financial or social abuse against fathers. Given the small sample sizes within the present study, these associations require further investigation before firm conclusions can be drawn.

These findings indicate differences in both the types of abuse and the frequency of abuse perpetrated against mothers and fathers; whereas the overall frequency of all abusive acts towards mothers and fathers was similar, fathers were at increased risk of being victims of persistent abuse (particularly emotional or psychological abuse) and physical CPA, while mothers were more likely to be victims of financial or social abuse. These findings are contrary to those described in Browne and Hamilton's (1998) study of university undergraduate students in the U.K., which found that mothers were more likely to be victims of physical CPA but fathers

were more likely to be victims of severe physical CPA. Simmons et al. (2018) suggest that previous community sample findings of no difference in physical CPA prevalence according to victim gender (Ibabe et al., 2013a; Ibabe et al., 2013b) or findings in which fathers were more likely to be victims of physical CPA (Peek et al., 1985), may be due to these studies being conducted with only male or predominantly male participants. Findings from the current study contradict this suggestion, as only 23.7% of participants in the Mothers Survey and 11.7% of participants in the Fathers Survey were male. Nevertheless, comparisons between the findings of the current study and those of previous studies with community samples described by Simmons et al. (2018) are difficult to make regardless of outcome; with the exception of the aforementioned study by Browne and Hamilton (1998), none of the studies described were conducted in the U.K. and very few were conducted with a general sample of adolescents and/or young people. This suggests the need for further exploration of the association between CPA prevalence, victim gender and severity of abuse, particularly within the U.K.

Of respondents who had engaged in Extensive CPA, arguing or disagreeing with their mother was reported to be the predominant trigger for CPA in the Mothers Survey (100%), while the respondent experiencing mental health difficulties emerged as the predominant trigger in the Fathers Survey (62.5%). This compares to respondents who had engaged in High levels of CPA, in which arguing or disagreeing with their parent was described as the

predominant trigger in the both the Mothers and Fathers Survey (53.8% and 64.3% respectively), although in the Mothers Survey the respondent feeling stressed about school or work was an equally frequent trigger. It is also of interest that 57.1% of respondents who had engaged in Moderate to Extensive CPA in the Fathers Survey selected the option of 'Other', compared to 14% of respondents in the Mothers Survey, suggesting that the measure did not adequately account for important factors preceding CPA towards fathers. For example, reactive aggression as a means of defence was not accounted for, which was identified as a situational antecedent by 11.1% of adolescent participants in a Spanish sample (Calvete et al., 2013).

In line with previous findings (Cottrell, 2001), the onset of CPA within the current study was predominantly reported to have occurred between the ages of 12 and 14 years. Interestingly, a total of 4.2% of respondents within the Mothers Survey reported that the onset of CPA had been over the age of 18, while there was an absence of respondents who reported the same in the Fathers Survey, indicating possible victim-gender differences in the perpetration of CPA among adult children. While these results require further investigation with a larger sample, they provide further support for the argument that the parent-child relationship, rather than the child's age or stage of development, should be the focus of research in the study of CPA (Simmons et al., 2018).

As a result of the small sample sizes and the potential for sampling bias due to the use of internet-mediated research within

the present study, firm conclusions and generalisability of results are limited. While the present author used both widespread and targeted advertising for the study, a relatively small number of participants chose to respond, indicating potential issues with the advertisement's appeal to the relevant research population. Moreover, in addition to populations with limited internet access being underrepresented in internet-mediated research (Nosek et al., 2002), the advertisement appeal of the current study and the possibility of respondents providing misleading information about their demographics (Waskul, 1996), may have contributed to the final sample being notably skewed towards females and white participants, as well as potentially geographical distribution and socioeconomic status (Frankel & Siang, 1999), and therefore resulted in findings that may be unrepresentative of the general population. For example, while previous research with community samples has indicated a trend towards perpetrator gender symmetry in rates of physical CPA, higher rates of emotional and psychological CPA perpetrated by females have been suggested (see Simmons et al., 2018), which may have impacted on the present findings. Further large scale studies within the U.K. are therefore required in order to give a more comprehensive measure of the extent to which CPA presents itself within the general population and the antecedents to this behaviour from the perspective of the perpetrator of CPA, as well as differences in the manifestation of CPA according to the victim's gender, perpetrator's gender, and family composition. The latter differences indicate the need for

gender-sensitive research, prevention, and intervention efforts (Simmons et al., 2018).

Future research within this area may also benefit from using an alternative mode of data collection. Internet-mediated research has a number of advantages, such as resource efficiency, improved quality of data (see Fricker, Galesic, Tourangeau & Yan, 2005), increased accessibility to participants for recruitment, and reduced environmental impact (see Hoerger, 2010), and is also argued to demonstrated some ethical advantages when compared to laboratory-based research, such as better protecting participant withdrawal rights by decreasing the likelihood of implicit or explicit pressures that can occur in the physical presence of a researcher (Nosek et al., 2002). Conversely, this mode of data collection can be affected by low response rates and sampling bias (Roberts, 2007), which were observed to impact the generalisability of results within the present study. Moreover, while internet-mediated research can be a powerful medium for furthering our understanding of sensitive topics such as CPA, the physical absence of a researcher raises novel ethical and methodological difficulties, such as ensuring adequate debriefing is facilitated and the maintenance of experimental protocols (Nosek et al., 2002). Comparisons of the results from the current study with laboratory-based research may therefore prove fruitful, both with regards to progressing our understanding of CPA within the U.K., as well as gaining an understanding of the most advantageous medium with which to study this phenomenon.

Finally, future research is required to increase the utility of the CMVS within CPA research. While the CMVS demonstrated appropriate psychometric properties in its initial validation and items within this tool appear have been robustly identified through a review of the existing literature, as well as consultation with relevant experts and appropriate piloting (Edenborough et al., 2011), there is a notable absence of an empirically driven method for distinguishing normative from abusive behaviours, and moderate from extensive levels of abuse (Simmons et al., 2019). Within the current study, the attempted application of Edenborough's (2007) method for calculating cut-off scores appeared to inflate the frequency of respondents who were considered to have engaged in Extensive CPA (52.5% in the Mothers Survey and 62.3% in the Fathers Survey), while the use of z scores resulted in each item receiving equal weighting, thereby failing to distinguish severe from potentially normative behaviours; for example, behaviours such as 'given the silent treatment' were scored equivalently to 'choked parent'. The development of such a scoring method would enable increased specificity of abusive behaviour in future research using this tool.

As an alternative to the CMVS, a new wave of CPA-specific measures that include cut-off scores for abusive behaviour has started to emerge since the present study was conducted, including the Child-to-Parent Violence Questionnaire (CPV-Q; Contreras, Bustos-Navarrete & Cano-Lozano, 2019), the Abusive Behaviour by Children – Indices (ABC-I; Simmons et al. 2019), and the Parent

Abuse Scale, which includes a separate boy-to-mother version (Abbaspour, Poursardar, Ghanbari, Shahuri & Shadfar, 2018) and girl-to-mother version (Abbaspour, Salehi, Koraei, Charkhab & Kardani, 2019). Consideration should be given by researchers to the psychometric properties and scoring procedures of these tools in comparison to the CMVS when conducting future CPA research.

The present study aimed to improve our understanding of CPA by providing current estimates of the occurrence of CPA towards mothers and fathers within the U.K., while the exploration of situational antecedents to CPA from the perspective of the CPA perpetrator is a useful step towards better prevention and intervention efforts. While this study has served to address some of the limitations noted within the previous CPA literature by accounting for severity and frequency of abusive behaviour and children above the age of 18 (Simmons et al., 2018), it points towards the need for further in-depth investigations of situational risk factors for CPA to inform effective interventions.

CHAPTER 4

Examining the Association between Attachment, Adverse Childhood Experiences and Abuse towards Parents among Late Teens and Young Adults

Abstract

Our understanding of the risk factors that underlie CPA remains in its infancy. The current study aimed to explore the association between self-reported adverse childhood experiences, attachment and abuse towards mothers and fathers. With the use of an online survey, a total of 107 participants were recruited through opportunity and snowball sampling; 48 participants completed measures relating to abuse towards mothers, and 59 completed measures relating to abuse towards fathers. Results indicated differences in the way in which parental attachment predicts CPA according to victim gender. Respondents who reported poorer affective quality in their attachments with their parent, as well as respondents who perceived their parents to be more supportive, reported increased incidents of CPA towards their mother, while parental attachment overall was not predictive of CPA towards fathers. Adverse childhood experiences were not predictive of CPA towards either mothers or fathers. These findings are discussed in the context of future research to further inform intervention needs.

Introduction

The bidirectional nature of family violence has previously been noted by Browne and Herbert (1997), who suggested that children raised within family environments characterised by aggressive and coercive behaviour or poor parenting are at increased risk of displaying similar behaviours towards others, including their parents. As discussed in Chapter 1, positive associations between CPA and experiences of domestic abuse, as well as CPA and poor parenting practices, have been consistently demonstrated in the literature (e.g. Cottrell & Monk, 2004; Kennedy, Edmonds, Dann & Burnett, 2010; Ibabe and Bentler, 2016; Pagani et al., 2004). Given the influence of parenting style on CPA, the significant impact of parenting style on the attachment formation of a child (Karavasilis, Doyle & Markiewicz, 2003), and the well-established link between poor parental attachment and aggressive behaviour (see Fearon et al., 2010), the relative paucity of research investigating the link between attachment and CPA is surprising, with very few quantitative studies focusing on this relationship (e.g. Agnew & Huguley, 1989; Paulson et al., 1990; Peek et al., 1985). In addition to the most recent findings being published 28 years ago, bringing into question their current relevance, the aforementioned studies that have explored the link between CPA and attachment have used non-standardised attachment measures in their investigations (Chou et al., 2018), been limited to samples within the United States, focused

specifically on cases of physical CPA, and largely focused on the broad construct of attachment.

While attachment security can be viewed as a broad construct, the exploration of the impact that different attachment styles or dimensions can have on an individual's psychosocial development has been equally fruitful; in their meta-analytic review, Fearon et al. (2010) found that children assessed as having a disorganised attachment style were more likely to display externalising behaviour problems than avoidant, resistant or securely attached children. Previous research has demonstrated the association between attachment styles and general aggression in children (e.g. Finzi, Ram, Har-Evem, Shnit & Weizman, 2001), and this requires further exploration in relation to CPA.

That attachment security and adverse childhood experiences may present differently in their association with CPA towards mothers versus fathers is suggested by a number of studies that have found victim gender differences in the frequency and types of abuse perpetrated by the child (see Simmons et al., 2018), as well as the antecedents for abusive acts described in Chapter 3. Parent gender has also been found to moderate the relationship between general aggression or externalising behaviours and different risk factors, such as socioeconomic status (Fatima & Sheikh, 2017), harsh parenting (Chang, Schwartz, Dodge & McBridge-Change, 2003), and parent-child interaction patterns (Pettit, Bates & Dodge, 1993).

Purpose of Research

With a view to enhancing our understanding of microsystem risk factors for CPA, the aim of this study was to explore the association between self-reported adverse childhood experience, attachment and lifetime occurrences of abuse towards mothers and fathers.

Method

Design

The study utilised a correlational design as no manipulation was present and the aim of this study was to explore relationships between different variables.

Participants

Eligibility criteria for participation in the research comprised being between the ages of 16 and 25, residing in the U.K., and being able to read and understand English. Participants were recruited using opportunity and snowball sampling (Langdridge, 2004). Information about the study was distributed on social networking platforms through funded targeted advertisement and requests for circulation by individuals and organisations. A total of 361 colleges across the U.K. (ranging between one and six colleges per county depending on availability) were additionally contacted directly to request distribution of the advertisement to students. A total of five colleges responded to confirm that they had circulated the information to their students. A subset of participants from the

empirical study described in Chapter 3 completed the current surveys (i.e. the same sample base with fewer respondents); this yielded a final sample size of 48 participants for the survey relating to abuse towards mothers (Mothers Survey), and 59 participants for the survey relating to abuse towards fathers (Fathers Survey).

For the Mothers Survey sample, the mean age of participants was 19.3 years (*SD*=3.2, range=16-25), compared to a mean age of 19.8 years (*SD*=3.3, range=16-25) for the Fathers Survey. Regarding gender, 79.2% (*n*=38) of participants were female in the Mothers Survey, 18.8% (*n*=9) were male, and 2% (*n*=1) indicated 'other'. Within the Fathers Survey, 91.5% (*n*=54) of participants were female, 8.5% (*n*=5) were male, and zero participants indicated 'other'. Most participants in the Mothers Survey were born in the UK (87.5%, *n*=42), with the mean number of years living in the UK being 17.3 (*SD*=5.9, range=0-25). Similarly, in the Fathers Survey 89.8% (*n*=53) of participants were born in the UK, with the mean number of years living in the UK being 17.3 (*SD*=5.9, range=0-25). The total number of siblings ranged from 0 to 4 (*SD*=1, mean=1.4) within the Mothers Survey, compared to 0 to 9 (*SD*=1.6, mean=1.9) in the Fathers Survey. As described in Chapter 3, the sample comprised only participants who identified their ethnicity as White.

Further demographic variables of interest relating to family composition, current living arrangements, educational achievement and employment status are reported in Table 7.

Table 7.

Demographics of Study Samples from Mothers and Fathers Survey

Factor	% Frequency	
	Mothers Survey (*n*=48)	Fathers Survey (*n*=59)
Family Composition		
Intact	45.8	67.8
Lone Mother	20.8	10.2
Lone Father	2.1	1.7
Mother and Step-Parent	6.3	8.5
Father and Step-Parent	2.1	[a]--
Blended Family	2.1	--
Same Sex Parents	2.1	--
Combination	18.8	11.9
Living With		
Male and female parent/guardian	45.8	50.8
Lone female parent/guardian	29.2	16.9
Lone male parent/ guardian	--	1.7
No one	8.3	8.5
Partner or boy/ girlfriend	10.4	22
Step-parent or parent's partner	6.3	8.5
Foster parent(s)	2.1	--
Siblings	39.6	49.2
Step-siblings	2.1	1.7
Grandparents	--	3.4
Other relatives	--	6.8
Other non-relatives	10.4	5.1
Educational Achievement		
Secondary school	31.3	23.7
A-levels	37.5	42.4
Undergraduate degree	20.8	16.9
Postgraduate degree	10.4	16.9
Employment Status		
Full-time employment	14.6	18.6
Part-time employment	33.3	35.6
Unemployed	2.1	1.7
Student	47.9	44.1
Unable to work	2.1	--

[a]No participants indicated this response

Procedure

After reading a participant information sheet, which involved partial deception with regards to the aims of this study, participants completed a consent form and a series of measures online using a web-based survey platform (SurveyGizmo). Although there are several limitations inherent to online research (detailed in Chapter 3), this method of data collection was deemed the most suitable for the current study due to its enhanced ability to recruit large and diverse samples relative to other modes of data collection (Kraut et al., 2004), the reduction in potential distress experienced by participants when making disclosures due to the anonymity afforded by online research comparative to face-to-face interviewing (Butcher, Perry & Atlis, 2000), and an increased willingness by participants to disclose personal or sensitive information to a computer in comparison to an unfamiliar interviewer (Hofer, 1985) . In addition to a demographic questionnaire and the measures described in Chapter 3 (adapted CMVS [Edenborough, et al., 2011] and adapted Triggers of Behaviour Questionnaire [Edenborough et al., 2011]), participants also completed the Revised Adverse Childhood Experiences (ACE) Scale (Finkelhor et al., 2015), the Attachment Style Questionnaire (ASQ; Feeney et al., 1994), and the Parental Attachment Questionnaire (PAQ; Kenny, 1987). Each of the measures (with the exception of the demographics questionnaire) included one control question to identify inattentive responding by participants, and participants were provided with the opportunity to end their participation following the completion of

each measure. The questionnaires were not time limited but completion time for all of the measures was estimated by SurveyGizmo to be 18.5 minutes. Participants were directed to a debriefing page following completion of the study.

Measures

Revised Adverse Childhood Experiences Scale. The Revised Adverse Childhood Experiences (ACE) Scale (Finkelhor et al., 2015) is a 14-item tool that measures a respondent's exposure to family, peer and community victimisation or adversity prior to the age of 18, in which respondents are asked to answer 'yes' or 'no' to each item (see Appendix C). Each item is given a score of 1 for a response of 'yes', with higher overall scores indicating increased levels of childhood exposure to adverse experiences. The ten items in the original ACE Scale (Felitti et al., 1998) were derived from existing measures and surveys; namely the CTS (Straus, 1979), a study by Wyatt (1985) that investigated sexual abuse, and the National Health Interview Survey (1988; as cited in Felitti et al., 1998), with a view to exploring the impact of exposure to adverse childhood experiences (ACEs; psychological, physical and sexual abuse, emotional and physical neglect, mother maltreatment, loss of a parent, and substance abuse, mental illness and incarceration of a household member) on disease, health status and risk behaviour in adulthood.

Results from Felitti et al.'s (1998) initial study, which comprised a sample of 9508 adults within the United States,

indicated a significant positive relationship between exposure to ACEs in childhood and each of the health risks in adulthood ($p<.001$). Since this time, the predictive validity of the original ACE Scale has continued to be widely demonstrated in research investigating the effects of childhood trauma on a range of negative health and social outcomes (e.g. Chapman et al., 2004; Dube et al., 2003; Felitti et al., 1998; Reavis, Looman, Franco & Rojas, 2013).

Felitti et al. (1998) did not assess the psychometric properties of the ACE Scale in their original study, although these have been investigated in a number of subsequent studies. The original ACE Scale has been found to demonstrate acceptable test-retest reliability, with coefficient alphas for individual items ranging between 0.38 and 0.86 and between 0.60 and 0.90 for the total ACE score (Dube et al., 2004; Mersky, Janczewski & Topitzes, 2016; Pinto, Correia & Maia, 2014). Internal consistency reliability has also been demonstrated in a number of studies with a variety of samples (see Karatekin & Hill, 2019). One large-scale study conducted in the United States (Ford et al., 2015) investigated the factor structure of the ACE among a community sample of 27,545 adults who completed the survey in 2009 and a sample of 57,703 adults who completed the survey in 2010. From the ten item scale, the authors identified three factors (Household Dysfunction, Emotional/Physical Abuse, and Sexual Abuse) and determined alphas above the acceptance limit of 0.7 for the total ACE score and all factor scores, with the exception of Household Dysfunction, which had an alpha of 0.61. This study also provided an indication of the

ACE Scale's construct validity, which found moderate inter-correlations among the three factors ranging from 0.40 to 0.56, and all items of the ACE subscales showed the largest loadings on their respective factor. A number of further studies investigating the original ACE Scale's factor structure have produced comparable results (see Karatekin & Hill, 2019). Concurrent validity of the original ACE Scale was assessed among clinical and non-clinical samples in one German study, in which the original ACE Scale was compared against the Childhood Trauma Questionnaire (CTQ) (Wingenfeld et al., 2011 as cited in Meinck & Steinert, 2016), which found the two measures to be highly correlated ($p<.001$) and also demonstrated high correlations between their comparable subscales.

Despite evidence of appropriate psychometric properties, the content validity of the original ACE Scale has been criticised due to the absence of a systematic process in its item construction (Finkelhor et al., 2015; Mersky et al., 2016). Finkelhor et al. (2015) argued that the original ACE Scale had therefore missed a number of common ACEs that have been linked to negative physical and mental health outcomes. With this view, Finkelhor et al. (2015) adapted the original ACE Scale to include four additional items identified from the literature relating to peer victimisation, peer isolation/rejection, low socioeconomic status, and exposure to community violence. Finkelhor et al. (2015) tested the predictive validity of the Revised ACE Scale in a national sample of 1949 child and adolescents aged ten to 17 within the United States, and found that the peer victimisation, peer isolation/rejection, and exposure to

community violence items added significantly to the prediction of psychological distress (from a correlation coefficient of .32 to .46), while the addition of low socioeconomic status added significantly to the prediction of physical health problems (from a pseudo correlation coefficient of .02 to .03). Davidson, Rojo-Wissar, Sullivan and Beck (2018) subsequently compared the predictive validity of the original ACE Scale, a revised ACE Scale with eight additional items (Finkelhor, Shattuck, Turner & Hamby, 2013), and Finkelhor et al.'s (2015) revised ACE Scale among a sample of 421 university students. Reporting their results using Akaike information criterion (AIC), in which lower AIC values are indicative of a better model fit, the authors found differences in the predictive validity of the scales according to outcome of interest; while the original ACE Scale was found to be more predictive of symptoms of depression, the revised ACE Scales were more predictive of perceived health and symptoms of anxiety. Davidson et al. (2018) proposed that the original ACE scale reflects ACEs that may be considered more pervasive and chronic when compared to the additional items of the revised ACE scales, which may be considered more transient in nature, and that these latter items may therefore affect a different set of outcomes. The authors therefore suggested that these "more transient items… may be of greater significance for the emerging adult cohort, where life transitions and uncertainty define developmental features" (Davidson et al., 2018, p.4). As there were no significant differences between predictive outcomes of

the two revised ACE scales, the shorter 14-item measure was selected in the current study for increased brevity.

The strengths of the ACE Scales have been noted to include the simplicity of the framework, which has resulted in improved trauma-informed responses across health and criminal justice contexts, and their notable predictive ability. However, the frequency, duration and severity of exposure to ACEs is not directly measured, leading some researchers to argue that ACE Scales are over-simplified in their measurement of cumulative exposure to different types of ACEs, which can result in the underestimation of high levels of trauma from a single ACE score (Bateson, McManus & Johnson, 2019). While some research has applied clinical cut-off scores of four or more ACEs to investigate outcomes and interventions (see Hughes et al., 2017), empirically derived thresholds for the ACE Scales are not currently available, and screening on the basis of such a threshold is argued to be inappropriate given that: childhood exposure to only one ACE can have a negative impact on future health outcomes, the ACE Scales do not account for other potential interactional effects with factors such as resilience and severity, and there is limited research investigating the effectiveness of health interventions targeted at individuals on the basis of their ACE scores (Bateson et al., 2019; Finkelhor, 2018).

Within the Mothers Survey of the current study, Cronbach's α for the Revised ACE Scale was .71, which is acceptable, while

Cronbach's α within the Fathers Survey was .68, which is deemed questionable.

Attachment Style Questionnaire. The Attachment Style Questionnaire (ASQ; Feeney et al., 1994) is a 40-item self-report measure that assesses adolescent and adult attachment, where respondents are asked to indicate their agreement to each statement on a 6-point Likert scale, ranging from 1 (totally disagree) to 6 (totally agree). The ASQ measures attachment according to five subscales: Confidence (secure attachment), Discomfort with Closeness (avoidant attachment), Need for Approval (fearful and preoccupied), Preoccupation with Relationships (anxious-dependent), and Relationships as Secondary (dismissing). Original validation of the measure calculated Cronbach's α ranging between .76 and .84 on each of the subscales. Full details of the measure's development and psychometric properties and provided in Chapter 2. Within the Mothers Survey, Cronbach's α for four of the subscales ranged from acceptable to excellent (ranging from .71 to .90), with the exception of the Confidence subscale, which had a Cronbach's α of .50, though this may be due to the small sample size. Cronbach's α for the total scale was questionable (.68). Within the Fathers Survey, Cronbach's α for all of the subscales ranged from acceptable to excellent (ranging from .72 to .90) and Cronbach's α for the total scale was acceptable (.74).

Parental Attachment Questionnaire. The Parental Attachment Questionnaire (PAQ; Kenny, 1987) is a self-report tool that measures current perceptions by adolescents and young adults of the emotional support, autonomy and affective quality of relationships afforded by their parents. Originally comprising 70 items, a more concise 55-item version has been applied in subsequent research using or investigating the psychometric properties of the PAQ (Kenny, 1990; see Appendix D). Using a 5-point Likert scale, respondents are required to indicate their agreement with each of the items (ranging from 'not at all' to 'very much'), yielding scores on three subscales: Affective Quality of Relationships, Parents as Source of Support (also known as Parental Role in Providing Emotional Support), and Parents as Facilitators of Independence (also known as Parental Fostering of Autonomy). Kenny (1987) developed the PAQ using the conceptualisation of attachment described by Ainsworth, Blehar, Waters and Wall (1978) in their research investigating the 'strange situation', in which primary caregivers act as a secure base from which securely attached children are enabled to explore and master their surrounding environment. The PAQ was developed and normed in the United States on a sample of 173 university students living on campus in their first year of study (ages not reported), with a view to examining their perceptions of the strength of the parent-child bond following their transition from home to college, and its association with dating competence and assertiveness (Kenny,

1987). To the author's knowledge, clinical cut-off scores for the PAQ are not currently available.

Kenny (1987) used the PAQ to measure adolescents' perceptions of their relationship with both parents concurrently, reporting that no significant differences in scores had emerged in perceptions towards mothers and fathers during a pilot study, and that focusing on both parents additionally benefited from a reduction in the measure's administration time. However, several authors have adapted the measure to decrease its length and obtain separate ratings for each parent (Kenny & Gallagher, 2002; Orzolek-Kronner, 2002; Vivona, 2000). Further, although originally developed as a tool to measure the perceptions of individuals in late adolescence, the PAQ has been used to assess perceptions of individuals from the age of 12 (Orzolek-Kronner, 2002).

Initial validation of the 70-item PAQ indicated coefficient alphas of .93 for male participants and .95 for female participants (Kenny, 1987), and subsequent studies using the 55-item tool obtained alphas for each of the subscales ranging between .75 and .96 (Bablitz, 2000; Kenny, 1990; Kenny & Donaldson, 1991; Kenny & Perez, 1996; Kenny, Moilanen, Lomax & Brabeck, 1993). In their study comparing the reliability of the PAQ against four other self-report attachment measures, Reese, Kieffer and Briggs (2002) combined all known coefficient alphas for the PAQ (n=5) and identified mean alphas between .84 and .93 for each of its subscales; these were identified to be the most reliable score estimates across measures. In the same study, mean test-retest

reliability was found to range between .84 and .94 for each of the PAQ's subscales, indicating good to excellent levels of stability (Reese et al., 2002). To the author's knowledge, parallel form reliability for the PAQ remains untested.

Face validity was evaluated in Kenny's (1987) original research through item review by members of faculty and advanced graduate students in the university. High levels of face validity are also notable when reviewing the PAQ's items, which make clear attempts to explore the respondent's perception of the child-parent relationship. However, as with the ASQ described in Chapter 2, the tool's face validity may increase the likelihood of socially desirable responding, and there is an absence of a scale to detect and control for this. The content validity of the PAQ is difficult to assess, as very little detail is provided in Kenny's (1987) original validation study with regards to item construction. While the tool is theoretically anchored in Ainsworth et al.'s (1978) conceptualisation of attachment, the process of item selection and reduction is unclear.

Using a Canadian sample of 207 school students in years 8 to 12 (U.K. equivalent years 8 to 13), Bablitz (2000) conducted an investigation of the psychometric properties of the 55-item PAQ and the 25-item Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenverg, 1987), which is a self-report measure of parent and adolescent attachment. Bablitz provided evidence for the construct, predictive and concurrent validity of the measures by assessing their correlations with one another, as well as their

correlations with other measures relating to self-concept (Self-Description Questionnaire-II; SDQ-II; Marsh 1992, as cited in Bablitz, 2000) and anxiety (Revised Children's Manifest Anxiety Scale; RCMAS; Reynolds & Richmond, 1978). As anticipated, Bablitz found higher correlation alphas between the PAQ and IPPA (.58 to .89) than between the PAQ and the SDQ-II (.56) or the PAQ and the RCMAS (-.44). Further, these latter correlations confirmed that, as theoretically expected, higher scores on the PAQ predicted lower levels of anxiety (as measured by the RCMAS) and higher levels of self-concept (as measured by the SDQ-II). These correlations were higher than those obtained by the IPPA within the same analyses (.37 to .50). In other studies, the PAQ and/or its subscales have also been demonstrated to significantly predict dating competence and assertiveness (Kenny, 1987), instrumental and social/relational competence (Kenny & Gallagher, 2002), and eating disorders (Kenny & Hart, 1992; Orzolek-Kronner, 2002).

In the Mothers Survey of the present study, reliability (Cronbach's α) was calculated between .74 and .92 for the subscales (acceptable to excellent), and .94 for the total scale, which is excellent. Similarly, within the Fathers Survey, Cronbach's α was calculated between .77 and .94 for the subscales, and .95 for the total scale.

Ethical Considerations

Chapter 3 provides a comprehensive overview of the ethical considerations within the current study, including the process of

ethical approval, how this study complied with the Code of Human Research Ethics (The British Psychological Society, 2014) and the Ethics Guidelines for Internet-mediated Research (The British Psychological Society, 2017), and the process of secure data collection and storage.

Treatment of Data and Analyses

Survey responses were analysed using IBM SPSS Statistics 24 software. Prior to conducting analyses, the data were screened for errors in the data file and corrected (Pallant, 2013). Within the Mothers Survey, a total of 42 participants were excluded from the dataset due to failing to agree to all of the items within the consent form (*n*=9), failing to (fully) complete all of the questionnaires (*n*=13), or responding incorrectly to control questions (*n*=20). Within the Fathers Survey, a total of 104 participants were excluded from the dataset due to failing to agree to all of the items within the consent form (*n*=16), not meeting the eligibility criteria (*n*=2), failing to (fully) complete all of the questionnaires (*n*=69), withdrawing from the research (*n*=1), and/or responding incorrectly to control questions (*n*=16). This resulted in a total sample size of 48 participants in the Mothers Survey and 59 participants in the Fathers Survey who completed the required questionnaires to be included within the present analyses.

Simultaneous multiple regression was considered the most appropriate technique to explore the association between self-reported adverse childhood experience, attachment and abuse

towards mothers and fathers, as there were no theoretical grounds to assume that any of the independent variables would be comparably better predictors of CPA and the dependent variable (i.e. CPA) was continuous in its measurement (Field, 2013). Variables were checked in order to ensure that they did not violate any of the assumptions relating to sample size, multicollinearity, outliers, and distribution of scores underlying a multiple regression (Pallant, 2013). It was anticipated that two multiple regression analyses would be conducted; one examining how much unique variance in CPA could be explained by the total scores of each of the three predictor measures (ACE, ASQ, PAQ), and the other examining this relationship in more detail through the analysis of the total ACE score, five ASQ subscale scores, and three PAQ subscale scores as predictor variables.

Based on a priori power analysis for both the Mothers and Fathers Survey using the statistical software package G*Power 3.1, which applied Bonferroni correction to control for the increased risk of Type 1 error associated with conducting multiple tests, a desired sample size of 55 with a large effect size ($f^2 = 0.35$) and a power of 0.80 was estimated for a multiple regression using both three and nine predictor variables. The final sample size was therefore slightly underpowered (see discussion section, below). Although some 'rules of thumb' do suggest larger sample sizes (e.g. Green, 1991), G*Power is considered an efficient and reliable programme for ensuring rational statistical decision-making (Faul, Erdfelder, Lang & Buchner, 2007).

Multicollinearity was assessed for both three and nine predictor variables. Correlations above .90 between predictor variables indicate that one of the variables requires omission, while correlations above .70 require further investigation (Pallant, 2013). Correlations between the three predictor variables were all below .70 within both the Mothers and Fathers Survey, indicating no violation of the multicollinearity assumption. Within the Mothers Survey, two correlations between the nine predictor variables exceeded .70; ASQ: Discomfort with Closeness and ASQ: Confidence = -.746, and PAQ: Affective Quality of Relationships and PAQ: Parents as Facilitators of Independence = .703. Within the Fathers Survey, one correlation between the nine predictor variables exceeded .70; PAQ: Parents as Source of Support and PAQ: Affective Quality of Relationships = .809. However, upon closer inspection, the variables within both surveys are part of the same overall scales or contextually in the same area and their high correlations are theoretically expected. Furthermore, the collinearity diagnostics analyses performed on these variables were within the normal range. Given these factors, there were insufficient grounds to omit one of the variables or form a composite variable, and all variables were therefore retained.

Correlations between all predictor variables and CPA were examined, where correlations of +1 or -1 indicate a perfect linear relationship and correlations above |.3| are considered adequate (Pallant, 2013). Correlations above |.3| were identified in the Mothers Survey for two predictor measures (ACE = .32; PAQ = -

.40) and two subscale scores (PAQ: Affective Quality of Relationships = -.46; PAQ: Parents as Facilitators of Independence = -.38), and in the Fathers Survey for all three predictor measures (ACE = .31; ASQ = .39; PAQ = -.36) and five subscale scores (ASQ: Discomfort with Closeness = .36; ASQ: Preoccupation with Relationships = .31; ASQ: Confidence = -.37; PAQ: Affective Quality of Relationships = -.33; PAQ: Parents as Facilitators of Independence = -.39). The remaining predictor variables showed some, albeit small (<.3), correlations with CPA in both the Mothers and Fathers Survey, and all were found to demonstrate a significant correlation with one or more of the other predictor variables. Due to the exploratory nature of the current study, all variables were retained for analyses of the full multiple regression models to prevent inappropriate exclusion of potentially significant variables (Sun, Shook & Kay, 1996).

Mahalanobis distances were inspected to identify the presence of outliers. Within both the Mothers and Fathers Survey, there were no cases that exceeded the critical chi-square values of 16.27 for three predictor variables or 27.88 for nine predictor variables (Pallant, 2013). Cook's Distance was additionally calculated to assess the presence of any values that disproportionately impact on the regression line. Following the rule of thumb that Cook's Distance values above 1 are problematic, the results indicated no potential problems (Langdridge, 2004). Finally, the distribution of scores was checked through the inspection of residuals plots, which indicated no major deviations from normality.

Results

Model 1

Simultaneous multiple regression analysis was undertaken to assess whether the ACE, ASQ and PAQ significantly predicted CPA (as measured by the adapted CMVS experiences scale). A summary of results from the Mothers and Fathers Survey is presented in Table 8. Bonferroni correction was applied (.02 for the present analysis) and is reported in addition to a significance level of .05.

The results of the analysis for the Mothers Survey indicated that the overall model explained 17.6% of the variance (R^2=.18, $F(3, 44)=3.13$, $p<.05$), which was not significant with the Bonferroni correction. Similarly, results of the analysis for the Fathers Survey indicated that the overall model explained 18% of the variance (R^2=.18, $F(3, 55)=4.02$, $p<.05$), which was not significant with the Bonferroni correction. None of the variables emerged as significant predictors for CPA towards mothers or fathers.

Table 8.
Summary of Model 1: Simultaneous Multiple Regression Analyses for Variables Predicting CPA towards Mothers (n=48) and Fathers (n=59)

	Mothers Survey			Fathers Survey		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*
ASQ	-.51	1.08	-.09	.98	.62	.25
PAQ	-2.18	1.11	-.35	-.53	.70	-.13
ACE	.27	.28	.18	.14	.18	.12
R^2	.18			.18		
F	3.13			4.02		

**p<.05*
***p<.01*

Model 2

A further simultaneous multiple regression analysis was undertaken to assess the predictive power of the ACE and each of the ASQ (*n*=5) and PAQ (*n*=3) subscales on CPA towards mothers and fathers, which is presented in Table 9. Bonferroni correction was applied (.01 for the present analysis).

Table 9.
Summary of Model 2: Simultaneous Multiple Regression Analyses for Variables Predicting CPA towards Mothers (n=48) and Fathers (n=59)

	Mothers Survey			Fathers Survey		
Variable	*B*	*SE*	*β*	*B*	*SE*	*β*
ACE	.25	.27	.16	.10	.18	.09
ASQ: Discomfort with Closeness	.08	.76	.02	.36	.53	.14
ASQ: Need for Approval	-.56	.72	-.12	-.63	.51	-.21
ASQ: Preoccupation with Relationships	-.23	.68	-.05	1.05	.60	.29
ASQ: Relationships as Secondary	.91	.74	.21	-.07	.56	.02
ASQ: Confidence	.23	.97	.05	-.62	.72	-.21
PAQ: Affective Quality of Relationships	-3.55	1.20	-.65**	1.01	.96	.28
PAQ: Parents as Source of Support	3.32	1.03	.57**	.65	.70	.16
PAQ: Parents as Facilitators of Independence	-.57	.94	-.11	-1.65	.79	-.47*
R^2	.42			.27		
F	3.06**			2.05		

**p<.05*
***p<.01*

For the Mothers Survey, the regression results indicated that the overall model explained 42.1% of the variance (R^2=.42, F(9, 38)=3.06, p<.01), which was significant with the Bonferroni correction. Two variables emerged as significant predictors for CPA

both at the .05 level and with the Bonferroni correction: PAQ: Affective Quality of Relationships (β=-.65, p<.01) and PAQ: Parents as Source of Support (β=.57, p<.01). For the Fathers Survey, the regression results indicated that the overall model explained 27.4% of the variance (R^2=.27, F(9, 49)=2.05, p=.05), which was not significant with the Bonferroni correction. One variable emerged as a significant predictor for CPA at the .05 level, but not with the Bonferroni correction; PAQ: Parents as Facilitators of Independence (β=-.47, p<.05).

Discussion

The current study aimed to enhance our knowledge of risk factors for CPA by exploring the association between self-reported adverse childhood experiences, attachment and abuse towards mothers and fathers.

The first regression model, which assessed whether the overall scores of the ACE, ASQ and PAQ significantly predicted CPA, found no significant predictor variables for abuse towards mothers or fathers. The second regression model assessed whether the subscale scores of the ASQ and PAQ, and the total ACE score, significantly predicted CPA. The findings from the Mothers Survey indicated that although the overall model was significant with the Bonferroni correction, there was a significant negative relationship between the Affective Quality of Relationships subscale of the PAQ and CPA, suggesting that respondents who reported poorer affective quality in their attachments with their parent also reported increased incidents of CPA towards their mother. Interestingly, the

second regression also indicated a significant positive relationship between the Parents as Source of Support subscale of the PAQ and CPA, suggesting that respondents who perceived their parents to be more supportive reported increased incidents of CPA towards their mother. In contrast, the findings from the Fathers Survey indicated that the second regression model was not significant overall.

Findings from the current study indicate that participants who perceived their parent to be emotionally unavailable, unresponsive to their needs, and emotionally distant (i.e. low levels of affective quality) were more likely to report incidents of CPA towards their mother but not their father, as were participants who felt that their parent offered protection and whom they would approach for help and advice. Although conceptually counterintuitive, the context and delivery of parental support may be important factors to consider. Previous research investigating the relationships between family discipline strategies, quality of family relationships and CPA (Ibabe & Bentler, 2016) found that, while the quality and affectivity of parent-child relationships were the most significant predictors of pro-social behaviours towards parents, the use of power-assertive discipline by parents mediated this effect. Within the context of the present study, it is possible that specific parenting styles or techniques would result in participants seeking parental advice and guidance in times of need, but that CPA would nevertheless be more likely to occur in the absence of a warm and responsive parent-child relationship. The relationship between CPA perpetration and lack of parental warmth has been identified in previous research (Calvete et

al., 2015; Contreras & Cano, 2014), with the authors of a longitudinal study of Spanish adolescents finding that a lack of parental warmth resulted in the development of negative self-views and narcissism, which in turn was predictive of CPA (Calvete et al., 2015). Furthermore, a previous study of Canadian university students found that CPA was predicted by positive parenting practices (Lyons et al., 2015).

The present study found no significant associations between reported incidents of CPA and parental attachment security, as measured by the ASQ, and the absence of a significant association between adverse childhood experiences and CPA found in this study was inconsistent with previous literature, which has largely demonstrated a positive association between CPA and exposure to family violence (see Simmons et al., 2018). A recent study by Margolin and Baucom (2014) investigated the association between CPA perpetration, concurrent victimisation by a parent, and historical victimisation by a parent. They found that both concurrent and historical victimisation by a parent predicted different types of CPA, with a possible mediation effect of concurrent victimisation by a parent on the relationship between physical CPA and historical victimisation. Similarly, Browne and Hamilton (1998) found that victimisation by a parent was an antecedent to 80% of the physical CPA reported by their sample of university students. Furthermore, Margolin and Baucom (2014) found that victimisation by the mother was the strongest predictor of physical CPA and property CPA. These findings suggest that parent gender is an

important factor to consider in relation to the effect of childhood victimisation on CPA, as well as the potential reciprocal relationship between CPA and victimisation by a parent; both of which were not accounted for in the present study.

It is also possible that the absence of an association between adverse childhood experiences and CPA found in this study may be explained by the presence of other mediators suggested in the literature. In addition to previous research demonstrating an association between adverse childhood experiences and negative outcomes in adulthood, the literature also suggests a strong association between adverse childhood experiences and attachment (see Murphy et al., 2014). However, the presence of emotional support has been demonstrated to significantly mediate both of these relationships (e.g. Brinker & Cheruvu, 2017; Murphy et al., 2014; Rutter, 1987), and an individual's attachment style itself has previously been found to mediate the relationship between adverse childhood experiences and a number of negative outcomes in adulthood (e.g. Bifulco et al., 2006; McCarthy & Taylor, 2003; Smith, Williamson, Walsh & McCartney, 2016). Whether the association between adverse childhood experiences and CPA is mediated by the presence of emotional support and/or attachment style is worth investigating, as these would provide valuable targets for intervention.

Firm conclusions and generalisability of results from the current study are limited due its small and skewed sample and some queries about the reliability of the measures used, including

potential measurement issues in relation to the CMVS described in Chapter 3, which may have contributed to some of the observed discrepancies between the findings of the current study and those of previous research; further in-depth exploration of the potential association of adverse childhood experiences, attachment and CPA towards mothers and fathers using a more normative and larger sample size would be informative. Consideration should be given to alternative measures of adverse childhood experiences and attachment in future CPA research, as the limitations of the self-report measures used within the present study may have impacted upon its findings. While adverse childhood experiences have been widely associated with an increased risk of negative outcomes in adulthood, research indicates that our understanding of how these experiences impact on young people requires further attention and refinement (Eklund, et al., 2018). Indeed, in their development of the Revised ACE Scale, Finkelhor et al. (2015) note potential measurement issues in relation to the assessment of experiences of parental conflict and neglect, and acknowledge that the assessment is limited by its use of self-report and retrospective data, which can be susceptible to memory biases. Limitations regarding the use of self-report questionnaires in the measurement of attachment, including the ASQ and PAQ used within the current study, have additionally been noted due to their inability to detect response biases and unconscious attitudes towards relationships, as well as their focus being primarily on the individual's perceptions of current relationships and their failure to activate relevant attachment

phenomena (Ravitz, et al., 2010). It has therefore been argued that different attachment phenomena are emphasised by self-report measures when compared to the use of interview methods (e.g. the Adult Attachment Interview; George, Kaplan & Main, 1996), and these distinctions should be considered when selecting an instrument (Ravitz et al., 2010). The present study is further limited by a cross-sectional study design, which relied on self-reports from only young people, and causal inferences are therefore unable to be made.

The current study aimed to investigate whether CPA was associated with parental attachment and adverse childhood experiences. Given the differences in estimated occurrences and situational antecedents to CPA according to victim gender described in Chapter 3 and significantly referenced in the CPA literature (see Simmons et al. 2018), the victim gender differences in relation to parental attachment and CPA found in the current study are theoretically unsurprising. This unique combination of factors contributing to the risk of CPA requires further exploration in future research, with consideration of possible mediating factors.

CHAPTER 5

A Mapping Systematic Review of Interventions for Children Who Abuse Their Parents

Abstract

Despite an increasing body of literature exploring the prevalence and risk factors associated with CPA, less is known about the existing group programmes and family intervention approaches that have been used or developed in an attempt to tackle this issue. This systematic review aimed to identify existing interventions for CPA and determine the effectiveness of these interventions in reducing CPA. Studies included in this review were restricted to published, unpublished or ongoing cohort, case control or cross-sectional designs, where psychological, physical, verbal and/or economic abuse conducted by the child towards the parent had been used as the outcome variable. The Cochrane library, the Campbell Collaboration, the EPPI library, Medline, PsychInfo, SCOPUS, ASSIA, and Web of Science databases were systematically searched to identify primary studies that met the inclusion criteria. To identify relevant grey literature, Open Grey, Proquest Dissertation and Thesis portal, the UK Ofsted, NSPCC and Google search engine were searched; a number of organisations identified as delivering interventions for CPA directly were contacted; the reference lists of key studies were scanned to identify potentially relevant studies; and experts in the field were contacted to request information about relevant studies, particularly those that were unpublished or ongoing. The number of hits was 10,929. A total of 10 studies, comprising 11 distinct interventions, were identified for inclusion in the review. Of these, three studies included the use of a control

group, and were further assessed for risk of bias, all of which were assessed as having moderate risk of bias that may have impacted on treatment outcomes. Only one of these studies reported a significant reduction in CPA. No conclusions about the efficacy of CPA interventions could be drawn. Results indicate an urgent need for high quality randomised control trials to support the use of evidence-based treatment with affected families.

Introduction

The nature of CPA makes the implementation of interventions distinct from other forms of family violence because of the nature of the perpetrator-victim relationship, in which the victims (i.e. parents) often wish to preserve their relationship with the perpetrator (i.e. child), and do not want to hinder their child's future life chances by criminalising them for their behaviour (Home Office, 2015). Nevertheless, as with other forms of family violence, CPA is a complex problem that can have detrimental consequences for families affected, including victims experiencing stigma, isolation, self-blame, hopelessness and shame (Cottrell & Monk, 2004). This is further compounded for victims of CPA "by the wider discourses of blame and shame for parents for their children's problem behaviour" (Holt, 2009, p.8), with the findings of one study indicating that mothers experienced minimisation and devaluation of their experiences of CPA by members of family and the community (Edenborough, Jackson, Mannix & Wilkes, 2008).

In response to findings that parents and practitioners experience challenges with regards to a lack of available support, limited information about existing interventions, and an absence of policies for CPA, the Home Office (2015) published a set of guidelines for practitioners on responding to cases of CPA. Within this guidance, the author acknowledges the need to consider the whole family system before any attempts are made to implement an intervention, with a view to identifying risk factors and developing an understanding of how CPA operates within the context of existing

family dynamics. It is argued that the use of generic criminal justice responses or parenting programmes are inappropriate interventions for this distinctive issue, and that interventions and support should instead be specifically targeted and tailored to meet the needs of the families affected (Holt, 2009; Home Office, 2015).

In this vein, a number of organisations and researchers have started to make attempts to use or develop interventions to support families affected by CPA, which include Break4Change (Break4Change Partnership, 2015), Breaking the Cycle of Violence (Breaking the Cycle of Violence Partnership, 2010), Step-Up (King County, 2017), Wish for a Brighter Future (Lighthouse, n.d.), Talk & Mend (Maidstone Mediation Scheme, n.d.), Respect Young Peoples Programme (Respect, n.d.), and Who's In Charge? (Gallagher, 2016). However, what becomes more difficult to identify when reviewing the literature on CPA, is research investigating the efficacy of these interventions. To date, there has not been a systematic review that maps the existing interventions for CPA and explores the effectiveness of these interventions.

Aims and Objectives

This systematic review aims to identify existing interventions for CPA and, where possible, determine the effectiveness of these interventions in reducing CPA. The systematic review therefore has two main objectives:

1. To identify and systematically map existing interventions for CPA;

2. To explore the effectiveness of the interventions if the data is appropriate.

Method

Information Sources

The following bibliographic databases were systematically searched in August 2016 to identify primary studies that met the inclusion criteria: the Cochrane library, the Campbell Collaboration, the EPPI library, Medline, PsychInfo, SCOPUS, ASSIA, and Web of Science. To identify relevant grey literature, Open Grey, Proquest Dissertation and Thesis portal, the UK Ofsted, NSPCC and Google search engine were searched. Furthermore, we: (i) contacted 11 organisations identified as delivering interventions for CPA directly, two of whom replied, yielding one further study; (ii) scanned the reference lists of key studies to identify potentially relevant studies (Calvete et al., 2015; Condry & Miles, 2014; Ibabe & Bentler, 2016; Miles & Condry, 2014; Miles & Condry, 2015; Nowakowski & Mattern, 2015); (iii) contacted 11 experts in the field to request information about relevant studies, particularly those that were unpublished or ongoing, five of whom replied, yielding three further studies.

Search Strategy

The following search terms (and the same concatenations) were used in the systematic search:

(Child/adolescent to parent violence/aggression) OR (parent abuse) OR

[(abuse/hit/kick/bite/punch/push/attack/shout/exploit/kill/murder) AND (parent/foster carer/caregiver/guardian)] AND (intervention/treatment/therapy)

Both index-term and free-text searches were carried out to maximise the sensitivity of the search. The terms and search strategy were amended and adjusted to each individual database search setting, with appropriate truncations and Boolean operators used. Full details of the search syntax are available in Appendix H.

Inclusion Criteria

Populations. Participants included either (i) only parents/legal guardians victimised by children aged 25 or under for whom the parent/guardian holds or previously held parental responsibility or fulfilled such responsibility for the local authority; (ii) only children/young people aged 25 or under who are abusive or violent towards their parents or legal guardians; (iii) both parents/legal guardians victimised by children aged 25 or under for whom the parent/guardian holds or previously held parental responsibility or fulfilled such responsibility for the local authority and children/young people aged 25 or under who are abusive or violent towards their parents or legal guardians. In anticipation of the limited number of studies exploring the effectiveness of interventions for CPA, the age range of populations was made necessarily flexible, and included children in the age-range of 'emerging adulthood'. As described in

Chapter 1, Arnett (2000) defined the age between 18 and 25 as 'emerging adulthood', recognising the fact that in westernised cultures, individuals do not take on enduring responsibilities such as marriage and parenthood until late twenties and this period of life is characterised by extensive exploration.

Intervention. Any interventions targeted at parents/legal guardians or children/young people, or both parents/legal guardians and children/young people.

Comparators. Studies with or without comparators were included within the mapping of interventions. Studies with a comparison group were further synthesised separately to evaluate their effectiveness.

Outcome. (Reduction in) psychological, physical, verbal and economic abuse conducted by the child towards the parent/legal guardian for whom the adult victim holds or previously held parental responsibility or fulfilled such responsibility for the local authority.

Study types. Published, unpublished or ongoing studies were included. Due to the anticipated small number of available studies, the following study design categories, as defined by the Centre for Reviews and Dissemination (2009), were deemed relevant for inclusion:

1. *Randomised controlled trials:* Studies in which the allocation of participants into two or more treatment/non-treatment groups is randomised, and comparisons of the outcome(s) of interest between groups are made.

2. *Quasi-experimental studies:* Studies that compare the outcome(s) of interest between treated/non-treated groups, where participant allocation has not been randomised.
3. *Observational studies:* Studies comparing the outcome(s) of interest between treated/non-treated groups, where participant allocation as occurred naturally, including case-control studies, cohort studies, and case series.
4. *Cross-sectional studies:* Population and time-specific studies that examine links between particular characteristics and other variables of interest.

Language. No restrictions.

Selection Process and Data Extraction

Yielded references were screened to determine inclusion or exclusion in the systematic review. Two authors independently scanned the titles of references to identify and exclude duplicate and irrelevant references. The Inclusion Criteria Checklist (Appendix I) was applied to the remaining titles and abstracts, and any references that clearly did not meet the criteria were excluded. Further information and clarification was sought from the authors of the studies where required.

In order to ensure that all of the relevant characteristics and variables of interest were collected, a data extraction sheet was used to extract the required information from the studies under review, which included information about study location, age of participants, intervention target and description, and outcome

measures used (see Table 10). Where possible, further information relating to study design, quality assessment rating, sample sizes, recidivism rates, and significance were extracted from studies that included a comparison group (see Table 12).

Quality Assessment

All studies that included a comparison group were further assessed for quality and risk of bias using a standardised Quality Assessment and Risk of Bias Checklist, adapted from tools developed by the National Institutes of Health (2014) and Effective Public Health Practice Project (2010) (see Appendix J). Studies were rated on their attempts to reduce selection bias, study design, blinding, data collection methods, management of withdrawals and drop-outs, intervention integrity, and analyses. The assessment was independently carried out by the primary and secondary reviewer to the full text of the references, with any disagreement being resolved through discussion and consensus. The use of a third reviewer to resolve any disagreements was not required. The level of inter-rater agreement was calculated by Cohen's kappa, which indicated 75.3% of initial agreement on quality assessment ratings, within the substantial agreement range (Viera & Garrett, 2005). Discussions by the reviewers indicated that discrepancies in ratings were likely to have emerged as a result of differences in the interpretation of the studies.

Search Results

A total of 10,929 hits were yielded for potential inclusion in the systematic review. Of these, 728 duplicates and 10,148 references were excluded. A further six references were removed due to the authors being unable to obtain sufficient information to complete the quality assessment; one study had insufficient information as it comprised a summary of the full report and the current author was declined access to the latter by the authors of the study (Organizational Research Services, 2005). Of the 48 studies remaining, 38 did not meet the inclusion criteria, yielding a total of ten studies. Of the studies included within the mapping of interventions, three included comparison groups and were therefore included in the second data synthesis for quality and risk of bias. A diagram of these search results and selection of studies is presented in Figure 1.

Interventions in a number of studies reportedly aimed to treat more general issues, such as 'conduct problems', 'problem behaviours', child-perpetrated 'family violence', 'antisocial behaviours', or abuse not-specific to parents, and were therefore excluded from the data synthesis. These included the Incredible Years training programme (Webster-Stratton, 1990; Webster-Stratton, 2011; Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid & Beauchaine, 2013), the Adolescent Transitions Program (Dishion & Andrews 1995), play therapy (du Toit, 2001), Nonviolent Resistance Parenting Group (Newman et al., 2014; Ollefs et al., 2008), Family Violence Intervention Program (Nowakowski &

Mattern, 2014), the Triple P parenting programme (Ollefs et al., 2008), a parent management and social skills training programme (Shaw, 2010), and court-based programmes (Uekert et al., 2006). Furthermore, identified interventions with no supporting research have also not been included, such as the PACT programme (Leeds City Council, 2016), Who's in Charge? Program (Gallagher, 2016), and Break4Change (Break4Change Partnership, 2015).

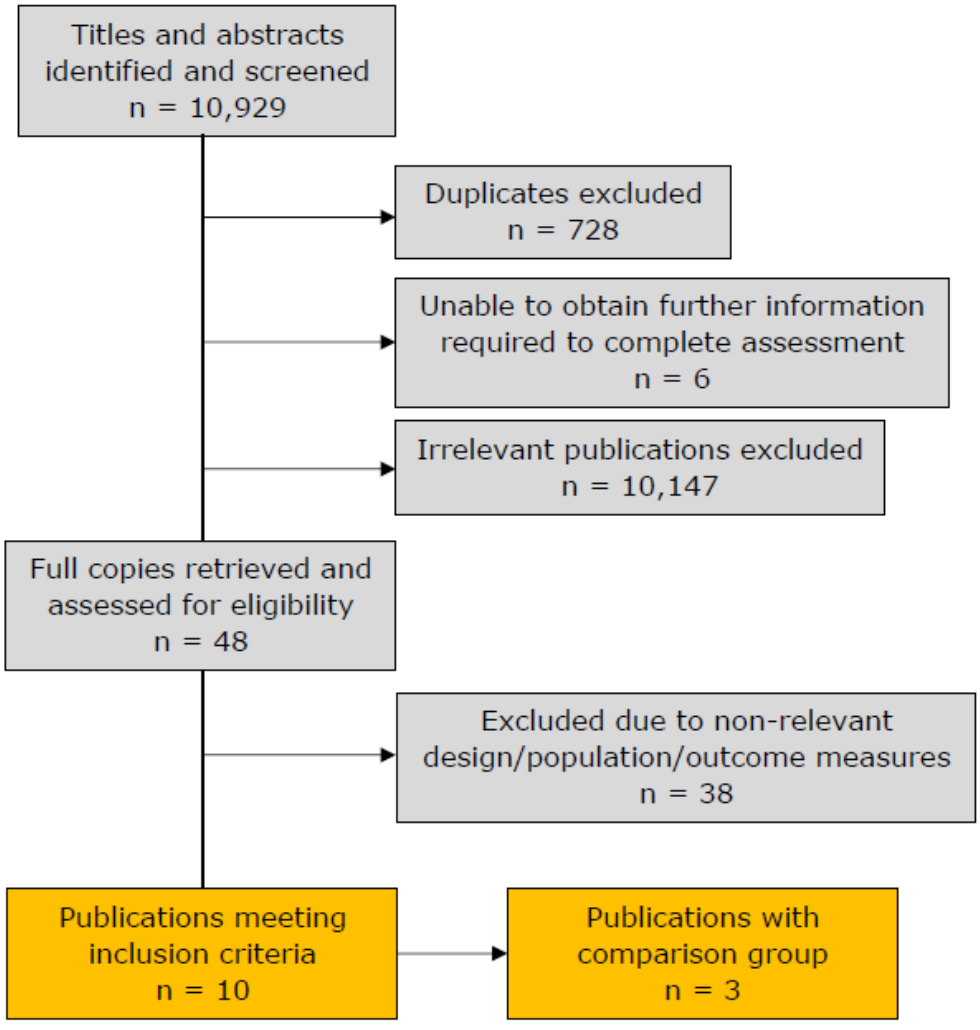


Figure 1. Search results and exclusion rationales.

Data Synthesis

The studies included in the current review were too clinically and methodologically diverse to combine in a meta-analysis. As a result, a narrative approach for synthesising the data was deemed most appropriate (Tacconelli, 2010), which aimed to follow the guidance developed by a project for the Economic and Social Research Council (ESRC) Methods Programme and included a general framework detailing four key elements:

- Developing a theory of how the intervention works, why and for whom;
- Developing a preliminary synthesis of findings of included studies;
- Exploring relationships in the data;
- Assessing the robustness of the synthesis.

Data were synthesised in two stages. The first synthesis comprised the mapping of interventions and included the relevant findings of all yielded studies. The second synthesis included further findings of only the studies that included a comparison group, to which the Quality Assessment and Risk of Bias Checklist was applied.

Results

Mapping of CPA Interventions

A total of 11 distinct interventions, detailed in ten studies, were identified that met the inclusion criteria. Table 10 provides a

summary of these interventions, including references for the studies, country, age-range of the children engaging in CPA, outcome measures for abuse, results, and whether the study included a comparison group (and was therefore included in the second stage of the data synthesis). Of these studies, five were carried out in the United States (Bartle-Haring, Slesnick & Carmona, 2015; Correll, 2014; Kethineni, Blimling, Bozarth, & Gaines, 2004; Rybski, 1998; Seales Gordon, 2003), one was carried out in Ireland (Behan, Fitzpatrick, Sharry, Carr & Waldron, 2001), one was carried out in the U.K. (Kirklees Council, 2014), and three were carried out in Australia (Paterson et al., 2002; Purcell et al., 2014; Sheehan, 1997). Consistent with the literature around emerging adulthood (Arnett, 2000), the age of children targeted in the interventions ranged from 3 to 25 years old.

Results indicate that interventions varied according to who the target for intervention was; interventions targeted both the parent(s) and child (n=5), just the child (n=4) or just the parent(s) (n=1). One study described an intervention that used court based processes (Purcell et al., 2014), while the remainder of interventions used psychoeducational and/or psychotherapeutic approaches to effect change. The content of interventions fell into (a combination of) four major categories; those that focused on increasing parents' skills in behaviour management and conflict resolution (n=2), those that focusing on reinforcing the child's accountability and/or motivation to change (n=2), those that focused on improving the child's communication, problem-solving and/or coping skills (n=4),

and those that aimed to address the skills, interactions, and beliefs of the family as a whole (n=4).

All ten studies reported at least some reductions in abusive behaviours. However, the majority of these studies (n=7) failed to include a comparison group, and were therefore not of sufficient quality to be included in the second stage of data synthesis (Correll, 2014; Kethineni et al., 2004; Kirklees Council, 2014; Paterson et al., 2002; Purcell et al., 2014; Seales Gordon, 2003; Sheehan, 1997).

Parent(s) and child targeted interventions.

Ecologically based family therapy (EBFT; Bartle-Haring et al., 2015). EBFT is an individual 14-session home-based intervention facilitated by a therapist. Theoretically based on Bronfenbrenner's (1979) social-ecological model and Boszormenyi-Nagy and Krasner's (1986) Contextual Therapy model, in which a client's difficulties are rooted in the context of a breakdown in communication and trust within family relationships, EBFT targets specific dysfunctional interactions that contribute to ongoing problem behaviours and promotes social skills development with the family.

Step-Up Program/Step Up Programme (Correll, 2014; Kirklees Council, 2014). The Step-Up Program (U.S.A. version) or Step Up Programme (U.K. version) is a manualised 21 session intervention designed specifically for families affected by CPA perpetrated by adolescents. Comprising weekly group sessions for

the adolescent perpetrators and their parents, it uses a restorative justice framework to re-establish positive family relationships, and includes addressing issues around accountability, empathy, competency and family safety through the use of cognitive-behavioural and skills-based approaches.

OPTIONS (Kethineni et al., 2004). The OPTIONS programme is a systemic and holistic intervention approach for adolescents engaging in violence at home, school, or in the community. Ranging between three and 18 months duration depending on the severity of the presenting problems, OPTIONS uses a psychosocial educational perspective to prevent future violence, and can include individual counselling sessions for the young person, family counselling sessions, counselling on parenting, and involvement by the school or other external services. The latter may comprise interventions such as collaborative development of individualised education plans or referral for assessment of mental health.

Family Violence Prevention Program (Rybski, 1998). This programme is an adaptation of the couples conflict containment program (Neidig & Friedman, 1984; as cited in Rybski, 1998), and was designed specifically for adolescents aged between 13 and 18 who had been arrested for domestic violence and were residing with their single mothers. It is a five week group treatment programme comprising weekly two-hour sessions focused on developing anger management, communication, and stress reduction skills.

Mediation and Family Therapy Services (MATTERS; Sheehan, 1997). The MATTERS programme targets families of adolescents and emerging adults engaging in CPA. It consists of long-term narrative family therapy and conflict resolution, lasting up to two years in some cases. It is inclusive of the whole family, although can be conducted solely with the parents in the event that the child declines to engage.

Child targeted interventions.

Community reinforcement approach (CRA; Bartle-Haring et al., 2015). Through the use of functional analysis, the CRA therapist uses principles of operant behaviour to identify triggers and consequences of substance use for the individual. Over the course of 14 sessions, change is promoted through the identification of alternative strategies to substance use, and uses discussion and role play to develop the adolescent's adaptive communication, problem-solving, and coping skills.

Motivational enhancement therapy (MET; Bartle-Haring et al., 2015). Within Bartle-Haring et al.'s (2015) study, MET is described as an individual four-session intervention for adolescents engaged in substance misuse, which is facilitated by a therapist. It aims to evoke the client's internal motivation to change his or her substance misuse through the use of techniques such as rolling with resistance and motivational interviewing.

Intervention order (a.k.a. restraining order, protective order or injunction; Purcell et al., 2014). An intervention order

is a court order that can be applied for by the parent to place restrictions on abusive behaviours by the child towards them, such as prohibiting acts of assault or intimidation. Any subsequent reported breaches of these restrictions can potentially result in criminal charges against the child.

Adolescent Domestic Abuse Program (ADAP; Seales Gordon, 2003). ADAP is a 10 session group psychoeducation treatment programme for adolescents, in which participants are supported to stop abusive behaviours and develop adaptive conflict resolution skills. The programme is adapted from a protocol for the treatment of intimate partner violence, the Duluth Model (Pence & Paymar, 1993), and includes techniques such as role play, group discussions, out-of-session work, and video presentations to teach participants about the development and maintenance of abusive behaviour, empathy, alternative strategies to abuse, and the process of making amends. Sessions with the family are additionally facilitated at the group's mid-point and conclusion.

Parent(s) targeted interventions.

Parents Plus Programme (Behan et al., 2001). The Parent Plus Programme is designed for parents of children aged 4-11 years and aims to address difficulties relating to discipline. It is an eight week manualised group programme comprising weekly two-hour sessions, in which videos of scenes depicting positive parenting practices are shown and a group facilitator subsequently leads discussions and role plays about the topic covered. A variety

of topics are included within the programme with a view to teaching parents the skills required to manage their child's behaviour problems, including proactive interventions, such as encouragement and praise, and reactive interventions, such as time-out and active ignoring.

Group counselling intervention program (Paterson et al., 2002). The group counselling intervention program targets mothers of adolescents who engage in CPA with a view to supporting mothers to enhance their sense of well-being, communication and conflict resolution skills, stop violence, direct accountability to the young person, and exchange practical information. Led by two facilitators, it comprises six to seven weekly two-hour psychoeducation sessions and a follow-up session after six weeks, and includes discussions, role play, and didactic input. The content of sessions is flexible and dependent on the preferences and needs of the participants.

Table 10.
Systematic map of CPA interventions

Reference	Age Range (Child)	Intervention	Target	Intervention Description	Outcome Measures for Abuse	Results	Comparator
Bartle-Haring et al. (2015) United States **NB: Interventions originally aimed at targeting adolescent substance abusing runaways (Slesnick, Erdem, Collins, Bantchevska & Katafiasz, 2011)*	12-17	Community reinforcement approach	Child	Individual 14-session approach using principles of operant behaviour to identify triggers and consequences of substance use, and adaptive communication, problem-solving and coping skills.	Conflict Tactics Scale – verbal aggression and physical violence subscales completed by adolescents and primary caregivers post-treatment.	Comparisons of treatment groups and significance values not reported. When taken together, reductions in verbal and physical aggression from baseline to 24-month follow-up.	Yes
		Ecologically based family therapy	Child and Parent(s)	Individual 14-session intervention targeting specific dysfunctional interactions and social skills development with the family.			
		Motivational enhancement therapy	Child	Individual four-session approach. Aims to increase a client's motivation to change (his/her substance use).			
Behan, Fitzpatrick, Sharry, Carr	3-12	Parents Plus Programme	Parents	Eight-week group programme comprising weekly	Strengths and Difficulties Questionnaire	Compared to no treatment control group: non-	Yes

Reference	Age Range (Child)	Intervention	Target	Intervention Description	Outcome Measures for Abuse	Results	Comparator
& Waldron (2001) Ireland				sessions using video-based teaching to support parents to manage their child's behaviour problems.	(SDQ), Child Behaviour Checklist (CBCL)	significant effects in group by time interaction analysis. Analysis of time effect showed significant and sustained improvements in SDQ Total and Aggressive Behaviour subscale of CBCL for the treatment group only.	
Correll (2014) United States	12-18	Step Up Programme/ Step-Up Program	Child and Parent(s)	21-session group or individual treatment format. Uses a restorative practice model to restore family relationships, and includes addressing issues around accountability, empathy, competency and family safety.	Semi-structured interviews	Majority of parents reported reductions in violent behaviour.	No
Kirklees Council	Not reported	"	"	"	Behaviour Checklist	Significant reduction in violence and	No

Reference	Age Range (Child)	Intervention	Target	Intervention Description	Outcome Measures for Abuse	Results	Comparator
(2014) United Kingdom						verbal abuse.	
Kethineni et al. (2004) United States	8-18	OPTIONS	At-risk children and families	Systemic and holistic intervention approach using a psychosocial educational perspective. Range between 3 and 18 months depending on severity, and can include individual sessions for young person, family therapy, counselling on parenting, and school/external service involvement.	Communication Skills Inventory, Dangerousness Instrument	Improvements in communication deficits and levels of reported dangerousness.	No
Paterson et al. (2002) Australia	Not reported – qual. findings based on young people aged 14-	Group counselling intervention program	Mothers	Six to seven-session psychoeducation programme to support mothers to enhance their sense of well-being, communication and	Violent Behaviour Questionnaire, Interviews	Significant reduction in overall level of perceived violence.	No

Reference	Age Range (Child)	Intervention	Target	Intervention Description	Outcome Measures for Abuse	Results	Comparator
	19.			conflict resolution skills, stop violence, direct accountability to the young person, and exchange practical information.			
Purcell et al. (2014) Australia	12-18	Intervention order/ restraining order/ protective orders/ injunctions	Child	Court order that places restrictions on abusive behaviours by young person towards the parent(s), with breaches in restrictions potentially resulting in criminal charges.	Breaches to intervention orders.	32% of intervention orders breached by young person. At least 16% of intervention orders breached against a parent.	No
Rybski (1998) United States	13-14	Family Violence Prevention Program	Child and single mother	Five-week group treatment programme for adolescents and mothers. Weekly sessions, focused on developing anger management, communication and stress reduction skills.	Abusive Behavior Inventory	Significant difference in youth psychological and physical abuse post-treatment compared to no treatment control group.	Yes
Seales Gordon	13-18	Adolescent	Child	10-session group	Conflict Tactics	Decreases in	No

Reference	Age Range (Child)	Intervention	Target	Intervention Description	Outcome Measures for Abuse	Results	Comparator
(2003) United States		Domestic Abuse Program		psychoeducation treatment programme. Adolescents are supported to stop abusive behaviours and develop adaptive conflict resolution skills.	Scale – Revised, Child Behavior Checklists	abusive behaviours and increases in negotiating skills post-treatment. Recidivism rates for psychological aggression ranged from 96% to 100% and physical assault ranged from 24% to 44%.	
Sheehan, M. (1997) Australia	11-25	Mediation and Family Therapy Service (MATTERS)	Family	Long-term narrative family therapy and conflict resolution approach, inclusive of the whole family.	Family and therapist self-report	36 out of 60 families reported no further incidents or a significant reduction in violence.	No

Synthesis of studies with a comparison group

The search results yielded only three references that included a comparison group (Bartle-Haring et al., 2015; Behan et al., 2001; Rybski, 1998), and that were therefore of sufficient quality for assessment using the Quality Assessment and Risk of Bias Checklist. A summary of the quality ratings for each of these studies is presented in Table 11, all of which were coded as reasonable overall through consensus by the first and second reviewer.

Table 11.

Summary of quality ratings for studies with a comparison group

Criteria	Bartle-Haring et al., 2015	Behan et al., 2001	Rybski, 1998
Reduction of selection bias	-	✓	-
Study design	-	✓	✓
Blinding	x	x	x
Data collection methods	✓	✓	✓
Management of withdrawals/drop-outs	✓	-	-
Intervention integrity	x	-	-
Analyses	x	✓	✓
Overall quality assessment rating	-	-	-

Note. Assessment ratings: ✓=Good, -=Reasonable, x=poor

Behan et al. (2001) successfully employed a randomised controlled trial design to evaluate the Parenting Plus Programme, and were strong in their efforts to reduce selection bias. They used clearly defined and pre-specified assessment tools that were both

valid and reliable, and completed appropriate statistical tests to analyse the outcomes. However, the study did suffer from bias with regards to a lack of blinding for both the assessors and study participants, and noted significant differences in the characteristics of parents who dropped out compared to parents in both the treatment and control groups. Finally, some bias was identified with regards to intervention integrity, where no information about the likelihood of contamination or co-intervention was reported.

Although initially intending to use a randomised controlled trial design, ethical considerations took precedence in Rybski's (1998) study when a total of 12 families in the waiting list group made requests for immediate intervention, thus resulting in a third 'reassigned' group of participants. Although there were no significant differences between these groups, the reassignment of participants resulted in uneven group sizes, which, in addition to a sample that was not considered representative of the general target population, resulted in some selection bias. Their ability to retain participants was notable, however, with only one family dropping out of treatment due to relocation. As was the case in Behan et al.'s (2001) study, Rybski (1998) additionally failed to employ blinding to either the assessors or participants and did not report the possibility of contamination or co-intervention, although demonstrated strong methods of data collection. Discrepancies in the statistical analyses of data in Rybski (1998), described in more detail below, additionally resulted in moderate bias.

Bartle-Haring et al. (2015) conducted their research on the reciprocal nature of child-parent and parent-child abuse with runaway adolescents who were already involved in a larger longitudinal study on the effectiveness of three interventions (Community Reinforcement Approach, Ecologically-Based Family Therapy, and Motivational Enhancement Therapy) for substance abuse (Slesnick et al., 2011). While three interventions were detailed in this study, the outcomes of the interventions were not separately analysed and significance values were not reported, and their relative effectiveness was therefore unable to be reviewed in the subsequent section of this study. The integrity of the intervention with regards to consistent delivery and intervention contamination were not reported upon in either Bartle-Haring et al.'s (2015) or Slesnick et al.'s (2011) study, and further weaknesses were noted in the failure of the study to employ blinding techniques. Furthermore, while selection bias was reduced through the use of a sufficiently large sample size and a pre-specified and clearly described selection criteria, the use of participants from a specific adolescent runaway shelter in the United States significantly limits the generalisability of the findings. Nevertheless, the study design, methods of data collection, and management of withdrawals and drop-outs were assessed as good.

Effectiveness of the interventions

In Behan et al.'s (2001) study, the only direct measure of CPA (the Aggressive Behaviour subscale of the Child Behaviour

Checklist) yielded non-significant effects of the interaction between group and time, although did report significant (p<.05) time effects for the treatment group. Although not the focus of the current review, the authors additionally measured and analysed data regarding parents' goals (including two subscales), the child's overall strengths and difficulties as reported by the parents (including five subscales), the child's overall behaviour problems as reported by the parents (including 10 subscales), and parental stress (including three subscales). When considering the effects of treatment by group and time, the authors reported only significant effects (p<.05) for parents' individual goals and goals for the promotion of the children's positive behaviour. Whilst the interaction effect on aggression was not significant, the simple main effect of time in treatment group was. Further, the intervention seemed to show some other positive results on parent child relationships.

By contrast, Rybski (1998) conducted an ANOVA analysis of group effect (treatment, control, reassigned) relating to psychological abuse, showing a significant main effect (p<.05). Further Bonferroni analysis uncovered that only the reassigned group differed significantly from the control group. However, there were no differences between reassigned and treatment, or treatment and control groups, which Rybski suggests might have been due to greater treatment motivation by the reassigned group. Whilst the same ANOVA analysis was performed in relation to physical abuse, also uncovering a significant main effect, no

Bonferroni analysis was reported and it is therefore unclear where the differences lie. It can be deduced from the means that both the treatment and reassigned groups differed from the control group, but not from each other, however, this was not directly analysed. Although outside the scope of the current review, the author additionally found significant reductions in the frequency of psychological and physical abuse displayed by parents towards their children post-treatment, as well as in the psychosocial and emotional functioning of the child. However, no significant effects were found for either child or parent anger.

Table 12.
Studies included in stage two synthesis of the systematic review

Study	Design	Intervention Type	Sample Size		Outcome Measure	CPA Means (SD)		Significance
			Treatment	Comparison		Treatment	Comparison	
Behan et al. (2001)	Randomised Control Trial	Parent training	26	14	Child Behaviour Checklist – Aggressive Behaviour subscale	T1: 18.85 (7.66) T2: 14.35 (6.62) T3: 14.38 (5.90)	T1: 15.79 (8.10) T2: 13.79 (8.19)	Group x Time Interaction: p>.07 (not significant). Simple main effect of Time in Treatment group: p<.05
Rybski (1998)	Randomised Control Trial	Family skills training	35	14	Abusive Behavior Inventory	Psychological Abuse Treatment T2: 10.35 (13.47) Reassigned T2: 6.75 (6.93)	T2: 22.71 (22.74)	Main effect: p=.025
						Physical Abuse Treatment T2: 6.91 (18.26) Reassigned T2: 7.25 (13.07)	T2: 11.21 (10.83)	Main effect: p=.032

Note: T1=pre-intervention, T2=post-intervention, T3=follow-up.

Discussion

The current study yielded only 10 references for inclusion in the systematic map and, of these, only three studies in which the intervention was evaluated against a comparison group. These findings indicate that despite a number of interventions attempting to address CPA, there remains a relative absence of methodologically robust research to adequately assess the efficacy of these interventions; a finding that has been repeatedly indicated in the literature (e.g. Hong et al., 2012; Kennair & Mellor, 2007; O'Hara et al., 2017). In the absence of this evidence, it is impossible to identify which, if any, interventions can effectively prevent or deter the occurrence of CPA.

Nevertheless, the majority of identified interventions did demonstrate an understanding of at least some of the risk factors described in the previous chapters of this thesis that are likely to underlie and maintain CPA, and attempted to target these factors through the application of existing family violence and child-parent relation programmes and strategies in order to support meaningful change. These included targeting the child's substance misuse (Bartle-Haring et al., 2015), improving parenting skills (Behan et al., 2001; Paterson et al., 2002), restoring parent-child relationships (Correll, 2014; Kirklees Council, 2014), and supporting families to identify and address their own individual risk factors (Sheehan, 1997). Furthermore, consistent with the application of the social-ecological model to CPA described in Chapter 1 (Hong et al., 2012; Simmons et al., 2018), one intervention in particular utilised an

ecological framework to address multiple factors affecting families in an attempt to address the issue (Kethineni et al., 2004), although the effectiveness of this intervention has not been sufficiently examined.

Findings from the empirical studies described in Chapters 3 and 4 additionally supported the notion that interventions should be gender-sensitive and include children above the age of 18, and provided some indication that situational antecedents, particularly those related to interpersonal communication between the child and parents, and parental attachment relationships (in relation to CPA towards fathers) may be worthwhile considerations within interventions. Of the ten studies identified within the current systematic review, two studies were gender-specific (Paterson et al., 2002; Rybski, 1998), both of which targeted mothers in their interventions; however, only the study by Rybski (1998) included a control group. Similarly, two studies included children over the age of 18 (Paterson et al., 2002; Sheehan, 1997), both of which did not include a control group. Although none of the studies purported to directly address parental attachment relationships, the majority of interventions (n=9) included treatment targets relating to improving maladaptive communication and dysfunctional interactions between parents and children (Bartle-Haring et al., 2015; Behan et al., 2001; Correll, 2014; Kirklees Council, 2014, Kethineni et al., 2004; Paterson et al., 2002; Rybski, 1998; Seals Gordon, 2003; Sheehan, 1997).

While the range of interventions that addressed known risk factors for CPA is promising, some of the interventions or intervention modules employed have been less well-evidenced in the CPA literature. For example, several studies employed interventions that focused on improving skills deficits of the child and/or parent (Paterson et al., 2002; Rybski, 1998; Seales Gordon, 2003), despite a paucity of existing studies investigating the potential impact of conflict resolution skills among families affected by CPA (see Simmons et al., 2018). Moreover, within the intimate partner violence literature, a review indicated weak evidence for couples' interventions that included relationship, conflict-resolution, and communication skills training, although moderate evidence existed for skills training for victims (British Columbia Centre of Excellence for Women's Health, 2013). Further, one intervention focused specifically on supporting perpetrators of CPA to better regulate their emotions (Rybski, 1998), however, while emotion dysregulation has been found to mediate the relationship between intimate partner violence and experiences of victimisation in childhood (Gratz, Paulson, Jakupcak & Tull, 2009), evidence to support this as a risk factor in the context of CPA remains limited. Indeed, Margolin and Baucom (2014) found that emotion dysregulation failed to predict or moderate CPA.

Of the three studies that were synthesised for quality and risk of bias in the second stage of the review (Bartle-Haring et al., 2015; Behan et al., 2001; Rybski, 1998), all were found to possess biases that may have impacted on their findings, such as a lack of blinding,

an absence of information about the likelihood of contamination or co-intervention, selection bias, and insufficient statistical analyses of results. Furthermore, while Bartle-Haring et al. (2015) presented three interventions within their study, the outcomes of these were not separately analysed and significance values were not reported, providing limited insight into the relative effectiveness of each. Given the existing guidance on the importance of transparency in the reporting of studies (Moher, Schulz & Altman, 2001), as well as methods for controlling for risk of bias (Centre for Reviews and Dissemination, 2009), these findings are unfortunate in that they consequently present with insufficiently robust evidence to guide treatment. Nevertheless, all three studies did perform strongly in their methods of data collection.

The findings of this systematic review indicate an overwhelming need for robust studies investigating the efficacy of interventions for CPA. These should ideally take the form of randomised control trials that are sufficiently powered in order to limit the risk of bias, although it is acknowledged that the complex nature of the client group may hinder this process, as was the case in Rybski's (1998) study, where randomisation was broken as a result of ethical considerations that took precedence over study design. Nonetheless, it is imperative that attempts are made to control for factors such as these so that organisations attempting to tackle the issue of CPA are supported by evidence-based interventions.

While this mapping review of interventions for CPA has served to highlight the gaps in the field, it is nevertheless subject to its own limitations. A total of six publications were unable to be obtained in full for the purposes of review (Cui, Meng, Hou & Zhang, 1998; Keeling, 2007; Organizational Research Services, 2005; Portnoi, Bojrab & Ohringer, 1978; Smith-Solan, 2005; Zhong, Su, Luo & Jiao, 2014), two of which were conducted and reported in Chinese, and the risk of publication and language bias can therefore not be ruled out. Although efforts were made to contact the authors of all six unavailable studies, these were largely unsuccessful. Nonetheless, the results of this review provide a good platform for much needed future research into interventions for CPA.

CHAPTER 6

General Discussion

Discussion

In addition to the significance of chronosystem risk factors, recent and ongoing systematic reviews of risk factors and predictors associated with CPA have all highlighted the apparent impact of microsystem risk factors, and particularly the context of the family environment, on the development and maintenance of CPA (Chou et al., 2018; Hong et al., 2012; Simmons et al., 2018). In their review of CPA research spanning 60 years, Simmons et al. (2018) concluded that prevention and intervention efforts for this social problem have remained hampered by a poorly developed and fragmented understanding of the key risk factors underlying CPA and how these factors interact with one another. The current thesis has furthered our understanding of these family risk factors and offered insight into the existing interventions for this form of family violence by investigating the extent of CPA within the U.K., the perceived antecedents of incidents of abuse from the perspective of the child, whether there is an association between CPA perpetration, adverse childhood experiences and parental attachment, whether the ASQ is a useful tool for measurement of the latter, what interventions currently exist to tackle the issue, and how effective these interventions are.

Summary of Findings

A critical evaluation of the ASQ (Feeney et al., 1994) was presented in Chapter 2, with a view to exploring its use as an attachment measure within the empirical research described in

Chapter 4 of the current thesis. Comprised of 40 items that measure attachment according to five subscales, the ASQ is one of a number of existing self-report measures that assesses attachment styles in adults (Ravitz et al., 2010). The chapter provided an overview of the instrument, and evaluated its psychometric properties and applicability to adolescents and adults within research and clinical settings.

Overall, the ASQ demonstrated reasonable levels of reliability and validity, with particular strengths noted in its levels of face validity, construct validity and content validity, in part due to the use of a 'bottom up' approach in the test's construction. However, its parallel form reliability remains untested and mixed results were reported with regards to internal consistency. Indeed, in its use within the study described in Chapter 4 of the present thesis, internal consistency was calculated to be questionable to acceptable for the overall scale. Furthermore, an absence of normative data for the ASQ limits its clinical utility, and some researchers would argue that its research utility is limited to the application of non-parametric testing due to its use of ordinal level data (Jamieson, 2004; Kline, 1986); an argument that has been refuted due to evidence of the application of parametric tests to ordinal data and the sufficient robustness of parametric tests to manage violations to statistical assumptions (Norman, 2010). Nevertheless, the ASQ demonstrated appropriate psychometric properties overall and, in addition to its practical utility, brief administration time, and no administration training requirements, the utility of the ASQ within

the field of attachment research, and more specifically the empirical research described in Chapter 4 of the current thesis, was supported.

Chapter 3 aimed to enhance our understanding of CPA by providing a current estimate of the occurrence of self-reported CPA towards mothers and fathers in the U.K. among individuals aged between 16 and 25, and exploring the perceived triggers for episodes of abuse. Through the use of a web-based survey, participants were randomly assigned to complete questionnaires relating to abuse towards mothers or fathers. To the author's knowledge, this was the first investigation of CPA within the U.K. to have applied a CPA-specific tool, namely the CMVS, to the measurement of abusive behaviours. While the study was limited by its small sample sizes (n=59 for the Mothers Survey, n=77 for the Fathers Survey), allowing for only tentative conclusions to be drawn, some interesting discrepancies according to victim gender were observed with regards to the types of abuse perpetrated, the frequency of abusive acts, and the situational antecedents to these.

Contrary to previous findings that have largely found CPA to be predominantly directed towards mothers (see Simmons et al., 2018), participants within this study indicated similarly high rates of previous abuse towards both mothers (60.3%) and fathers (64.9%), and a higher frequency of persistent patterns of emotional or psychological abuse towards fathers and financial or social abuse towards mothers. The dearth of research investigating prevalence of CPA within the U.K. makes it difficult to draw any firm conclusions

about this disparity; however, the use of different samples and methodologies may have contributed. The majority of previous studies investigating CPA within the U.K. have focused solely on incidents of violence towards parents (Mirrlees-Black et al., 1996), and/or sampling strategies in which high levels of violence are more likely to have been reported, such as contact with parents seeking external support for parenting difficulties (Parentline Plus, 2008; 2010; Selwyn and Meakings, 2015) and Police records (Condry & Miles, 2014), making extrapolation from these results difficult. Although most similar to the current study in their use of a self-report measure with children, only tentative comparisons could be drawn with Browne and Hamilton's (1998) research investigating CPA prevalence among university students and McCloud's (2017) research investigating CPA prevalence among secondary school students due to the use of different tools to measure CPA (CTS versus CMVS), in which only a minority of items and categories of abuse are comparable, and the use of different timescales for the measurement of CPA (one year and six months respectively versus lifetime occurrence). For example, Browne and Hamilton (1998) found that 8.5% of respondents in their study had engaged in violence and 1.7% had engaged in severe violence towards their mother, while 6.1% had engaged in violence and 2.8% had engaged in severe violence towards their father, and McCloud (2017) found that 4.3% of respondents in her sample had engaged in physical CPA towards either parent. Comparatively higher rates of physical CPA were found in Chapter 3 of the present thesis, with 23.4% of

respondents in the Fathers survey reportedly engaging in physical CPA 'occasionally', compared to 10.2% in the Mothers Survey, while no respondents in either survey reported engaging in physical CPA 'most weeks' or 'daily'. While discrepancies with former studies in the U.K. are notable, understanding the true extent of these differences is currently not possible due to the differing measurement timescales in each survey (one year in Browne & Hamilton's (1998) study, six months in McCloud's (2017) study, and lifetime prevalence in the current study). Although the CTS was considered for use within the current research in order to allow for such comparisons to be made, it was deemed more pertinent to explore the full range of abusive behaviours described in the CPA literature through the application of a CPA-specific measure, namely the CMVS.

In order to advance our understanding of the contribution of family risk factors to CPA, a total of 48 participants from the Mothers Survey and 59 participants from the Fathers Survey described in Chapter 3 continued to complete a further three measures relating to adverse childhood experiences and parental attachment. The investigation of these factors is worthwhile as previous research has demonstrated a significant positive relationship between ACEs and a wide range of negative health and social outcomes in adulthood (e.g. Chapman et al., 2004; Dube et al., 2003; Felitti et al., 1998; Reavis, Looman, Franco & Rojas, 2013), as well as a link between parental attachment and a child's subsequent behaviour towards their parent(s) both in adolescence

and adulthood, including the use of externalising behaviours (e.g. Bosmans, Braet, van Leeuwen & Beyers, 2006) and commitment to future caregiving of an elderly parent (e.g. Cicirelli, 1983). The association between these factors and CPA was investigated in Chapter 4. The findings suggest that only one of the regression models (for subscale scores) presented was significant overall within the Mothers Survey, but that neither was significant within the Fathers Survey. When individual subscale scores were analysed, two of the PAQ subscale scores (Affective Quality of Relationships and Parents as Source of Support) were significant predictors of CPA towards mothers, while none were significant for fathers when Bonferroni correction was applied. Together with the differences in types of abuse perpetrated against mothers and fathers that emerged in Chapter 3, as well as differences in the identified triggers for these abusive acts, these findings indicate the need for gender-sensitive research, prevention, and intervention efforts. Furthermore, participants within this study indicated age of CPA onset to expand beyond adolescence into young adulthood, indicating that efforts should not be limited to children under the age of 18.

While perceptions of current relationships with parents emerged as significant in the prediction of CPA in the Mothers Survey, CPA was not significantly predicted by parental attachment or adverse childhood experiences in either survey, which is inconsistent with previous findings that have largely demonstrated a positive association between CPA and exposure to family violence

(see Simmons et al., 2018). Several explanations for this discrepancy present themselves. One reason may be that potential mediating factors in the association between CPA and adverse childhood experiences were not accounted for in the present study, such as concurrent victimisation (Browne & Hamilton, 1998), respondent experiences of childhood victimisation according to parent gender (Margolin & Baucom, 2014), the presence of emotional support during the individual's developmental years (Murphy et al., 2014), or indeed the individual's attachment style itself, which has been found to mediate the relationship between adverse childhood experiences and a number of negative outcomes in adulthood (e.g. Bifulco et al., 2006; McCarthy & Taylor, 2003; Smith et al., 2016). An alternative explanation may be that measurement issues in relation to the Revised ACE Scale impacted on the results of the present study. In their review of retrospective reports of adverse childhood experiences, Hardt and Rutter (2004) concluded that although the retrospective recall of adverse childhood experiences that were serious and open to reasonable operationalisation could be considered to have satisfactory validity, they were impacted upon by under-reporting and potential memory biases, while the retrospective recall of more subtle adverse childhood experiences in relation to relationships and family life, which are reliant on interpretation and judgement, were not found to be sufficiently valid.

Some of the discrepancies between previous research and the findings described in Chapters 3 and 4 of the current thesis, such as

similar overall occurrence estimates for CPA towards mothers and fathers and the absence of a significant association between parental attachment or adverse childhood experiences and CPA, may be present in part due to differing definitions of abusive behaviour, samples, and methodologies. In addition, CPA research has predominantly been conducted in North America and Australia, and cross-cultural comparisons may not be appropriate. In their review of the CPA literature, Simmons et al. (2018) found an absence of studies that addressed how CPA is affected by cultural factors, and raised the possibility of cultural differences impacting on prevalence rates, patterns of CPA, chronosystem risk factors, and reporting of CPA.

Indications about how effectively the known risk factors for CPA are incorporated within existing interventions designed to tackle this issue can be gleaned from the mapping systematic review of CPA interventions presented in Chapter 5. This systematic review aimed to identify and map existing interventions for CPA and explore the effectiveness of these interventions in studies where a comparison group was described. Despite a broad inclusion criteria for studies, the search yielded only ten studies that were eligible for the systematic map. Of these, only three studies included a comparison group; all of which were rated as moderate in their risk of bias. Due to the small number of studies included within the review, conclusions about intervention effectiveness could not be drawn. It was notable that a number of interventions that were anticipated to be included were eventually excluded as they did not

specify a focus on CPA within the identified studies or did not have any supporting research.

Microsystem risk factors, and particularly family risk factors, have consistently been highlighted in the CPA literature (Hong et al., 2012; Simmons et al., 2018), and were supported by indications of significant associations between CPA and perceptions of current relationships with parents identified in Chapter 4. These findings support the need for interventions to comprise holistic and multi-agency approaches that include the whole family (Chou et al., 2018; Kennair & Mellor, 2007). However, only five interventions included within the systematic review targeted both children and parents (Bartle-Haring et al., 2015; Correll, 2014; Kethineni et al., 2004; Kirklees Council, 2014; Rybsky, 1998; Sheehan, 1997), one of which described a holistic and multi-agency approach (Kethineni et al., 2004); of these five interventions, only two studies included a control group in their evaluation. More promisingly, the majority of studies (*n*=9) were unrelated to criminal justice interventions, which is consistent with Holt's (2009) recommendation that interventions should be delivered independently of the criminal justice system, and nine interventions additionally aimed to address maladaptive communication and dysfunctional interactions between parents and children, which is supported by the findings of the empirical studies described in Chapters 3 and 4. Chapters 3 and 4 additionally supported the notion that interventions should be gender-sensitive and include children above the age of 18. Of the ten studies identified in the systematic review, two studies were gender-specific

(Paterson et al., 2002; Rybski, 1998), although only the study by Rybski (1998) included a control group, and two studies included children over the age of 18 (Paterson et al., 2002; Sheehan, 1997), both of which did not include a control group. These findings suggest that some of the interventions described within the systematic review have the potential to address the intervention needs of families affected by CPA, however, conclusions about the effectiveness of these are not currently possible in the absence of robust evaluation.

Limitations of the Thesis

Limitations of the current thesis allow only for only tentative conclusions to be drawn but provide a good platform to guide future research and intervention efforts. While the empirical studies described in Chapters 3 and 4 offered further insights into the field of CPA, particularly with regards to differences in the manifestation of CPA according to victim gender, they were most notably limited by their small and skewed samples. Indeed, the samples under investigation comprised predominantly female participants who identified their ethnicity as White, impacting upon the generalisability of results. Differing outcomes are therefore expected to emerge in future investigations using more normative samples. There is a need for large scale studies within the general population, and particularly within the U.K., which the current author was unable to achieve, in part due to the resource and time limitations inherent to Doctoral research. This was further

compounded by the use of web-based research, which can be affected by low response rates and sampling frame bias (Roberts, 2007).

In Chapter 3, the CMVS Triggers Scale, which was originally designed for use with mothers, appeared to miss some important factors preceding CPA from the child's perspective, particularly in relation to CPA towards fathers. Potential reliability and measurement issues in relation to the CMVS Experiences Scale, Revised ACE Scale and ASQ described in Chapters 3 and 4 were also raised, which may have impacted on the findings.

Finally, the mapping systematic review described in Chapter 5 may have been affected by risk of publication and language bias due to the author being unable to obtain full copies of six publications, two of which were conducted and reported in Chinese.

Implications for Practice

The mapping systematic review presented in Chapter 5 frames our knowledge of existing interventions for CPA and highlights a lack of empirically-supported interventions. In the absence of robust evidence to support any existing interventions, it is recommended that consideration be given to the known risk factors for CPA when developing new interventions or evaluating existing ones. Several researchers have applied Bronfenbrenner's (1979) social-ecological model to CPA in an attempt to better organise and understand its known risk factors (Cottrell & Monk, 2004; Hong et al., 2012; Kethineni et al., 2004; Simmons et al.,

2018), which provides a framework for understanding the most salient factors to address. The application of the social-ecological model to CPA highlights a range of risk factors, the most pertinent of which appear to be chrono- and mico-system factors, indicating the need for interventions to comprise holistic and multi-agency approaches that include the whole family (Chou et al., 2018)

Findings from the empirical studies described in Chapters 3 and 4 support the inclusion of children above the age of 18 within intervention efforts. Interventions should also be prepared to address the apparent differences in the development and maintenance of CPA according to victim gender that have emerged in the current and previous research, but not to the exclusion of fathers, who are also at risk of victimisation by their children.

Implications for Research

The findings derived from the empirical study described in Chapter 4 suggest that parental attachment and adverse childhood experiences in relation to CPA warrants further investigation. In-depth explorations of the role of parental attachment in relation to CPA and the potential presence of mediators in the association of adverse childhood experiences and CPA would be fruitful, as confirming these associations would support the development of tailored therapeutic interventions and may allow for causal inferences to be made.

In further investigations of these factors, consideration should be given to the comparative strengths and limitations of alternative

modes of data collection, such as the distribution of questionnaires in educational settings using stratified sampling techniques, which would reduce sampling bias and may increase the sample size, but would be more resource intensive and may impact on the quality of data. The measurement of CPA, parental attachment and adverse childhood experiences additionally requires careful consideration in future research. The current thesis has highlighted a number of ongoing debates and issues in relation to the use of retrospective reporting of adverse childhood experiences, the use of self-report measures in the investigation of attachment, the adaptation of measures for children that were originally designed for use with parents, and the efficacy of existing CPA measures. The absence of empirically derived cut-off scores for different levels of abuse in the CMVS was notable, as attempts to apply Edenborough's (2007) delineation of these severity levels within Chapter 3 appeared to yield inflated rates of CPA. This does not suggest that the measures used within the current thesis, or other similar measures, should be rejected, but does indicate that the use of alternative newly developed CPA-specific measures that do include empirically driven methods in their development of cut-off scores, such as the Abusive Behaviour by Children – Indices (ABC-I; Simmons et al. 2019), should be explored, and that multiple measurement approaches and sources of information would provide a valuable contribution to our understanding of these risk factors.

In relation to the ASQ specifically, although its utility within research settings was supported in Chapter 2, further research is

needed to increase the evidence base of the ASQ's psychometric properties, particularly with regards to clarifying its internal consistency reliability. It is noted that the findings of such research may result in the emergence of differing conclusions about the ASQ's efficacy. In addition, an absence of normative samples limits its current utility within clinical settings and standardising the measure would be a useful contribution to mental health practice due to the ASQ's potential for use as an outcome measure.

Finally, the findings of the mapping systematic review highlighted notable research gaps in the evaluation of interventions for CPA. Particularly in light of the high rates of persistent CPA reported by participants within Chapter 3 (25.8% in the Mothers Survey and 32.5% in the Fathers Survey), the systematic review indicated an overwhelming need for robust studies investigating the efficacy of interventions for CPA.

Conclusion

CPA is emerging as a wide-spread social problem that is in need of immediate attention in research, prevention, and intervention efforts. This thesis has started to address some of the gaps in the literature through the exploration of the scope of the issue within the U.K., situational antecedents of CPA, the association between CPA, attachment and adverse childhood experiences, and the identification of existing interventions. To the author's knowledge, the current thesis offers the first investigation of CPA within the U.K. to use a CPA-specific measure and to define

emerging adults as a population worthy of investigation within this field. While only tentative conclusions could be drawn due to its own limitations, including sampling and measurement issues, as well as a paucity of robust studies investigating the effectiveness of existing interventions, the findings provide clarity with regards to the presence and efficacy of existing interventions and afford substantive support for further research in this area of family violence, most notably in relation to the link between parental attachment, adverse childhood experience, and CPA and the measurement of these concepts. Improving our understanding of how this form of abuse develops and is maintained is imperative for the development of effective evidence-based interventions.

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APPENDICES

Appendix A

Attachment Style Questionnaire (ASQ; Feeney, Noller & Hanrahan, 1994)

Please tell us how much you agree with each of the following item by rating them on the scale

1 = totally disagree; 2 = strongly disagree, 3 = slightly disagree; 4 = slightly agree; 5 = strongly agree; 6 = totally agree

1. Overall I am a worthwhile person
2. I am easier to get to know than most people
3. I feel confident that other people will be there for me when I need them
4. I prefer to depend on myself rather than other people
5. I prefer to keep to myself
6. To ask for help is to admit that you're a failure
7. People's worth should be judged by what they achieve
8. Achieving things is more important than building relationships
9. Doing your best is more important than getting on with others
10. If you've got a job to do, you should do it no matter who gets hurt
11. It's important to me that others like me
12. It's important to me to avoid doing things that others won't like
13. I find it hard to make a decision unless I know what other people think
14. My relationships with others are generally superficial
15. Sometimes I think I am no good at all
16. I find it hard to trust other people
17. I find it difficult to depend on others
18. I find that others are reluctant to get as close as I would like
19. I find it relatively easy to get close to other people
20. I find it easy to trust others
21. I feel comfortable depending on other people

22. I worry that others won’t care about me as much as I care about them
23. I worry about people getting too close
24. I worry that I won’t measure up to other people
25. I have mixed feelings about being close to others.
26. While I want to get close to others, I feel uneasy about it
27. I wonder why people would want to be involved with me
28. It’s very important to me to have a close relationship
29. I worry a lot about my relationships
30. I wonder how I would cope without someone to love me
31. I feel confident about relating to others
32. I often feel left out or alone
33. I often worry that I do not really fit in with other people
34. Other people have their own problems, so I don’t bother them with mine
35. When I talk over my problems with others, I generally feel ashamed or foolish
36. I am too busy with other activities to put much time into relationships
37. If something is bothering me, others are generally aware and concerned
38. I am confident that other people will like and respect me
39. I get frustrated when others are not available when I need them
40. Other people often disappoint me

ASQ Scoring

Sum items according to response scale for total subscale score. R *denotes reverse item score.*

Subscale	Items
Confidence	1, 2, 3, 19, 31, 33R, 37, 38
Discomfort with Closeness	4, 5, 16, 17, 20R, 21R, 23, 25, 26, 34
Need for Approval	11, 12, 13, 15, 24, 27, 35
Preoccupation with Relationships	18, 22, 28, 29, 30, 32, 39, 40
Relationships as Secondary	6, 7, 8, 9, 10, 14, 36

Appendix B

Child-to-Mother Violence Scale (CMVS; Edenborough et al., 2011)

Adapted CMVS Experiences Scale

Item and categorisation by type of CPA	Never	Occasionally	Most weeks	Daily
1) Have you ever called your mother/father names or swear at him/her? *(Emotional or Psychological)*				
2) Have you ever put your mother/father down in front of others? *(Emotional or Psychological)*				
3) Have you ever told your mother/father that he/she was crazy? *(Emotional or Psychological)*				
4) Have you ever demeaned your mother/father's parenting or partnering skills? *(Emotional or Psychological)*				
5) Have you given your mother/father the silent treatment (not speaking to him/her)? *(Emotional or Psychological)*				
6) Have you ever taken over family rooms? *(Social or Financial)*				
7) Have you ever taken over the family car? *(Social or Financial)*				
8) Have you ever taken your mother/father's money or belongings without asking him/her first? *(Social or Financial)*				
9) Have you ever aggressively demanded money or things from your mother/father? *(Social or Financial)*				
10) Have you ever incurred debts without telling your mother/father that s/he has then had to cover? *(Social or Financial)*				
11) Have you ever threatened to harm yourself in an attempt to control your mother/father or get him/her to do what you want? *(Emotional or Psychological)*				
12) Have you ever broken or thrown things near your mother/father? *(Emotional or Psychological)*				
13) Have you ever broken or damaged things which were important to your mother/father? *(Emotional or Psychological)*				
14) Have you ever bullied or stood over your				

mother? *(Emotional or Psychological)*				
15) Have you ever aggressively demanded that your mother/father do what you want? *(Emotional or Psychological)*				
16) Have you ever hurt or killed any of your mother/father's pets? *(Emotional or Psychological)*				
17) Have you ever threatened to kill your mother/father or others? *(Emotional or Psychological)*				
18) Have you hit, punched, kicked your mother/father or twisted his/her arm? *(Physical)*				
19) Have you ever choked your mother/father? *(Physical)*				
20) Have you ever shoved, pushed or grabbed your mother/father? *(Physical)*				
21) Have you ever hit your mother/father with a hard or sharp object? *(Physical)*				
22) Have you ever made sexual threats to your mother/father? *(Sexual)*				

Scoring guidelines for level of abusive behaviour

(Edenborough, 2007, p.179 [adaptations for Adapted CMVS Experiences Scale]):

1. Minimal experience of threatening and/or abusive behaviour if mothers' reported one occasional use of '*silent treatment*' or *swearing* by the young person.

2. Moderate experience of threatening and/or abusive behaviour if mothers' reported 2 or 3 forms of [emotional or psychological] abuse or a combination of 1 to 3 forms of [emotional or psychological], financial or social abuse, occasionally.

3. Extensive experience of threatening and/or abusive behaviour, referred to mothers who reported any form of threatening and/or abusive behaviour that occurred often or always, any amount of physical, threatening, psychological

or emotional forms of abuse or reported 4 or more occasional experiences of any of the threatening and/or abusive behaviours listed in [the questionnaire].

Adapted CMVS Triggers Scale

You answered 'occasionally, most weeks or daily' to some of the questions in the previous page. When would you do those things to your mother / father? Please see below and tick all that applies.	
1. When my mother/father doesn't listen to what I have to say	
2. When we argue or disagree with each other	
3. When feeling fed up with conflict or argument between my parents	
4. When he / she enforces house rules or asks me to share house work	
5. When he / she asks me to give them money towards spending around the house, e.g. bills, food, mortgage	
6. When he / she criticises what I do	
7. When family structure changed (e.g. parents separated / divorced or got a new partner, a new baby/child in the family)	
8. After we've lost someone in the family or when we are going through bereavement	
9. When I feel down or stressed about school / work	
10. When I get bullied at schools or by others in the neighbourhood	
11. After I've had a few drinks	
12. After I get high on drugs	
13. When I am going through mental health difficulty (e.g. depression, anxiety or bipolar)	
14. When I feel short of money	
15. When he / she refuses to give me what I want / need	
16. Other (please specify)……..	

Appendix C

Revised Adverse Childhood Experiences Questionnaire (ACE; Finkelhor et al., 2015)

1) Before your 18th birthday, did a parent or other adult in the household **often or very often**

   Swear at you, insult you, put you down or humiliate you?

   OR

   Act in a way that made you afraid that you might be physically hurt?

   YES/NO

2) Before your 18th birthday, did a parent or other adult in the household **often or very often**

   Push, grab, slap or throw something at you?

   OR

   Ever hit you so hard that you had marks or were injured?

   YES/NO

3) Before your 18th birthday, did a parent or other adult at least 5 years older than you **ever**…

   Touch or fondle you or have you touch their body in a sexual way?

   OR

   Attempt or actually have oral, anal or vaginal intercourse with you?

   YES/NO

4) Before your 18th birthday, did you **often or very often** feel that…

   No one in your family loved you or thought you were important or special?

   OR

   Your family didn't look out for each other, feel close to each

other or support each other?

YES/NO

5) Before your 18th birthday, did you **often or very often** feel that…

   You didn't have enough to eat, had to wear dirty clothes and had no one to protect you?

   OR

   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

   YES/NO

6) Before your 18th birthday, was a biological parent **ever** lost to you through divorce, abandonment or other reason?

   YES/NO

7) Before your 18th birthday, was your parent or step-parent

   Often or very often pushed, grabbed, slapped or had something thrown at her?

   Sometimes, often or very often kicked, bitten, hit with a fist or hit with something hard?

   Ever repeatedly hit over at least a few minutes or threatened with a weapon?

   YES/NO

8) Before your 18th birthday, did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

   YES/NO

9) Before your 18th birthday, was a household member depressed or mentally ill or attempted to take their own life?

   YES/NO

10) Before your 18th birthday, did a household member go to prison?

YES/NO

11) Before your 18th birthday, did other children, including brothers or sisters, **often or very often**, hit you, threaten you, pick on you or insult you?

YES/NO

12) Before your 18th birthday, did you **often or very often** feel lonely, rejected or that no one liked you?

YES/NO

13) Before your 18th birthday, did you live for 2 or more years in a neighbourhood that was dangerous or where you saw people being insulted?

YES/NO

14) Before your 18th birthday, was there a period of 2 or more years when your family was very poor and on benefit or public assistance?

YES/NO

Appendix D

Parental Attachment Questionnaire (Kenny, 1987) (PAQ)

This questionnaire asks you about the parent who has been your ***main carer*** before the age of 16. If you have more than one, please think about the one who had the main care responsibility and you spent the most time with.

1	2	3	4	5
Not at All (0-10%)	Somewhat (11-35%)	A Moderate Amount (36-65%)	Quite A Bit (66-90%)	Very Much (91-100%)

In general, my carer…

__ 1. is someone I can count on to listen to me when I feel upset.
__ 2. supports my goals and interests.
__ 3. sees the world differently than I do.
__ 4. understands my problems and concerns.
__ 5. respects my privacy.
__ 6. limits my independence.
__ 7. gives me advice when I ask for it.
__ 8. takes me seriously.
__ 9. likes me to make my own decisions.
__ 10. criticizes me.
__ 11. tells me what to think or how to feel.
__ 12. gives me attention when I want it.
__ 13. is someone I can talk to about anything.
__ 14. has no idea what I am feeling or thinking.
__ 15. lets me try new things out and learn on my own.
__ 16. Is too busy to help me.
__ 17. Has trust and confidence in me.
__ 18. tries to control my life.
__ 19. protects me from danger and difficulty.
__ 20. ignores what I have to say.
__ 21. Is sensitive to my feelings and needs.
__ 22. Is disappointed in me.
__ 23. Gives me advice whether or not I want it.
__ 24. respect my decisions, even if they don't agree.
__ 25. does things for me which I would rather do for myself.

(go to next column)

__ 26. Is someone whose expectations I feel I have to meet.
__ 27. treats me like a younger child.
(Go to next section)

1	2	3	4	5
Not at All (0-10%)	Somewhat (11-35%)	A Moderate Amount (36-65%)	Quite A Bit (66-90%)	Very Much (91-100%)

During time spent together, my carer was someone...

__ 28. I looked forward to seeing
__ 29. with whom I argued.
__ 30. With whom I felt comfortable.
__ 31. who made me angry.
__ 32. I wanted to be with all the time.
__ 33. towards whom I felt cool and distant.
__ 34. Who got on my nerves.
(Go to next column)

__ 35. Who made me feel guilty and anxious.
__ 36. I liked telling about what I have done recently.
__ 37. for whom I felt feelings of love.
__ 38. I tried to ignore.
__ 39. to whom I told my most personal thoughts and feelings.
__ 40. I liked being with.
__ 41. I didn't want to tell what has been going on in in my life.

Following time spent together, I leave my carer...

__ 42. With warm and positive feelings.
(Go to next column)

__ 43. feeling let down and disappointed.

When I have a serious problem or an important decision to make...

__ 44. I look to my family for help.
__ 45. I go to a therapist, school counsellor, or clergy (priest, rabbi or minister).
__ 46. I think about what my mom or dad might say.

__ 48. I talk it over with a friend.
__ 49. I know that my family will know what I should do.
__ 50. I ask my family for help if my friends can't help.

__ 47. I work it out on my own, without help from anyone.

(Go to next column)

When I go to my carer for help...

__ 51. I feel more sure of my ability to handle the problems on my own.

__ 52. I continue to feel unsure of myself.

__ 53. I feel that I would have gotten more understanding from a friend.

(Go to next column)

__ 54. I feel sure that things will work out as long as I follow my parent's advice.

__ 55. I am disappointed with their response.

Appendix E

PARTICIPANT INFORMATION – the UK

Division of Psychiatry & Applied Psychology
School of Medicine, Faculty of Medicine & Health Sciences

Project Title: Exploring the association between young people's perception of family interactions

Principal investigator: Dr Shihning Chou, shihning.chou@nottingham.ac.uk
Research contact: Lydia Bullock, Lydia.bullock@nottingham.ac.uk

Ethics Reference Number: N270217

This is an invitation to take part in a research study about the perception of family interactions among the current generation of young people. This information is designed to tell you what it will involve.

Your participation is voluntary, and you may change your mind about being involved or decline to answer a particular question, and without giving a reason. You are free to withdraw (i.e. pull out) at any point before or during the study. Because this study uses anonymous questionnaires, once you have finished the questionnaire and submitted your answers, it will not be possible to withdraw the data.

What is the project about?
This study aims to look at the perception of family interactions among the current generation of young people. It is hoped that this research will help shed light into family relations and interactions in the current society.

Who is being asked to take part, and why?
Young people between the ages of 16 and 25 are being invited to take part.

What will I be asked to do?

- If you do decide to take part you will be asked to sign a consent form.
- You will be asked to fill in five short questionnaires during your own time. There will be questions about you, your relationship with your parents, and your experiences of violence, and you will be asked to mark the answers that fit you best. It will take you approximately 20-25 minutes to complete everything.
- Some of the questions are about sensitive topics. If you find any of the questions upsetting, there are contact details of organisations who can support you at the end of the questionnaire.
- If you decide to take part, you are still free to withdraw at any time during the questionnaire without needing to give a reason. A decision to withdraw at any time will not affect you in any way. You can either withdraw by closing the browser window and the information you have entered by then will not be saved.
- If you would like to make sure that no one is able to see that you have completed this survey, then you can use private mode on your browser. Information on how to do this can be found at the following webpage:

https://www.howtogeek.com/269265/how-to-enable-private-browsing-on-any-web-browser/

Will the research be of any personal benefit to me?
The information that the researcher gets from this study will help to give us a better understanding of behaviours that some young people show at home. For young people who struggle at home, this research will give us a better idea of how to help them.

What will happen to the information I provide?
All of the information that you provide during the research will be kept confidential and anonymous. Only your data from the questionnaires will be used when reporting the research findings. You will not be asked for your name or any other personal details, so it will not be possible for you to be linked with the data.

The UK Data Protection Act 1998 will apply to all information gathered within the questionnaires. We believe there are no known risks linked with this research study; but, as with any online related activity, the risk of a breach is always possible. We will do everything possible to make sure your answers in this study remain anonymous. We will reduce any risks by keeping all information gathered within the questionnaires on password-locked computer files so that no data can be accessed by anyone other than the researcher. All of the data will be stored for a period of 10 years before being destroyed.

What will you do with the data?
Once the project is finished, all the responses will be analysed together and the aggregated data will be used for analysis and write up in a thesis and journal papers. The findings might be published and will be talked about in conferences in the UK. If you would like a summary of the results then you can contact the researchers using the contact details above.

If you have any questions or concerns, please don't hesitate to ask. We can be contacted before and after your participation at the above address.

THANK YOU FOR YOUR PARTICIPATION

Appendix F

PARTICIPANT CONSENT – the UK

Division of Psychiatry & Applied Psychology
School of Medicine, Faculty of Medicine & Health Sciences

Project Title: **Exploring the association between young people's perception of family interactions**

Principal investigator: Dr Shihning Chou, shihning.chou@nottingham.ac.uk
Research contact: Natasha Silos, natasha.silos@nottingham.ac.uk

Ethics Reference Number: N270217

- Have you read and understood the Participant Information?
  YES/NO
- I agree to answer a questionnaire
  YES/NO
- Do you know how to contact the researcher if you have questions about this study?
  YES/NO
- Do you understand that you are free to withdraw from the study without giving a reason?
  YES/NO
- Do you understand that for anonymous questionnaire studies, once you have completed the study and submitted your questionnaire, the data cannot be withdrawn?
  YES/NO
- Do you give permission for your data from this study to be shared with other researchers in the future provided that your anonymity is protected?
  YES/NO
- Do you understand that non-identifiable data from this study might be used in academic research reports or publications?
  YES/NO

"By clicking the button above/below I indicate that I understand what the study involves and that my answers are anonymous. I agree to take part and I understand that once I click 'submit' at the end of the questionnaire it will not be possible to withdraw the data."

Appendix G

PARTICIPANT DEBRIEF – the UK

Division of Psychiatry & Applied Psychology
School of Medicine, Faculty of Medicine & Health Sciences

Thank you for taking part in this study, your participation is greatly appreciated. You have helped with a study that is looking at young people's opinions of general family interactions, and is more specifically looking at how common it is for young people to become abusive or violent to their parents/carers. We are also exploring attachment, which is the relationship bond between children and their main parent/carer. We would like to see if attachment and early experiences of abuse and neglect are linked with violence or abuse against parents. Harm caused by such behaviour can be physical, psychological, emotional or financial. This project will add to our understanding of child-to-parent violence and help inform prevention strategies and services to families in need of support.

Previous research shows that negative interactions in the family often start with children repeating behaviours they have seen at home, that have helped them cope or been rewarded by adults around them (either on purpose or by mistake). The interactions can become negative, unpleasant, or in some cases violent, and lead into a cycle (negative childhood experience and child-to-parent violence). These experiences might affect the way we behave in relationships later on (for example, affecting our confidence, feeling of discomfort, need for approval, obsessions about others, or not valuing relationships). For this reason, you might have been asked questions about your interactions in the family and how you feel about and relate to others. Identifying and trying to get a clear understanding of the possible causes of negative family interactions and child-to-parent violence can help to inform prevention and intervention to families in need of support.

Once again, thank you for your participation in this study. If you feel that some questions or parts of the study have made you feel upset, please contact:

Samaritans (tel.: 116 123; web: http://www.samaritans.org/)
Childline (tel.: 0800 1111, web: www.childline.org.uk)
NAPAC (tel. 0808 801 0331, web: http://napac.org.uk/)
Victim Support (tel. 0808 168 9111, web: https://www.victimsupport.org.uk/)
Family Lives (tel. 0800 800 2222, or web: http://www.familylives.org.uk/)
NHS Choices to search for information and local mental health services (http://www.nhs.uk/livewell/mentalhealth/Pages/Mentalhealthhome.aspx)

If you would not mind participating in a face-to-face interview about your experience in this area, please click on the following link to leave us your email address.

Principal investigator: Dr Shihning Chou, shihning.chou@nottingham.ac.uk
Researcher: Natasha Silos, natasha.silos@nottingham.ac.uk

Appendix H

CPA syntax for PsycINFO

1. "child to parent violence".mp.
2. "child to parent abuse".mp.
3. "adolescent to parent violence".mp.
4. "adolescent to parent abuse".mp.
5. "parent abuse".mp.
6. 1 or 2 or 3 or 4 or 5
7. exp FOSTER PARENTS/ or exp SINGLE PARENTS/ or exp ADOPTIVE PARENTS/ or exp PARENTS/ or exp HOMOSEXUAL PARENTS/ or exp "SURROGATE PARENTS (HUMANS)"/
8. parent#.mp.
9. exp Caregivers/ and exp Foster Care/
10. "foster carer*".mp.
11. mother#.mp. or exp EXPECTANT MOTHERS/ or exp UNWED MOTHERS/ or exp ADOLESCENT MOTHERS/ or exp SINGLE MOTHERS/ or exp MOTHERS/
12. father#.mp. or exp FATHERS/ or exp ADOLESCENT FATHERS/ or exp EXPECTANT FATHERS/ or exp SINGLE FATHERS/
13. 7 or 8 or 9 or 10 or 11 or 12
14. exp EMOTIONAL ABUSE/ or exp PHYSICAL ABUSE/ or exp VERBAL ABUSE/
15. exploit*.mp.
16. hit*.mp.
17. exp ATTACK BEHAVIOR/ or attack*.mp.
18. kick*.mp.
19. punch*.mp.
20. shout*.mp.
21. blackmail*.mp.
22. steal*.mp.
23. push*.mp.
24. (shove# or shoving).mp.
25. exp Homicide/ or kill*.mp.
26. murder*.mp.
27. threaten*.mp.
28. adolescent violence.mp.
29. exp FAMILY/
30. exp Family Relations/ or famil*.mp.
31. home.mp.
32. 29 or 30 or 31
33. 28 and 32
34. 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27

35. 13 and 34
36. 6 or 33 or 35

Appendix I

Inclusion Criteria Checklist

(Adapted from Chou, S. (2016). *Methodology of systematic reviews.* Retrieved from moodle.nottinghan.ac.uk)

Inclusion Criteria	**Criterion met?**	**Comment**
Study design: Is the study a cohort, case control or cross-sectional design?	Yes Unclear Discuss No	
Population: Does the population consist of parents/legal guardians victimised by children aged between 6-18 years for whom the parent/guardian hold parental responsibility or fulfil such responsibility for the local authority? AND/OR Children/ minors aged between 6-18 years who are abusive or violent towards their parents or legal guardians.	Yes Unclear Discuss No	
Outcomes: Has child abusive or violent behaviour been measured?	Yes Unclear Discuss No	
Intervention: Has an intervention taken place? AND Does the comparator(s) consist of no intervention?	Yes Unclear Discuss No	

Appendix J

Quality Assessment Tool

(Adapted from National Institutes of Health (2014) *Quality assessment of before-after (pre-post) studies with no control group*. Retrieved from https://www.nhlbi.nih.gov/health-pro/guidelines/in-develop/cardiovascular-risk-reduction/tools/before-after and Effective Public Health Practice Project (2010) *Quality assessment tool for quantitative studies.* Retrieved from http://www.ephpp.ca/PDF/Quality%20Assessment%20Tool_2010_2.pdf)

REDUCTION OF SELECTION BIAS			
Criteria	**Yes**	**No**	**Other (CD, NR, NA)***
1. Were eligibility/selection criteria for the study population pre-specified and clearly described?			
2. Was the sample size sufficiently large to provide confidence in the findings?			
3. Are the individuals selected to participate in the study likely to be representative of the target population?			
Component Rating	**STRONG** 1	**MODERATE** 2	**WEAK** 3

STUDY DESIGN			
Criteria	**Yes**	**No**	**Other (CD, NR, NA)***
1. Was the study question/objective clearly stated?			
2. Indicate the study design: a. Randomised controlled trial b. Controlled clinical trial c. Cohort analytic (two group pre + post) d. Case control e. Cohort (one group pre + post) f. Interrupted time series g. Other - specify			

_____ h. Can't tell			
Component Rating	**STRONG**	**MODERATE**	**WEAK**
	1	2	3

BLINDING			
Criteria	**Yes**	**No**	**Other (CD, NR, NA)***
1. Were the people assessing the outcomes blinded to the participants' exposures/ interventions?			
2. Were the study participants aware of the research question?			
Component Rating	**STRONG**	**MODERATE**	**WEAK**
	1	2	3

DATA COLLECTION METHODS			
Criteria	**Yes**	**No**	**Other (CD, NR, NA)***
1. Were the outcome measures pre-specified and clearly defined?			
2. Were the outcome measures valid?			
3. Were the outcomes measures reliable?			
4. Were the outcome measures assessed consistently across all study participants?			
Component Rating	**STRONG**	**MODERATE**	**WEAK**
	1	2	3

MANAGEMENT OF WITHDRAWALS AND DROP-OUTS			
Criteria	**Yes**	**No**	**Other (CD, NR, NA)***
1. Were sufficiently rigorous methods used in order to retain participants?			
2. Were participants who completed the study sufficiently comparable to those who withdrew/ dropped			

out?			
3. Were missing values appropriately dealt with?			
Component Rating **STRONG** 1	**MODERATE** 2		**WEAK** 3

INTERVENTION INTEGRITY			
Criteria	**Yes**	**No**	**Other (CD, NR, NA)***
1. Was the intervention clearly described and delivered consistently across the study population?			
2. Is it likely that participants received an unintended intervention (contamination or co-intervention) that may influence the results?			
Component Rating **STRONG** 1	**MODERATE** 2		**WEAK** 3

Analyses			
Criteria	**Yes**	**No**	**Other (CD, NR, NA)***
1. Were appropriate statistical tests completed?			
Component Rating **STRONG** 1	**MODERATE** 2		**WEAK** 3

SUMMARY OF RATINGS FOR THIS PAPER

Component	**Reviewer #1 Rating**	**Reviewer #2 Rating**
Reduction of Selection Bias		
Study Design		
Blinding		
Data Collection Methods		

Management of Withdrawals and Drop-Outs		
Intervention Integrity		
Analyses		

If there is a discrepancy between the two reviewers with respect to the ratings, please indicate a reason for this:

1 Oversight
2 Differences in interpretation of criteria
3 Differences in interpretation of study

*CD, cannot determine; NA, not applicable; NR, not reported