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Child to Parent Violence – An Exploration of Non-Violent Resistance

A thesis submitted for the Degree of PhD to the National University of Ireland, Galway.

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BA, MSW, M Sc.

Supervisors:
Professor Brid Featherstone,
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Dr Kiran Sarma.
Candidate declaration form

I, Declan Coogan, certify that the thesis is my work and that all published or other sources of material consulted have been acknowledged in the text or in the References section. I confirm that the thesis has not been submitted for a comparable academic award.

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Abstract

Until relatively recently, the focus of research, policy and intervention responses to abuse and violence within families has been almost exclusively on the behaviour of adults rather than on the violence within families carried out by children and adolescents. As a consequence, the aggressive and violent behaviour of children and adolescents at home has received scant attention in practice, policy and research literature and this form of family violence remains poorly understood (Walsh & Krienert 2009; Tew & Nixon 2010).

Employing a constructivist grounded theory and action research methods, this study adopted a mixed methods research design to explore child and family practitioners’ experiences and perceptions of intervention with child to parent violence in Ireland. Research participants were from a variety of agencies and disciplines in Dublin and the Mid-West areas of Ireland. An integral part of the research involved the development of a training programme, adapting the Non Violent Resistance Programme (Omer 2004; Weinblatt & Omer 2008) for use in Ireland. The study also explored the practitioners’ responses to the training programme and the underlying model for understanding and responding to child to parent violence with the aim of developing a conceptualisation of the problem of child to parent violence grounded on the experiences of research participants.
Acknowledgements

The idea of this research might never have emerged, and it certainly would not have evolved the way it has, without the courage, honesty and trust of the parents and families with whom I worked in the Mater Child and Adolescent Mental Health Service in Dublin in the first decade of the Millennium who described their experiences of child to parent violence. They overcame feelings of embarrassment, fear and helplessness to experiment with new ideas and practices developed from the Non Violent Resistance Programme. It is to them and to the encouragement and support of colleagues in that service that this research owes its origins and a great depth of gratitude.

Gratitude is also owed to the managers and practitioners in statutory and voluntary services in three different parts of Ireland who recognised the potential in the training and research that were integral to the current study and who supported it by their participation and openness. Practitioners in child and family services in Ireland and academic colleagues and students in NUI Galway and elsewhere who were aware of the research and who encouraged its development and completion played an important, though perhaps to them unconscious, role through conversations, comments and coffee.

Acknowledgement and thanks are due in no small measure to Professor Brid Featherstone whose advice and wisdom guided this research and whose commitment, encouragement and trust facilitated the development of this research, of a multiplicity of perspectives and skills in this researcher and of the perseverance required to see this study to completion. Professor Featherstone fortunately maintained her commitment to this research when she left NUI Galway for a position elsewhere and led a Graduate Research Committee that included Dr John Canavan and Dr Kiran Sarma whose expertise and insight also guided the evolution of this study and without whom this research would not have been completed. This researcher will always have a sense of appreciation, good fortune and gratitude for their involvement.

I would also like to thank my partner, John Walsh, my family and close friends whose love, loyalty and, particularly in recent months, encouragement and patience provided the sustenance and support that led to the final completion of this study. Thank you.

The researcher is also grateful for the financial support for this research provided by a grant from the Further Education Programme and from the Millennium Fund at the National University of Ireland, Galway.
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Chapter One: Introduction to the Study

1.1 “A Veil of Silence” - The Need to Explore Child to Parent Violence

A “veil of silence” surrounds the topic of child to parent violence in the literature relating to families in Ireland, the EU and further afield (Hunter & Nixon 2012; Wilcox et al, 2015). Until relatively recently, the focus of policy and intervention development and research into abuse within families, for example, has been almost exclusively on child abuse and neglect carried out by adults rather than on the violence within families carried out by children and adolescents. Reflecting on the experiences of mothers who were targets of their child’s violence, Edenborough et al (2008) observe that this form of family violence remains poorly understood with little research or discussion focused on child to parent violence in the literature. Although there are some similarities between domestic violence and child to parent violence, there are very important differences too (Wilcox, 2012; Condry & Miles, 2014). This chapter provides an overall introduction to the current study, indicating the gaps in practice, policy and research that this research aims to address, outlining the processes that led to the emergence of the research questions and describing the rationale for the current study, the research population, methodology and the structure of the thesis.

1.2 The emergence of the current study – gaps in practice

The current study originated in the researcher’s previous experiences as a social worker and family therapist with a community based out-patient child and adolescent mental health service (CAMHS) in Ireland and in the experiences of the researcher and of parents as he and his colleagues adapted the Non Violent Resistance Programme (Omer, 2004; Weinblatt & Omer, 2008) to meet the needs of the local service and families. When parents attending the service began to describe their experiences of fear and hopelessness when confronted with the controlling and violent behaviour of their child, the team members recognised that treatment as usual (such as family counselling and parenting courses for example) was an inadequate response in assisting parents to effectively address their son’s or daughter’s violence at home. The team were then presented with the challenge of identifying an
intervention that might have the potential to meet the needs of these families, particularly when the child or young person using child to parent violence refused to attend the service or to engage with practitioners in a meaningful manner. There was clearly a gap in policy, research and practice papers in conceptualising and responding to the problem of child to parent violence and this study was developed with the aims of stepping into that gap. A brief, systemic and structured response such as the Non Violent Resistance Programme (Omer, 2004; Weinblatt & Omer, 2008) seemed to provide practitioners and families with an intervention that addressed the problem of child to parent violence.

The Non Violent Resistance intervention programme was developed over ten years by Haim Omer and his colleagues in Tel Aviv (Omer, 2004; Weinblatt & Omer, 2008), focusing on direct intervention with parents dealing with the aggressive and self-destructive behaviour of children. Weinblatt and Omer (2008) outlined a short term intervention project that involved the parents of forty one families where children (aged between 4-17 years) presented with aggressive behaviour problems towards their parents. During the period of the Non Violent Resistance intervention project, the parents reported less permissiveness and helplessness in their parenting style, a decrease in their escalatory behaviours, significant reductions in their children’s escalatory behaviours and an increase in positive behaviours. Significantly for a parent focused group intervention, only one parent failed to complete the programme.

The adaptation and development by this researcher of the Non Violence Resistance Programme as an intervention and training resource in Ireland as an integral part of the current study will be described in more detail in chapter three.

1.3 Gaps in policy and research

Within professional literature, the aggressive behaviour by children and adolescents at home has received scant attention but this problem does seem to be emerging in a wide range of countries and cultural contexts including Canada (Pagani et al, 2009), the US (Cottrell & Monk, 2004), the UK (Wilcox, 2012), Spain (Ibabe et al 2013), Israel (Weinblatt and Omer (2008) and Ireland (Lauster et al, 2014; O’ Reilly, 2014). While there are tremendous difficulties at arriving at any clear picture of the prevalence and nature of child
to parent violence, as we shall see, Cottrell and Monk (2004) point to a number of studies in the US (such as Agnew & Huguley, 1989; Peek et al, 1985; Paulson et al, 1990) suggesting that approximately 9% to 14% of parents are at some point assaulted by their adolescent children. While there are a variety of effective programmes available to assist parents/carers that address childhood behaviour problems (such as the Parents Plus and the Incredible Years programmes and the Positive Parenting Programme), there seems to be a lack of easily available and adaptable intervention programmes designed to address the problem of child to parent violence in Ireland (Coogan, 2011).

1.4 The Rationale for the Current Study

The rationale for the development of the current research study exploring child to parent violence and the Non Violent Resistance response to this problem emerged in the context of the absence of:

(a) clear guidelines on responding to child to parent violence in research, policy and practice papers;
(b) an extensive body of literature on conceptualising child to parent violence;
(c) research addressing the problem of child to parent violence in Ireland that circumvents the problem of minimal or no engagement with an intervention by the child or adolescent using child to parent violence;
(d) training for practitioners in assisting parents in their responses to the problem of child to parent violence which had begun to come to the attention of practitioners in a range of community based health and social care settings in Ireland from around 2008 onwards.

1.5 The Research Population

The researcher delivered a presentation describing the key elements of the Non Violence Resistance Programme (Omer, 2004) at the annual conference of the Irish Association of Social Workers in 2009, based on an anonymised case example. Following the presentation, individual practitioners and managers in statutory or voluntary agencies such as, for example the then Health Service Executive Children and Family Social Work Services (now
Tusla, the Child and Family Agency) and a non statutory community based Family Support Service requested the researcher to provide a training programme to assist practitioners in responding to the emerging problem of child and parent violence.

When the researcher commenced employment as a social work educator at the National University of Ireland Galway (NUI Galway) in late 2009, this presented an opportunity for the development of such a training course, together with the integration of research and practice development. In response to the requests for training in the Non Violent Resistance Programme, the research population for the current action research study was recruited from qualified practitioners from a range of disciplines such as social work, psychology, family support and social care with varying levels of experience and based in either statutory or voluntary contexts such as those referred to above. The researcher adopted action research strategies that built on the perceptions of participants who took part in the 2 day training programme for practitioners developed as part of the study entitled ‘Non Violent Resistance for Child to Parent Violence’, a training which he designed (based on the work of Omer (2004) and others) and which he delivered. The participant recruitment and research process will be explored in further detail in chapter 5, together with the kind of methodological questions associated with this approach to addressing the research questions.

1.6 The Research Questions

The current study was designed with the aim of addressing the following questions:

1. How do child and family practitioners engage with, assess and intervene with child to parent violence?
2. What is the response of child and family practitioners to the adapted Non Violent Resistance Programme?
3. What, if any, is the effect of the 2 day training programme on Non Violent Resistance on practitioner self-efficacy in relation to child to parent violence?
1.7 The Research Objectives

The objectives of this current study included the development of theory relating to child to parent violence grounded in the perceptions of child and family practitioners concerning this emerging problem and the adapted Non Violent Resistance Programme as a response to child to parent violence. The objectives for this study are outlined in further detail below. It was proposed from the outset that the research study would:

a. Situate and consider the use of child to parent violence by children and young people in a socio-cultural and systemic context.

b. Explore responses within different policy, social work and therapeutic contexts to the problem of child to parent violence.

c. Adapt and develop the Non Violent Resistance programme to target the use of child to parent violence and with the aim of reducing parental isolation, hopelessness and helplessness.

d. Integrate knowledge from practitioners into the evolution of this model in Ireland.

e. Explore research participant perceptions at the beginning, end and follow up periods of the programme.

Adopting an integrated grounded theory methods and action research approach to implementing and analysing research, this study involved a narrative review of a range of relevant theoretical and clinical literature relating to child to parent violence and to theoretical and therapeutic models of intervention and in particular Non Violent Resistance, as an up to date summary of an emerging and expanding field of interest for researchers and practitioners.

1.8 Research Methodology

With an epistemological foundation of constructivist grounded theory, the current study employed a mixed methods action research methodology, using an intervention (the Non Violent Resistance for Practitioners training programme) with quantitative questionnaires (phase 1) and qualitative semi-structured interviews (phase 2), adopting a sequential exploratory strategy. The qualitative data is the primary database for this study, with more
weight assigned to the qualitative data and the quantitative data embedded as a secondary database. Data collection for this study took place in two phases; the first phase involved the collection of quantitative data at the beginning of Day 1, the end of Day 2 and 3-4 months following participation in the Non Violent Resistance for Practitioners training programme (Follow-Up). The training programme was designed and facilitated by this researcher as an integral part of the current study. Although the researcher was not a complete member of the groups of participants involved in the research, the position of the researcher as a social worker, family therapist and training facilitator meant that he did occupy an insider position in relation to the research. This theme is explored in Chapter 5 (Methodology).

Quantitative measures were taken of change over time in the knowledge, skills and values of the training course participants, with questionnaires completed at the start of day one, the end of day two and again approximately three months later. There were measures of components of self-efficacy and self-reported caseloads. A 23 item core questionnaire examined self-efficacy in relation to Practitioner Confidence Levels (PCS -12 items), Practitioner Knowledge and Understanding (PKU – 5 items) and Practitioner Skill (SKILL- 5 items). Additionally, questionnaires 1 and 3 included questions exploring Practitioner and Agency Context (PAC -12 items) and current caseload (5 items). Each questionnaire also included questions at the beginning to assist with coding, such as the initials of first and second name, month and year of birth and practice context.

The collection of quantitative data was limited to pre-post and follow-up testing and practitioner self-report. A further element of the quantitative aspect of the current study involved the recruitment of an independent Wait-List control group of child and family practitioners (the Comparison Group) who completed the research questionnaires approximately three months before and at the start of Day 1 of a Non Violent Resistance training programme. There was no follow up data collection for the comparison group, for reasons described in chapter 5.

The second phase of the gathering of data involved qualitative data collection from participants recruited from among the practitioners who had attended the Non Violent
Resistance Training Programme in three different sites who had volunteered for participation in the qualitative interviews. The researcher, who had designed and facilitated the training programme, interviewed the 19 individuals who took part in the qualitative aspect of the study up to 3 months following each individual interviewee’s attendance at one of sites of the training programme. These participants in the qualitative interviews were selected from among the practitioners who had volunteered to be considered for inclusion in the qualitative data collection stage of the study. They were invited to describe their experiences of working with child to parent violence, their impressions of the ethos and benefits of the training and their perspectives on the gaps that future training might address.

The quantitative and qualitative databases were mixed during the interpretation and concluding phases of the study. This process facilitates a more comprehensive understanding of the research problem (Creswell, 2009).

1.9 Structure of this Thesis

Following this introductory chapter, the thesis adopts the structure as described below:

Chapter Two clearly defines the problem and considers sociological perspectives on violence in families and on child to parent violence drawing from Irish, UK and international literature.

Chapter Three outlines different practice responses to child to parent violence, describes the key principles of the Non Violent Resistance Programme and outlines research suggesting that such a programme may have something useful to contribute to conceptualising child to parent violence and to developing practice responses to this problem.

Chapter Four situates the current study in the context of the development of education and training for social workers in Ireland and in the context of policy and services developments relating to family support.
Chapter Five focuses on the research methodology adapted by this mixed methods action research study, the limitations of the design and reflects on ethical dilemmas associated with the constructivist and action research approaches taken by the researcher. This chapter also discusses the integration of action research and constructivist approaches to research as adopted in the current study and explores the question of insider research.

Chapters Six and Seven explore the findings of the qualitative and quantitative data respectively, the gathering and analysis phases of the research and begin to explore the findings as an avenue towards understanding the experiences and perceptions of the practitioners in Ireland who participated in the current study.

Chapter Eight integrates and reflects on the key findings of the quantitative and qualitative aspects of the study and proposes a grounded theory conceptualisation of child to parent violence based on the perspectives of the research participants.

Chapter 9 concludes the current study with some recommendations for thinking about and responding to child to parent violence, while also indicating some avenues for further research. The final chapter is followed by a reference list and appendices which include the blank copies of the questionnaires used, the semi structured interview guidance sheet, the information and consent sheet for participants and an outline of the two day training programme.

1.10. Concluding summary

Throughout this chapter, the framework and rationale for the current mixed methods action research study was established, the methodology was outlined and the structure of this dissertation was described. The following chapter proposes a clear definition of the problem of child to parent violence, identifies key literature in the field of child to parent violence and examines the ways in which different sociological perspectives might be an integrated into a conceptualisation of this emerging social problem.
Chapter Two: Child to Parent Violence – A Review of the Literature


“It manifested in lots of shouting, smashing things, taking my bag, threatening to break things, threatening behaviour, physical violence, smashing various parts of the house and being very out of control. This just got worse and worse. All the boundaries I had been using before just were not working” (Jane, mother, England in Wilcox et al, 2015: 5)

“Parents told us that there is a huge lack of knowledge and understanding of Child to Parent Violence which is one reason why it is difficult to talk about” (Wilcox et al 2015: 7)

2.1 Child to Parent Violence – An Emerging Social Problem

The recently published report from the Responding to Child to Parent Violence Project (Wilcox et al, 2015), from which the above quotes are taken, demonstrate some of the complexities of this under-researched and poorly conceptualised problem. It can include a wide the range of behaviours such as those described by ‘Jane’ above. Yet there the absence of the knowledge and understanding needed to support effective interventions. Although not yet a visible and explicit concern of policy and practice development relating to children and families in Ireland and internationally, practitioners and researchers are recently recognising child to parent violence as a growing social problem with broad implications for research, policy and intervention (Avrahim-Krehwinkel & Aldridge, 2010; Hong et al, 2012; Holt, 2013; Wilcox et al, 2015). Practitioners such as social workers, psychologists and family support workers in children and family health and social care settings in Ireland suggest that the abusive and violent behaviour of children and adolescents towards their parents is an increasing concern here (McMahon, 2013; O’Rourke; Lauster et al, 2014). Parentline, a national telephone support service for parents in Ireland, recently reported that increasing numbers of parents are availing of their services, describing their feelings of embarrassment and fear as they talk about their experiences of being the target of their child’s physical and emotional aggression and violence in their homes (O’Reilly, 2014). Similar experiences are
reported in the UK, where the (unrelated) charity Parentline Plus reported helpline calls from 22,537 parents struggling with aggressive behaviour from their children over a two year period, 7000 of which involved incidents of physical aggression (Condry and Miles, 2014).

Exploring child to parent violence through a sociological lens, this chapter proposes a clear definition of this problem for practitioners and researchers and identifies gaps in the literature. Although research in this area is relatively under-developed, this chapter examines what is known about possible risk factors for child to parent violence and, within the context of bio-ecological and gender violence frameworks, it interrogates the data the ways in which child to parent violence is discussed. Some of the restraining factors for identifying and responding to child to parent violence in practice and in research are also identified. The chapter concludes by outlining some regional responses to child to parent violence. But first, the narrative literature review strategy employed in this constructivist grounded theory mixed method study is described, an approach to examining the emergence of child to parent violence in the literature with the aim of sensitising the researcher towards the research problem.

2.2. The Literature Review in Grounded Theory Methods Research

Research studies adopting grounded theory methodologies use a literature review to set the stage for the study much less often than, for example, ethnographies where the literature on a cultural concept or critical theory would be used early in the research as a orienting framework (Creswell, 2009). In mixed methods research projects, such as the current study, Creswell (2009) advises, the literature should be used in a way that is consistent with the research strategy and the approach most relevant to the design.

A narrative review of the literature was chosen by the researcher as the kind of literature review most consistent with epistemological constructivist grounded theory perspectives adopted throughout the current study (this will be further discussed in chapter 5, methodology). In grounded theory methods, the literature review is used to enhance what is described as ‘theoretical sensitivity’ – the ability to see relevant data and to use
theoretical terms to reflect upon the empirical data gathered during the research (Bryant & Charmaz, 2007). While a narrative review does not always make clear the inclusion criteria or the methods through which primary material is included or excluded, it does have the advantage of facilitating the inclusion of evolving concepts and of making situational choices about the inclusion of evidence (Collins & Fauser, 2005), through, for example, a return to the literature to further reflect upon the core category that has been identified during the analysis of data (Glaser, 1992; Urquhart, 2002; Corbin & Strauss, 2008). Referring to research in the social sciences, Jones (2007) describes a narrative review of literature as the most commonly used form of literature review.

2.2.1 The rationale for a narrative review of the literature.

The decision to conduct a narrative review of the literature during the early stages of the current study was also consistent with grounded theory methodologies. Although researchers conducting grounded theory methods research can use the literature to enhance theoretical sensitivity and theoretical sampling, they are advised against becoming so immersed in the relevant literature that that they are constrained or stifled by it or introduce into the data concepts that are not relevant to the research participants (Corbin and Strauss, 2008). The rationale behind the avoidance of an extensive literature review during the early stages of grounded theory methods research is due to the concerns of the originators of the method, Glaser and Strauss (1967) and Glaser (1992), that otherwise the literature might stifle, contaminate or otherwise impede the researcher’s effort to generate categories from the data gathered during the research. The decision to adopt a narrative review of the literature strategy assisted this researcher to approach the data gathered during the research with an open mind so that categories are developed inductively from the research data without being pre-determined by pre-existing concepts from the literature.

But as Bryant and Charmaz (2007: 20) remark “an open mind does not imply an empty head. Anyone starting research will most certainly have some preconceived ideas relevant to the research area. A researcher can account for these ideas in some way, but certainly should not simply ignore them”. Particularly in the literature review and data analysis phases of the current study, the researcher was conscious of the advice suggested by Urquhart (2002) and
Bryant and Charmaz (2007) that the researcher can refer to existing literature before commencing analysis but should be mindful – and check for- categories that may have come from the literature.

Adopting a narrative review of the literature was also consistent with the aim of this grounded theory methods study to develop and build a theory concerning responses to child to parent violence grounded in the experiences and perspectives of research participants. The literature review phase of the study also assisted the researcher to become acquainted with the international evidence on child to parent violence, to further develop the skills of theorizing and to increase theoretical sensitivity. The current review is not the only review of the field – there are others such as Cottrell and Monk (2004), Hong et al (2012) and Holt (2013). However, a narrative review of the literature in any given field is useful as it can establish that a gap in knowledge exists, can indicate a way forward through further research and is more useful than a systematic review of the literature in an emergent area of research and practice (Scourfield et al, 2011) such as child to parent violence.

2.2.2. Aims and strategy for this literature review

Collins and Fauser (2005) propose that narrative reviews of literature can learn from some of the strengths of systematic reviews of literature by clearly articulating aims and the search strategy. The practices adopted during the course of the current study as outlined below:

The research questions that guided the current study were:

a. How do child and family practitioners engage with, assess and intervene with child to parent violence?

b. What is the response of child and family practitioners to the adapted Non Violent Resistance Programme?

c. What, if any, is the effect of the 2 day training programme on Non Violent Resistance on practitioner self-efficacy in relation to child to parent violence?
Using the research questions as a compass, the literature review search strategy focused on identifying answers to the following questions:

What is known about the socio-cultural and systemic context of the use of child to parent violence?
What are the kinds of responses to this problem within a variety of policy, theoretical and social work and therapeutic intervention contexts?

The initial literature search was conducted from October 2010 to November 2011 and included a range of databases: SocINDEX with full text; JSTOR Arts and Sciences; Applied Social Sciences Index and Abstracts; Science Direct and EBSCO (Academic Search Complete). In the interests of accessing the maximum amount of relevant sources in relation to the emerging field of child to parent violence, the reference list in relevant publications retrieved within the search criteria periods were analysed and any source that seemed to offer a relevant contribution was identified and reviewed. The Graduate Research Committee members at NUI Galway suggested relevant papers that had not been identified by the database searches and these were also included, as were publications of which the researcher was already aware due to disciplinary training and experience in social work and systemic psychotherapy that were relevant to the study.

As this study adopted grounded theory methods, it was also envisaged from the outset that the initial literature review would be followed up by a return to the literature after completion of the qualitative data analysis to assist in developing the substantive theory further.

Multiple keywords were involved in the initial searches, including “child to parent violence”, “child to mother violence”, “child to father violence”, “parent abuse”, “non-violent resistance”. Language (English), date (2000 to current year, i.e. 2010/11) and academic discipline (social work, systemic psychotherapy, social sciences and psychology) were the limits set on the search parameters. This initially yielded 258 publications. Other keywords used in literature searches included ‘post qualifying training’, ‘implementation factors’,
‘Non-Violent Resistance’ and ‘domestic violence training’. This latter term was used as searches using terms such as ‘child to parent violence training’ yielded no relevant results.

Relevance to the research questions was determined through scanning the title and abstract or introductions of identified publications. Published material that met these criteria were included for further analysis, as were publications that included research studies on responses to violence within the family perpetrated by children. Further publications were included if they were published before the inclusion period, were referenced in publications included in the search and were directly relevant to the research questions. Publications released after the inclusion period were included in a subsequent review of the literature if they were relevant to the research questions.

Publications were excluded if they:
- focused exclusively on adult initiated violence within the family, such as domestic violence/abuse or elder abuse;
- examined violence towards parents by children over the age of 18 years of age;
- explored juvenile justice concerns relating to behaviour of children and young, people that took place outside family relationships or
- focused primarily on non-violent resistance as a strategy for political/societal change.

All papers included at this stage were primary sources examining the problem of child to parent violence, exploring interventions in response to child to parent violence or were literature reviews relating to the field of child to parent violence.

2.3. Child to Parent Violence and a range of Meanings

2.3.1 Sociological perspectives on ‘Family’ and ‘Violence’

The epistemological framework for the current study is social constructionism which Loseke (2005) describes as a sociological perspective that emphasises the power and meaning of words (this theme is explored in further detail in chapter 5, Methodology). The title of this dissertation, Child to Parent Violence – an Exploration of Non-Violent Resistance draws attention to violence taking place within a particular relationship (child/parent) and in a particular context (the family). There is a need to focus on this type of violence because, as
will become apparent below, it is becoming an increasing concern for parents and families, child and family practitioners (such as social workers, psychotherapists and family support workers for example) and researchers. There is also a need to clarify the meaning of the word ‘family’ (Loseke, 2005) because different characteristics, problems and possibilities emerge within different types of relationships. Chapter 4 (Context) explores in more detail the ways in which ‘family’ has been understood has changed in Irish society and policy. For the moment, it is relevant to note that (without assigning any moral or other value) there are practical and psychological differences experienced, for example, within families where parents are married or where parents are co-habiting or are separated/divorced, within families where children are raised by one parent or by same sex or different sex parents or within families where children are raised by birth/adoptive or foster parents. It is arguable that both the parent and the child experience and reflect in different ways on child to parent violence when a child is living with a foster parent, an uncle/aunt or with a birth parent. As theorists and practitioners reflect on interventions with families in which violence takes place, it is useful to bear in mind Loseke’s (2005: 36) remarks that ‘muddled thinking results when differences are ignored; it matters how family is defined’.

It also matters how ‘violence’ is defined when exploring violence that takes place within the family. Violence against siblings, for example, seems to be the most frequent and least recognised violence in the home (Omer et al, 2008) and there seems to be an acceptance that the use of violence in some contexts is acceptable and legitimate. A parent may slap or push a child, adults (and children) may use violence in self-defence and violence may take place (and indeed may be central) to some sporting activities such as, for example, football, rugby and boxing. There seems to be a common understanding then in Ireland and in other western European societies that the use of violence is legitimate in some contexts and that therefore not all violence is problem that must be immediately addressed.

But violence does become a problem for society, for researchers and practitioners when it is abusive. It is then that it crosses the line from legitimate violence to abusive, resulting in ‘victims’, individuals regarded as suffering greatly and unjustly, through no fault of their own (Loseke, 2005). In Ireland, violence in families crosses the line from legitimate to abusive when it takes the form of child abuse, domestic violence and abuse, elder abuse and,
though not yet widely recognised in policy and in research, child to parent violence (which will be considered in more detail later in this chapter).

A sociological perspective on child to parent violence leads to the emergence of a variety of interesting questions relevant to the current study: what specific individuals are included in the definitions of parent, child and family in an exploration of child to parent violence? What kinds of behaviours are included (and excluded) in definitions of child to parent violence? Is it more useful to explore child to parent violence happening within specific family relationships or to focus research and intervention on child to parent violence used by and against particular types of individuals? The decisions made about the ways in which these questions are explored have an influence on the kinds of answers that are identified, on the ways in which the problem of child to parent violence is understood and the kinds of interventions and practices that are developed to respond to the problem.

2.3.2 Clarifying a definition of child to parent violence.

There is no single or simple definition of what constitutes child to parent violence in the literature (Tew & Nixon, 2010; Wilcox, 2012). Terms such as “child to parent violence” (Walsh & Krienert, 2007), “child to mother violence” (Jackson, 2003; Edenborough et al, 2011) “child to father violence” (Pagani et al, 2009), “parent abuse” (Kennair & Mellor, 2007; Holt, 2009, 2013) for example, have been variously used to describe this form of family violence. As the conceptualisation of child to parent violence is relatively new, it has not been clearly and comprehensively articulated in domestic violence literature (Wilcox, 2012). It has been suggested that academics tend to use ‘parent abuse’ or ‘mother abuse’ and practitioners tend to use ‘child to parent violence’ (Wilcox, 2012), while neither terms are used by parents who tend to speak about fear, shame and being unable to control their child (Coogan, 2014; Wilcox et al, 2015).

Many definitions of child to parent violence are based on Cottrell (2001) who defined it as a harmful act carried out by a child (under the age of 18 years of age) with the intention to cause physical, psychological, or financial pain or to exert power and control over a parent (e.g. Calvete et al., 2013; Ibabe et al, 2014; Wilcox et al, 2015). But research on child to parent violence has not yet examined the intentions or attributions of young people who
have used child to parent violence but focus the different types of behaviour—physical, emotional, psychological and financial abuse (Ibabe et al 2014). The tactics of abuse and violence used by some children towards their parents are part of a continuum of indirect and direct attacks. Indirect attacks can include damage to property and/or threats of self-harm. At their most extreme, direct attacks involve physical assault that can lead to the need for medical attention and the use of weapons such as knives.

It is important to bear in mind that not all violence used by children at home may be understood as child to parent violence; the use of violence at home by a son or daughter may be defensive or reactive to experiences and/or threats of physical abuse or to acts of domestic violence towards mothers (Gallagher, 2008; Ibabe & Jaureguizar, 2010). From feminist perspectives on the use of violence, this raises intriguing questions relating to the complexities of motivations for the use of violence by women and by children within family and intimate relationships, complexities which will be explored later in this chapter.

Adopting a social constructionist epistemology that regards knowledge and truths as socially and culturally constructed (Allen, 2011), this researcher does not aim to propose a universal definition of the use of aggressive and violent behaviour of children towards parents and recognises the validity of the term “parent abuse” and other terms to describe child initiated violence and controlling behaviour towards parents (e.g. Cottrell, 2001; Holt, 2009; Wilcox, 2012). But the term “child to parent violence” recommends itself to this researcher for a number of reasons:

(a) It encompasses a wide range of abusive behaviours, including acts of physical violence and controlling tactics;

(b) It indicates that it is the parent—female/ mother and/or male/ father—who is the target of the abusive behaviour by the child under the age of eighteen years of age; it can also include a person acting in the role of a parent, such as a step-parent or foster-parent for example;

(c) The term clarifies that it is the child who uses violence and that it is a parent/ carer who feels disempowered by the abusive and violent behaviour of the child.
2.3.3 Making a distinction between child to parent violence and child/parent conflict.

It is to be expected that conflict will emerge from time to time between people in intimate relationships and/or who live together under the same roof. It is also to be expected that there will be conflict between parents and their child as a son or daughter grows and develops through childhood and adolescence and attempt to separate from their parents (i.e. individuate). There may be periods of tensions between parental authority and an adolescent’s increasing need for autonomy and independence when conflict patterns are developed and reinforced between parents and children (Edenborough et al, 2008; Pagani, et al 2009). But there is a difference between a young person becoming defiant towards parents and a young person attempting to abuse, coerce and control parents (Kennair & Mellor, 2007).

2.3.4 Child to parent violence – an abuse of power to coerce and dominate.

There is a need then to mark a clear distinction between child to parent violence and the kinds of troublesome behaviours that could be seen as falling within the boundaries of what may be regarded as legitimate or expected adolescent behaviour. Child to parent violence can be understood from the perspective of the dynamics of power within family relationships; such a perspective articulates child to parent violence as an abuse of power through which the child or adolescent attempts to dominate, coerce and control others in the family (Tew & Nixon, 2010). A child’s use of child to parent violence may or may not be a deliberate and intentional strategy used as a way of compelling parents to fulfil her/his wishes (Calvete et al, 2013), but parents living with this problem usually feel completely disempowered in their role as parents in the family (Omer, 2011; Holt, 2013).

2.3.5 An infringement of human rights.

The Universal Declaration of Human Rights (1948) states that everyone has the right to life, liberty and security of person (art. 3) and that no one should be subjected to torture or to cruel, inhuman or degrading treatment or punishment (art. 5). The current study takes the position that child to parent violence is an infringement of these rights, as illustrated by the following quotes from two mothers in the Hunter et al. (2010) study of the anti-social behaviour of adolescent males and the consequent risk of family homelessness in the UK:
“He was like a bloke at 13, shouting at me, made me go to bits and you know, I mean, I couldn’t deal with it”
“I was having a lot of trouble with my children and like my son was hitting me – and mental abuse”

2.3.6. Conceptualising child to parent violence - harm, abuse of power, intention, infringement of human rights and self-definition.

The current study proposes then that a useful working definition of child to parent violence is a harmful act and an abusive of power carried out by a child (under the age of 18 years) with the intention to cause physical, psychological, or financial pain or to exert power and control over a parent. It is also an infringement of the human rights of the parents and children. As a practitioner who has spoken with people who have lived in families in which child to parent violence takes place, this researcher also supports a self-defining approach to a definition of experiences of violence within the family – that is, a child or adolescent’s behaviour should be considered as child to parent violence if family members feel controlled, intimidated or threatened by it and if they feel they must adapt their own behaviour because of threats or use of abuse or violence (Paterson et al., 2002; Wilcox, 2012). From a sociological perspective, introducing the concept of an abuse of power and calling attention to the experiences of those directly affected by abusive and violent behaviour, for example, resonates with feminist and domestic violence and abuse perspectives on violence within the family.

Towards the end of this dissertation, this working definition will be interrogated in the light of the findings of the research to see whether it fits with the grounded theory identified and developed based upon the data gathered in the course of this study. In the following sections, the absence of child to parent violence as a significant concern in the literature is addressed and the problem of child to parent violence is explored in the light of feminist and domestic violence perspectives.
2.4. Child to Parent Violence: neither seen nor heard?

Harbin and Madden (1979) have been credited with first identifying a new form of family violence in the 1970s, describing it as battered parent syndrome (Edenborough et al, 2008; Walsh and Krienert, 2009). But following a number of investigations into child to parent violence in the early 1980s and 1990s (for example see Cornell and Gelles, 1982; Agnew & Huguley, 1989; Paulson et al, 1990), there seems to have been very limited interest in the area until relatively recently. McMahon (2013), Holt (2013) and Condry and Miles (2014) point to the continuing unacknowledged and under-researched nature of child to parent violence as a type of family violence in policy and practice in Ireland and further afield. The primary focus of investigation and discussion internationally in relation to violent behaviour and crime tends to be limited to adult-initiated violence such as violence within intimate adult relationships and violence by parents towards their children, largely ignoring the various forms of emotional and/ or physical abuse carried out by children under the age of 18 years old against their parents (Agnew & Huguley, 1989; Walsh & Krienert, 2009; Tew & Nixon, 2010, Holt 2013).

2.4.1 Child to Parent Violence and Domestic Violence Policy

This is not to underestimate the significance of the impact of welcome changes in social values and norms in recent decades and growing public awareness of abuse and violence within the family. Policy and practice initiatives such as new policies and legislation have evolved and there has been an increase in service provision to protect and respond to individuals living with violence within the family home in Ireland and elsewhere (DHSSPS, 2005; Kearns et al, 2008; Cosc, 2010; HSE, 2012). Across the European Union (EU), the vast majority of citizens (98%) are aware of domestic violence and one in four people across the EU know a woman among friends or in the family circle who is a victim of domestic violence. There has also been a hardening of attitudes in the EU towards perpetrators of domestic violence, with 86% of citizens believing that domestic violence is unacceptable and should always be punishable by law (Eurobarometer 73.2, 2010).

Such cultural and social changes have been reflected in domestic violence and abuse policy in the Republic of Ireland. For example, the current policy, the *National Strategy on the Prevention of Domestic, Sexual and Gender Based Violence 2010-14* (Cosc, 2010)
deliberately uses the terms domestic violence and/or domestic abuse interchangeably to highlight the fact that the definition of the problem is not restricted to physical violence but that domestic violence/abuse can also involve psychological, verbal, sexual, financial and emotional abuse (Cosc, 2010:20). The National Strategy also explicitly states that most cases of domestic violence and abuse involve violence perpetrated by men against women while also acknowledging that there are male victims of female perpetrated abuse and that there are victims within lesbian and gay relationships. Elder abuse (the abuse of parents by their adult children), a more recently recognised form of abuse within families, is also acknowledged in policy in Ireland.

Children are to some extent visible in Irish policy concerning domestic violence and abuse. When children are considered in the context of family violence in the National Strategy on the Prevention of Domestic, Sexual and Gender Based Violence 2010-14 (Cosc, 2010), they are regarded as either a direct victim of domestic violence or abuse or as secondary victims, as witnesses to domestic abuse. Children are similarly regarded in the Practice Guide on Domestic Sexual and Gender-based Violence for Staff Working with Children and Families (2012), published by the Health Service Executive as a reference guide for practitioners from any discipline working with children and families, including for example, social workers, family support workers, nurses and doctors. While policy documents relating to abuse and violence within families in Ireland refer to the negative consequences for children of exposure to domestic violence and abuse, child to parent violence is not explicitly identified as a concern and there is no recognition of the harsh realities of parents who live with such experiences.

2.4.2 Gaps in the literature and conceptual challenges
Internationally, as in Ireland, child to parent violence has yet to feature in policy and practice guidance; this gap in the literature means that although child to parent violence is a feature of daily life for some families and is an issue with which practitioners are all too familiar, there is minimal guidance or training for practitioners about how best to respond to this type of violence (Walsh & Krienert, 2007, 2009; Condry & Miles, 2014, Lauster et al 2014, Wilcox et al 2015). Such a lacuna in policy, practice and research in relation to child to parent violence challenges researchers to develop a clear conceptualisation of the problem and to propose frameworks for thinking about and responding to child to parent violence. In
developing a grounded theory concerning child to parent violence and a specific response to the problem (the Non Violent Resistance Programme), the current study aims to assist in this task. Thinking sociologically about the problem of child to parent violence, it could be argued that the problem is more usefully understood from a domestic violence and abuse or from a family violence or indeed, from an alternative perspective. This chapter explores this question in more depth later after considering a note of caution about the ways in which data may be interpreted and reviewing what the existing data indicates about the prevalence of child to parent violence.

2.5 Child to Parent Violence and ‘Wicked Problems’: the evidence from research?

2.5.1 ‘Wicked Problems’?

Based on the nature of the problem and the complexities of the issues involved in addressing them both, child abuse, domestic violence and abuse in families – including child to parent violence- could be described as ‘wicked problems’ (Devaney & Spratt, 2009; Kearns & Coen, 2014). Referring to the paper in which the concept of ‘wicked problems’ was first developed (Rittel & Webber, 1973), Watts (2013) describes it as arguably one of the most important and subversive papers ever published in the social sciences. Watts (2013) clarifies that the concept of ‘wicked problems’ can be more readily understood in contrast to ‘tame problems’ which have ‘tame solutions – the kind of problems that have commonly agreed definitions and a consensus relating to their resolution. Tame problems have tame solutions and are usually found in formal systems (such as mathematics), games with clear rules (such as chess), and technical problems (such as what kind of engineering features would enable a bridge to carry 50 tonne trucks?). Such solutions to tame problems usually have simple ‘yes’/ ‘no’ or ‘true’/ ‘false’ answers.

But wicked problems are the kinds of problems about which there are no clear definitions, no agreed or simple solutions and frequently involve solutions that are not either ‘true’ or ‘false’ but better or worse (Watts, 2013). In almost every case, a wicked problem involves a form of practice, Watts (2013) proposes, a practical intervention guided by practice wisdom. Watts (2013) notes that the tendency to treat ‘wicked problems’ such as poverty,
unemployment and juvenile crime as if they were tame problems (with tame/ simple solutions) has caused “no end of trouble and confusion” (p. 126). As the existing literature, the data and the grounded theory developed during the course of the current study illustrates, the problem of child to parent violence requires thinking and practice that acknowledge the absence of tame solutions and the need for practice wisdom. The next section provides some suggestions on ways to avoid the kind of trouble and confusion that may be the result of misinterpretations of data.

2.5.2. Thinking sociologically about data on child to parent violence

Perhaps it is unsurprising that child to parent violence has yet to emerge as an explicit concern in policy and practice development, given the fact that research into child to parent violence is still in its early stages of development (Holt, 2012). There are also a number of significant shortcomings in the existing data which highlight the need for reviewing any data relating to violence in families very carefully. There is a dearth of contemporary empirical research, a reliance on small sample clinical and case study papers and contradictory and inconclusive findings relating to variables such as gender, race, age, relationship status and substance use (Edenborough et al, 2008; Walsh & Krienert, 2009; Holt, 2013). A variety of different definitions are used by the different agencies that may record violence against parents. The few incidents of child to parent violence that are reported, for example, to police services and judiciary are likely to reflect only a small minority of cases, given the difficulties a parent may have in reporting their own child to the police (Holt, 2013; Ibabe et al., 2013).

Reflecting on statistics concerning domestic violence from a sociological perspective, Loseke (2005: 38) indicates a number of important questions that should be considered when evaluating any research. Given the shortcomings in the existing literature highlighted above, these issues also seem particularly relevant in the relatively new field of research of child to parent violence.

The first question concerns the samples involved in the research – who were spoken to as part of the research and/ or what records were examined? With the exceptions of Peek et al (1995) in the US, Pagani et al (2009) in Canada and Calvete et al (2014) in Spain (described
below), the vast majority of the data on child to parent violence rely on non-random samples, with the research relying on the agency records or interviews with professionals or service users of agencies such as social work, juvenile justice, family support or mental health services. Loseke (2005) points out that these kinds of samples lead to typical bias which should be taken into account when reviewing research statistics and conclusions.

The first type of bias is related to estimates of the relationship between socio-economic class and violence. Loseke (2005) refers to the well-recognised empirical association between violence and poverty – as income decreases, the amount of violence within families and within communities increases. Data drawn from public health and social care agencies magnifies this association. In relation to domestic violence and abuse, women from poor socio-economic backgrounds are over represented in data sourced from domestic violence refuges, for example, which means that the association between poverty and domestic abuse and violence is magnified in research reports based on this kind of data (Loseke, 2005).

The second type of bias that Loseke (2005) identifies as associated with data emanating from social work and similar services is the tendency to generalise the experience of, for example, women availing of domestic violence refuges to all women who experience domestic violence. These two biases are important to bear in mind when reviewing existing research and any future investigations in the field of child to parent violence as it expands over the coming years.

Within sociological frameworks, a further question relates to the manner in which the data collected is interpreted and debated. In contemporary discourses on social work, as Featherstone et al (2014) point out, causation and correlation are frequently confused, highly abstract language is used, leading to the obscuring of real people and the ways in which they relate and make meaning of their lives. In a similar vein, Loseke (2005: 39) notes that it is not unusual to hear statistical errors in discussions about violence within families, particularly in the media, providing sample statements such as ‘abused children grow up to be abusive adults’ and ‘your husband hit you because his parents hit him’. The ‘cycle of violence’ theories relating to domestic violence is a question that is explored later in this chapter but at this point, it is sufficient to clarify that the evidence in the data do not
support contentions such as ‘abused children grow up to be abusive adults’. The second statistical error identified by Loseke (2005) centres on an important distinction between categories and individuals. Quantitative surveys contain measures of the characteristics or behaviours of categories of people – for example poor/ not poor families, or individuals abused as a child/ not abused as a child. But categorical associations cannot then be used to make predictions about the behaviour of individual people in these categories. It is an error in logic to make the unjustified leap that any given individual will use violence because he or she is living in poverty or because she or he has or may have a diagnosable mental health disorder.

The task of formulating a cohesive, multi-faceted theoretical framework that accurately explains and predicts violence within the family is daunting one; it is also a task has not yet been achieved (Cavanaugh 2012). In the light of the important sociological questions identified above, the next sections discuss existing data in relation to child to parent violence within a nested ecological framework. As this data is reviewed, it is also useful to consider that although it is difficult to refer to ‘causes’ of violence because there are complex influences on human behaviour, the risk factors of violence can be described (Loseke, 2005) – in other words research can address questions about the characteristics of people, experiences and environments that suggest that individuals are at greater (or reduced) risk of using child to parent violence.

2.5.3 Interpreting the risk factors for child to parent violence within a bio-ecological framework

Drawing primarily on the experiences and reflections of the practitioners who took part in the research, this integrated action research and constructivist grounded theory methods study aims to contribute towards the emergence of a broader understanding of violence within the family that includes child to parent violence. This, it is hoped, would facilitate practitioners, policy makers and researchers in developing approaches to understanding and intervening with this problem and reduce the occurrence and the impact of child to parent violence on the lives of parents and children. Following analysis of the qualitative findings, the researcher returned to the literature with an enhanced curiosity about risk factors for child to parent violence, keen to reflect on the data particularly in the light of the bio-
ecological framework theory of human development, first articulated by Bronfenbrenner (e.g. 1977, 1986 & 2000). It is regarded in the literature as an important and widely used sociological perspective on domestic violence and abuse (Hong et al, 2012; Ali and Naylor, 2013). A conceptualisation of domestic violence based on the bio-ecological framework theory was adopted by World Health Organisation in 2002 in its world report on violence and health, recognising violence within the family as a complex problem related to patterns of thought and behaviour that are shaped by a multitude of factors within families, communities and societies. This suggested that the bio-ecological model could be a useful one within which to examine the complexities of child to parent violence.

The bio-ecological framework proposes that a variety of inter-related levels are at play in human development. None of the different levels exist independently but the interactions across the different ecological levels can describe and explain the ways in which individuals and families affect and are affected by the interactions between the individuals that compose them and larger community, social and cultural contexts. Bronfenbrenner and Morris (1998) summarise the bio-ecological model in the following manner:

“throughout the life course, human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving bio-psychological human organism and the persons, objects and symbols in its immediate external environment. To be effective, the interaction must occur on a fairly regular basis over an extended period of time” (Bronfenbrenner & Morris, 1998: 996. Parenthesis in the original).

At the centre of the bio-ecological model is the individual or self-system, influenced by personal, dispositional and genetic factors such as, for example, gender, age, education, personality factors (such as psychological problems or aggressiveness) and alcohol and/or drug use. Problems arise both from within and from outside families and are experienced in different ways by different members of the family, influenced by, for example, factors such as age, gender and/ or position within the family (Lawson, 2012).
The first layer of social influence is called the *microsystem* which encompasses the interactions the individual has with a few different microsystems in immediate settings/relationships such as parents and family members.

The *mesosystem* is composed of the interactions between two or more microsystems in which an individual is embedded and encompasses, for example, the relationships between an individual and their peers in the development of behaviour.

Another level of the ecological framework – the *exosystem* - focuses our attention on contexts/interactions (i.e. the community) that do not have a direct or immediate effect on an individual but do have an influence on the microsystem and on the development of behaviour. For example, a parent’s reduced wages or unemployment and the lack of affordable childcare in the community could negatively impact on parenting ability which could then increase the likelihood that a child would develop behavioural and emotional difficulties.

A further level – *the macrosystem* - encompasses the wider society and directs our analysis towards the structures and systems of a society and culture in which the individual person lives. The macrosystem encompasses factors such as the larger economic, social and health structures that affect people’s lives and societal norms in relation to, for example, parental role and responsibilities and norms relating to relationships between different generations across the lifespan.

Finally, the *chronosystem* encourages an exploration of the influence on behaviour of consistency or change in the individual and the environment over the life-course/passage of time (such as changes in family structure like divorce/re-marriage or bereavement, for example).

Clarifying the bio-ecological model and its application to the study of human development, Bronfenbrenner and Evans (2000) describe an interactional process between an individual and his or her environment in which influences can work both ways. In other words, as Bronfenbrenner and Evans (2000: 118) put it more succinctly: “the transfer of energy between the developing human being and the persons, objects or symbols in the immediate environment...may be in either direction or both; that is from the developing person to
features of the environment, from features of the environment to the developing person or in both directions, separately or simultaneously”.

Perhaps it is useful to clarify that as the concept of the ‘developing person’ here could be misinterpreted as applying to only to a child or adolescent, the authors regard each individual human being as developing person throughout the life course until death. The reference to persons, objects and symbols in the immediate environment serve as a reminder that the bio-ecological perspective extends beyond the individual and family to the wider community and society. From this perspective, it could also be hypothesised that societal and cultural beliefs that promote or endorse the use of violence as a method of resolving conflict and gender norms that promote dominance as being central to masculinity could influence the use of violence by, for example, an adolescent male towards his mother. Later in this chapter, the theories on parenting developed by Baumrind (1966; 1996) and on parental authority and escalation processes articulated by Omer (2004; 2011) will be further explored as they draw attention to the significance of cultural beliefs in western societies that may contribute to the emergence of behaviour problems in children.

Boxer et al (2012) propose that the ecological systems theory as an ideal model for understanding the variety of social and environmental factors that influence human behaviour such as child to parent violence, and has important implications for the development of assessment, prevention and intervention strategies. It also indicates a variety of levels that can be considered in relation to risk factors for child to parent violence, which will be explored in the following sections.

2.5.4 The prevalence of child to parent violence

There are no reliable indicators as to the prevalence of child to parent violence (Gallagher, 2004a; 2008; Kennair & Mellor, 2007; Holt, 2013) and given the limitations in the literature noted earlier in this chapter, only tentative assertions may be made about the nature, extent and patterns of child to parent violence.

In their survey of high school students in the US, Peek et al (1985) found that between 7% and 11% male respondents assaulted their parents. (This study involved male students only). More recently, in a review of child to parent violence literature in the North America,
Walsh and Krienert (2009) reported that 18% of two parent and 29% of one parent families experience child to parent violence. It was also suggested in that review that the proportionately high prevalence rate for child to mother as opposed to child to father violence in published papers could be due to mothers demonstrating more willingness to disclose their experiences of child to parent violence than fathers (Walsh & Krienert, 2009).

Pagani et al (2009) studied adolescent verbal and physical aggression towards fathers in a randomised sample of 2,908 children selected for follow up annually from kindergarten to mid-adolescence as part of a large longitudinal child development study in Quebec. They found that among the male and female 15/16 year old participants in the study, 12.3% of males and 9.5% of females were physically aggressive towards their father in the previous six months. The Pagani et al (2009) study also found that patterns of aggression at school during childhood were the best predictors of aggression in adolescence towards fathers. Interestingly, such risk factors remained even when allowance was made within the research design for correlates such as harsh verbal punishment, problematic adolescent substance use, levels of education of the father and low parent-child involvement. These figures are significant because they are drawn from a general rather than clinical or juvenile justice population sample and can be regarded as representing a national prevalence rate for child to parent violence in Quebec.

Within a European context, Calvete et al (2013) report that the number of complaints recorded by the State Public Prosecutors Office in Spain by parents against their children increased from one thousand, six hundred and twenty seven in 2006 to five thousand, three hundred and seventy seven five years later in 2011; this represents a very significant increase and has led to the enactment of legislation that provides for an order restraining an adolescent, similar to measures applied in cases of domestic violence in Spain. Describing a community based study involving 2719 adolescents (51.4% of which were girls) from 34 randomly chosen secondary schools in the Basque country in Spain, Calvete et al (2013) found that 14.2% of adolescents had used severe psychological aggression against parents in the previous year and that 3.2% of adolescents had used physical aggression against their parents in the same period, a lower number than that found in the Pagani et al (2009) study referred to above. Calvete et al (2013) point out that their findings may have been affected by the fact that the findings were based on adolescent self-reports. It could be speculated
that figures for physical aggression might have been higher in a study that also included parent reports.

In the first empirical study of child to parent violence in the UK, Condry and Miles (2014) found that between April 2009 and March 2010, the London Metropolitan Police recorded 1,892 cases of violence from adolescents (aged between 13-19 years old) targeting parents and that most incidents involved assaults against the person or criminal damage in the home. The vast majority of adolescents reported to the police for violent offences against parents were male (87.3%) and over three quarters of the parents reporting to the police were females/mothers (77.5%).

There are no empirical studies relating to the prevalence of child to parent violence in Ireland, though the problem has been recently explored to some extent (Coogan, 2011, 2012; 2014a, 2014b; McMahon, 2013; O’Rourke, 2013; Lauster et al 2014; Coogan & Lauster, 2015). However, as noted in the introduction, although the statistics have not been published, Parentline, a national telephone support service for parents/carers in Ireland reports that there has been a very significant increase in the recent years in the number of telephone calls to their service relating to child to parent violence and these calls are mostly made by mothers (O’Reilly, 2014) – some indication of the rising concerns in relation to child to parent violence in Ireland.

2.5.5. The ages of children who use child to parent violence.

Questions relating to gender as a lens through which to conceptualise child to parent violence will be explored in greater depth later in this chapter, but in this section, attention is focused on the various characteristics concerning children and their families in which this problem emerges. Does the age and gender of a child a risk factor for child to parent violence? The evidence in the literature to date is inconclusive. Focusing on adolescent violence in families, Sheehan (1997) describes some features of a systemic approach to intervention with a clinical sample of sixty families attending a mediation and family therapy service in New Zealand. She suggests that child to parent violence can begin to emerge at an early age, remarking that twenty four of the male and female young people attending the
service were described by their parents as having had behaviour problems since the ages of two to four years of age.

In their analysis of offender and victim characteristics of children and young people – up to the age of 21 years- reported to the police in the US for assault of a parent or step-parent over a ten year period, (1995-2005), Walsh and Krienert (2009) found that most of the over 100,000 offenders were male (63% of reported incidents) and females were identified as the offenders in 37% of incidents. Studies from Canada and Spain referred to above investigated the use of child to parent violence by adolescents, but did not examine the age at which child to parent violence was first used (Pagani et al, 2009; Calvete et al, 2013).

In their description of the Non Violent Resistance intervention programme with parents of children with severe behaviour problems in Tel Aviv in Israel, Weinblatt and Omer (2008) include in their sample, parents of children as young as four years old. Data drawn from juvenile offender statistics in the US and the UK suggest that the peak figure for arrest and charge in relation to child to parent violence is between 14 and 17 years (Pagani et al, 2004; Walsh & Krienert, 2007; Miles and Condry, 2014). It is likely however that these figures represent the age at which the experiences of child to parent violence becomes so unbearable for parents that they feel compelled to finally contact the police, given the reluctance many parents feel about reporting their son or daughter to the police (Calvete et al, 2013; Condry and Miles, 2014). Similar to the experiences of families living with domestic violence and abuse, children and parents may have been living with child to parent violence for a very long time before having the police are called to intervene in the private and intimate sphere of family life. There are also some indications in the literature that, in common with domestic violence and abuse, women/ mothers are the more frequent targets for child to parent violence, a point to which this review of the literature will return later.

2.5.6. Family composition, race-ethnicity and socio-economic risk factors

Risk factors other than age frequently used by practitioners and researchers to explore family violence, such as family power structure, family size and structure and socio-economic status seem to be unrelated or weakly related to child to parent violence (Agnew & Huguley, 1989; Hong et al, 2012). There is evidence for example, that child to parent
violence is not confined to one or two parent families, under-privileged and multi-stressed families but occurs across the spectrum of social and cultural landscapes (Omer, 2004; Weinblatt & Omer, 2008; Kennedy et al, 2010; Calvete et al, 2013).

But Loseke (2005) refers to the acceptance among researchers that poverty is associated with greater risks for violence within families and communities. There is a need then to examine closer the question of whether child to parent violence is related to family income levels. There is some evidence to suggest that parenting practices among families in more affluent socio-economic environments in contemporary western societies that may be a risk factor for child to parent violence. Charles (1986) reviewed 300 inpatient and outpatient cases to explore the prevalence of the physical assault of parents by their children and found that the highest number of incidences occur in what he described as ‘overly reasonable ‘democratic’ families, with parents who were intelligent, well educated, valuing verbal expression” (Charles, 1986:353). He found that the physical assault of parents was far more common in middle-class and well educated families and seven times more common in White than in African-American families. Perhaps family income levels might have an influence on the occurrence of child to parent violence, but not in the ways that might be expected.

Similarly, although Agnew and Huguley (1989) found that child to parent violence takes place in a range of socio-economic groups, they did note that there was a slightly higher rate of child to parent violence among families in the “most prestigious occupations’ (1989: 707). Drawing on clinic based studies, Gallagher (2004a; 2008) refers to a frequently recurring trend of child to parent violence in families where both parents are well educated, middle class and where a child develops a sense of over-entitlement.

Considering data relating to child to parent violence and race-ethnicity, it is useful to bear in mind the sociological questions suggested by Loseke (2005) earlier – what is source of the data and how might the data be interpreted? Condry and Miles (2014) acknowledge that drawing conclusions based on cases of child to parent violence recorded in police records alone might present a skewed picture of the nature of the problem, particularly in terms of socio-economic and race-ethnicity factors. However, as Condry and Miles (2014) point out, at the moment arrest records represent the only large scale data sets available for research.
Hong et al (2012) report that some studies report that adolescents from White ethnic origin backgrounds are significantly more likely to use child to parent violence. For example, based on their analysis of data gathered about the delinquent behaviour of adolescents as part of the US National Survey of Youth in 1972, Agnew and Huguley (1989) report that White adolescents were more likely to assault their parents than African American adolescents, with 9.8% of White adolescent males having assaulted their parents compared to 4.9% of African American adolescents having assaulted their parents. Among female adolescents, 10.8% of White females assaulted their parents compared to 2.4% of African American females but there were no racial differences among ethnic origin or gender groups for rates of child to father assault.

As noted above, Walsh and Krienert (2009) examined data on offender and victim characteristics in police records across a range of US states over a ten year period (1995-2005) for children and young people aged 21 years or younger charged with assaulting a parent or step-parent. They found that the vast majority of offenders were White (76%) as were most victims (78%).

But there is other research that presents a more complex picture in relation to race, ethnicity and child to parent violence. In a study examining the characteristics of adolescent child to parent violence young offenders in the US, Kennedy et al (2010) recorded no significant difference in rates of child to parent violence between different ethnic backgrounds. Consisting of White (45%), African-American (52.1%) and other ethnic origin young offenders in the US, the Kennedy et al (2010) study found that in the group of 99 young offenders who had used child to parent violence, 49.5% of these were White and 50.5% were African American.

As noted earlier, Condry and Miles (2014) analysed arrest records of the London Metropolitan police relating to all cases of child to parent violence over one year (2009-2010) involving an adolescent aged between 13-19 years of age and violence against a person or criminal damage within the home. Condry and Miles (2014) report that over 50% of the recorded suspects in this data were White European, while just under 30% were from an Afro-Caribbean background. Among victim characteristics, over half of victims were
recorded as White European (59.9%), while Afro-Caribbean parents were represented in 24.3% of the reported incidents.

2.5.7. Alcohol and drug use as risk factors

Alcohol and drug use is often considered a risk factor for violence within the family (Cottrell & Monk, 2004; Kennedy et al, 2010). The use of alcohol and/or drugs has an impact on cognitive, emotional and physical functioning which can lead to reduced capacity for self-regulation and in reduced abilities to resolve conflict without the use of violence (Routt & Anderson, 2015). But assumptions about direct causal links between substance misuse and child to parent violence is challenged by Cottrell and Monk (2004) who found that child to parent violence was often a result of arguments between the youth and parents in relation to substance misuse. In some cases parents who had experienced child to parent violence were also misusing substances themselves. Cottrell and Monk (2004) also found that substance misuse was viewed by the practitioner participants in their study as symptomatic of deeper issues related to historical abuse and family conflict.

Walsh and Krienert (2007) also challenge a causal link between child to parent violence and alcohol or drug use. Analysing incidents of aggravated assault on parents by children reported to the police across 22 US states in 2002, Walsh and Krienert (2007) describe the typical parental aggravated assault offender as a White male, aged between 14 and 17 years of age who does not report using alcohol or drugs at the time of the assault.

2.5.8 Individual risk factors

Sociological perspectives on violence within the family informed by the Bronfenbrenner bio-ecological model directs attention towards not only the individual (or microsystem), but also the environment within which he/she lives. The term ‘bio-ecological’ also directs our attention to the fact that individual human beings are biological organisms and since humans are physical and embodied individuals, it follows that the question of whether there is a biological risk factor for violence needs to be considered (Loseke, 2005).

There is very little known about individual risk factors for child to parent violence, as research in this field is at an emergent stage of development. Loseke (2005: 40) remarks
that while it is not generally accepted that biological factors alone will account for more than a very small amount of violence within families, some violence may be associated with organic problems, head injuries or intellectual deficits. Some individual children present parents with significant challenges in responding to their behaviour - children have different personalities and temperaments and some are easier to parent than others (Gallagher 2004b; Featherstone et al 2014). But it is important to emphasise that biological risk factors may be helpful in understanding the violent behaviour of individuals who use violence in all spheres of their lives. However, biology cannot be referred to as an explanatory factor when individuals use violence against partners or parents, but not for example, against friends, teachers and strangers.

2.5.9 Mental Health Disorders as risk factors

Gallagher (2004b) suggests that some children with certain life experiences (such as, for example, lack of limit-setting or parental separation or exposure to violence at home) and certain temperaments (such as impulsivity, irritability, and stubbornness for example) may have a greater risk of acting abusively and violently towards their parents. But a concern relating to a primary focus on individual and biological risk factors for child to parent violence is that it could lead to the abusive and violent behaviour of child being attributed to a mental health diagnosis such as, for example, Attention Deficit Hyperactivity Disorder or Oppositional Defiance Disorder.

This could have the unintended effect of excusing aggressive and violent behaviour while also further disempowering children and parents. It may be useful in some cases for a child to be provided with a mental health diagnosis where the behaviours described by the parents, the child and the school, for example, meet the relevant diagnostic criteria. In Ireland, a mental health diagnosis may facilitate access to resources such as a Special Needs Assistant at school and/or additional and essential social welfare payments to support care and treatment. However, from a strengths-based and solution focused perspective, a mental health diagnosis or indeed a comprehensive understanding of all factors contributing to the emergence of a problem (such as child to parent violence, for example) is not necessary in order to formulate a resolution of the presenting problem (Yee Lee et al, 2003; Duncan et al, 2004).
For example, as we shall see in the following chapter, the Non Violent Resistance Programme (Omer, 2004) has demonstrated success with the parents of children between the ages of 4 and 17 years of age, without the necessity of a mental health diagnosis or a comprehensive understanding of the emergence of the problem (Weinblatt and Omer 2008). One of the unintended consequences of a diagnosis of a mental health disorder could be an assumption that the child using child to parent violence cannot learn the skills required to avoid the use of violence and cannot be expected to change his or her behaviour. A further unintended consequence of an emphasis on biological explanations for child to parent violence could be an implication that there is very little parents can do to affect change within the family (aside perhaps from dispensing medication). Such beliefs risk disempowering parents and children and prolonging experiences of helplessness, hopelessness and violence.

In a study with clear implications for community child and adolescent mental health services, Boxer et al (2009) explored the use of child to parent violence – specifically physical aggression – among of group of 232 adolescents referred to a community mental health service in the American Mid-West for intervention related to adjustment disorders, ADHD, or mood or anxiety disorders. They found that 57.4% of boys and 49.1% of girls had used physical aggression toward their parents. Relevant to bio-ecological and feminist perspectives on human behaviour, Boxer et al (2009) also investigated whether other forms of aggression were present within the family. The study found that where there was marital and parental aggression, 75% of adolescents in their cohort had used child to parent violence, with adolescent to mother physical aggression being significantly related father to mother physical aggression for males, but not for females.

### 2.6 Gender, abuse in the family and Child to Parent Violence

#### 2.6.1. Gender as a risk factor

Remarks by O’Reilly (2014) and international research on child to parent violence (e.g. Walsh & Krienert 2007, 2009; Gallagher, 2008; Calvete et al 2013; Miles & Condry, 2014) raise questions relating to the ways in which gender may feature as a risk factor for child to parent violence. How does gender relate to the parents who are targets of child to parent
violence or to the children who abuse or assault their parents? Despite the limitations of literature on child to parent violence, there seems to be an emerging consensus that mothers are the more frequent targets of child to parent violence. Although some fathers were targets of child to parent violence in, for example, the Pagani et al (2004), the Calvete et al (2013) and the Condry and Miles (2014) studies, mothers were found to be more frequent targets of child to parent violence than fathers.

But the question of gender and child to parent violence is a more complex issue than may initially appear. There is emerging evidence that fathers may also be at risk from experiencing child to parent violence. For example, in the randomised sample of 2,908 children in Quebec reviewed annually from kindergarten to mid-adolescence referred to earlier, Pagani et al (2009) found that among the male and female 15/16 year old participants in the study, 12.3% of males and 9.5% of females were, in the previous six months, physically aggressive towards their father.

In Spain, the Calvete et al (2013) study, girls showed significantly higher levels of psychological aggression than boys against mothers in that study but there was no significant difference in the rates of severe physical violence perpetrated against mothers by girls or boys. Other studies based on community and/or clinical samples and self-report measures indicate no significant difference in relation to gender and child to parent violence ‘perpetrators’ (e.g. Pagani et al, 2004, 2009; Gallagher, 2008).

Condry and Miles (2014), in their analytical study of London Metropolitan police records on young people relating to assaults against parents and criminal damage at home described earlier, found that son to mother incidents represented 66.7% of the incidents reported to the police, son to father incidents accounted for 20.6% of the reports while daughter to mother incidents accounted for 10.8% while daughter to father incidents accounts for 1.9%. But Condry and Miles (2014) advise that while their figures indicate that child to parent violence has a clear gender dimension, conceptualising child to parent violence as an almost exclusively son to mother problem obscures the fact that a significant proportion (almost a quarter) of the reports to the police were from adult males and that males tend to report more serious levels of violence than females. Condry and Miles (2014) reflect that their findings may be influenced by mothers feeling more fearful, threatened, and vulnerable.
than fathers; Condry and Miles (2014) also suggest that the sense of shame and stigma surrounding child to parent violence may interact with expected gender norms on masculinity and strength, leading to a reluctance of fathers to report their son or daughter to the police unless the father receives an injury.

2.6.2 Contested measures and outcomes

As noted earlier, child abuse, neglect and domestic violence can be regarded as ‘wicked problems’. It would be mistaken to regard research and practice in a contested field such as violence in the family to be anything other but complex (Husso et al, 2012); there are no ‘tame solutions’ and no ‘true’ or ‘false’ answers to the questions with which violence in the family challenges researchers and practitioners.

Holt et al (2008) describe some of the concerns and questions relating to studies examining the impact on children of exposure to domestic violence. Reviewing a vast amount of literature on this theme, Holt et al (2008) summarise these issues as including failures in the measures to differentiate between children who experienced domestic abuse and other forms of adversity from those who experienced domestic abuse but not other forms of adversity; an over-reliance on data from women’s refuges/shelters and from clinical populations; inconsistent definitions of what constitutes child abuse across an range of studies; finally, while the majority of studies do control for the child’s age, gender and the socio-economic status of the family, many do not control for marital status, mother’s age and family size, nor for family stress, the child’s health or ethnicity. Additionally, as Holt et al (2008) remark, it cannot be assumed that the impact on and the outcomes are predictably similar for all children who experience domestic abuse.

However, as Holt et al (2008) note, bearing these qualifications in mind, it does seem that children may be significantly negatively impacted by their experiences of domestic violence. Children exposed to domestic violence may be at increased risk of children becoming victims of abuse themselves, with 40% of children who have experienced child abuse at home having also been exposed to domestic violence and they are likely to experience problems such as psychosomatic illnesses, bed-wetting, depression and suicidal behaviour (UNICEF, 2006).
In relation to child to parent violence, there is some evidence suggesting that experiences of domestic violence and abuse may be significant predictors of child to parent violence (see Hong et al, 2012 for a review of such studies). Gallagher (2004a; 2008) suggests that child to parent violence occurs in two types of family environments. One type, referred to earlier, involves two parent families, often middle class well educated parents who are victimised by what he describes as their over-entitled young people. The second type includes families in which mothers parenting their children alone are assaulted by their children in the wake of domestic violence - a pattern also identified in the Cottrell and Monk (2004) study.

In their study, Kennedy et al (2010) compared the characteristics of a group of juvenile offenders in the US who used child to parent violence (CPV) with a group of juvenile offenders who had never used child to parent violence (NCPV). The Kennedy et al (2010) study found that youths in the CPV group were significantly more likely to have been exposed to incidents of domestic violence (51%, compared to 17.1% in the NCPV group) and were more likely to report being physically or verbally abused by another member of the household (63%, compared to 18.9% in the NCPV group) than those in the NCPV group.

2.6.3 Child abuse and neglect as risk factors

Many children with whom social workers and other child and family practitioners are involved are living in circumstances of multiple adversities (Devaney & Spratt, 2009; Featherstone et al, 2014). Children using child to parent violence may also experience adversity in a variety of forms. For example, Cottrell and Monk (2004) provide detailed qualitative data taken from two independent studies involving adolescents, parents and service providers in semi structured focus group and individual interviews. This study found that young people who abused their parents had often themselves been physically abused as children became violent towards parents when he/she developed the physical strength to do so or when motivated by a desire for retribution. Some female adolescents reported that they had been sexually abused by the father or stepfather in the family. In these cases, the young people described their violence as being motivated by a need for self-protection or as an expression of rage at the abuser. Some of the female adolescents who reported sexual abuse victimisation attributed their aggression to the need to protect siblings from sexual abuse.
In an earlier study referred to previously, Sheehan (1997) also raises the question of the links between child to parent violence and childhood experiences of sexual abuse: six adolescents among their sample of sixty young people reported childhood sexual abuse, while clinicians speculated that there were cases of unreported sexual abuse among the group, especially among young males (Sheehan 1997: 90).

In another community based study, Boxer et al (2009) examined three forms of physical violence in the home: youth to parent, inter-parent and parent to youth violence among 232 mother-adolescent dyads comprised of mothers from two parent families and her 11-18 year old child in the US Midwest. Boxer et al (2009) found that child to parent violence was most likely to take place in families where there had been parent to child and father to mother violence. Violence directed towards the mother by the child was significantly associated with father to mother abuse for males, though not for females. The findings from this research also suggested that adolescents were most likely to direct violence towards an opposite sex parent who was abused by the same-sex parent.

In the Kennedy et al (2010) study referred to earlier comparing a group of juvenile offenders in the US who used child to parent violence (CPV) with a group of juvenile offenders who had never used child to parent violence (NCPV), it was found that adolescents in the CPV group were also more likely that those in the NCPV group to report being physically or verbally abused by another member of the household (63%, compared to 18.9% in the NCPV group).

However, in his review of clinical and qualitative papers on child to parent violence, Gallagher (2008) concludes that the evidence suggests the exposure of children by their parents is not a contributing factor to child to parent violence. Similarly, Woods and Sommers (2011), in their review of 24 studies over a ten year period (2000-2010) into the effects of domestic violence on children, conclude that the question of whether there is a direct link between experiences of domestic violence and the emergence of child to parent violence remains without a definitive answer. Woods and Sommers (2011) found that although there is some evidence to support an hypothesis of intergenerational transmission of domestic abuse from the children exposed to such violence to the men who use violence
towards partners in later life as adults and women who experience violence as victims and partners, there is no evidence in the research to support claims of a direct causation.

2.7 Engaging with violence in families

“Violence is so terrifying, destructive and shameful to everyone involved (including the therapist) that there is a universal temptation to dissociate oneself from it completely” (Goldner 1999: 331).

While giving one perspective on domestic violence and abuse, statistics alone cannot capture the dynamics of what takes place in the lives of women, men and children nor the complexities of intervention for the practitioners involved with people living with these problems. When taking part in conversations about threats and acts of abuse, practitioners can hear conflicting emotional and emotive language that can invite a range of responses, including silence or dissociation. Conversations between practitioners and victims/survivors can be punctuated with talk about betrayal, harm, love, hatred, conflicting loyalties, crimes, protection and punishment. A dilemma faced by many child and family practitioners centres around responding to the needs of parents and children while remaining respectful, curious and creative while also avoiding a re-enactment of the processes of abuse in the kinds of intervention Featherstone et al (2014) describe as ‘muscular’ child protection.

2.7.1 Domestic violence and abuse in Ireland

Identifying some of the complexities of domestic abuse as usually consisting of a pattern of behaviour (often with severe consequences) and recognising that it can take many forms, the National Study on Domestic Violence (Watson & Parsons 2005) provides an insight into the experiences of women and women living with domestic violence in Ireland. Based on 3,077 telephone interviews with a nationally representative sample of men and women over aged 18 years, the Watson and Parsons (2005) survey found that while both men and women experience severe domestic abuse, men experience it to a far lesser extent than women. Watson and Parsons (2005) distinguish between people experiencing severe abuse (a pattern of behaviour that causes or risks causing a significant level of impact for the person affected in terms of physical injury, fear or distress) and those experiencing incidents
of minor abuse that have little impact on them. Acknowledging that acts of abuse minor abuse should not be ignored, Watson and Parsons (2005) reported that while 17% of the Irish population experienced one or perhaps two incidents of physical or emotional abuse (which they rated as not having a severe impact), 11% of the population had experienced severe domestic abuse that did have an actual or potential severe impact on their lives (Watson & Parsons, 2005:166-167).

The same survey also highlighted some of the gendered aspects associated with domestic abuse and violence: Watson and Parsons (2005) found that the risk of severe abuse was greater for women; women are nearly twice as likely as men to require medical treatment for their injuries and women are ten times more likely than men to require hospitalisation. Those who have had children are three times more likely to experience severe domestic abuse and violence than those who have never had children. Watson and Parsons (2005) attribute the elevated risk of severe abuse where there are children to the stresses of parenthood and to the difficulties in leaving a relationship where children are involved. Women and men were more likely to experience severe domestic abuse if their parents had been abusive to each other than those whose parents had not been (more than double the risk) and the risk of domestic abuse is further increased if the parents of both partners had been abusive to each other. The risk of experiencing severe abuse was also greater for those who were isolated from family and social support, those born outside Ireland or women whose partner was born outside Ireland and for those with poor health or a disability. The survey regarded people as experiencing minor abuse when isolated acts of abuse took place, but the individual did not experience him/herself as being severely affected. Within this context, men were regarded as being more at risk of experiencing minor abuse (Watson & Parsons, 2005:167).

2.7.2 ‘Don’t ask, don’t tell’? Domestic violence and abuse behind closed (office) doors

Another perspective on the experiences of women and men living with domestic abuse in Ireland is presented by an earlier study of just over 1000 male and female respondents attending marriage counselling between 2000 and 2002 who were asked about their reasons for attending counselling and their relationship generally (McKeown et al, 2002). The self-completion questionnaire asked one question on domestic abuse, exploring
whether the respondent or his/her partner had ever used force on each other for any reason. The findings indicate that over half of those attending counselling (53%) had experienced domestic violence at some time in their lives, and 36% in the previous year. Furthermore, in about half of these cases, partners reported that they had been mutually violent. The survey also found that in 30% of cases in which domestic abuse had been reported, the female partner was the only one to be violent and in 24% of cases it was the male who was violent.

The McKeown et al (2002) study did not explore whether respondents were asked by a counsellor about their experiences of domestic abuse. But an English study described by Vetere and Dallos (2003) did. Of 136 couples attending counselling it was found that 60% had experienced violent assault in the year preceding counselling. But only 10% reported the violence to their counsellor. These respondents felt that the physical violence was trivial, or not the ‘real’ problem, felt ashamed, wanted to make a good impression or felt love and concern for their partner. The counsellors reported that they did not ask about physical violence and that asking about violence was not part of their assessment procedure (Vetere & Dallos 2003:157-158).

But there needs to be an acknowledgement that intervention with people living with violence at home is very challenging work. Describing a process of secondary trauma and ‘physiological transference’ that can often occur when a practitioner intervenes with couples living with domestic violence and abuse, Goldner (2014) refers to the pounding heart, dry mouth and trembling limbs practitioners can feel during initial meetings with such couples. The ‘heat, the threat, the confusion, the sheer clinical exhaustion can ignite a defensive withdrawal’ (Goldner, 2014: 403) in the most dedicated practitioner. Perhaps it is not surprising that researchers and practitioners may encounter personal ambivalence concerning violence within families, particularly where there is no obvious need to examine the question, such as an explicit referral/ assessment request or project mandate specifying violence in the family.
2.7.3 Is child to parent violence a form of domestic abuse/violence?

A thorough review of the literature relating to conceptualising and responding to domestic violence and abuse lies outside the remit of this current study but there is a need to situate child to parent violence somewhere within the discourses relating to violence within the family. Contested discourses continue about the definitions and causes of different forms of violence in families and about the ways in which these problems are understood and responded to (e.g. Loseke and Kurz, 2005; Holt et al, 2008; Devaney & Spratt, 2009; George & Stith, 2014). Domestic violence can be understood and interventions developed, for example, within perspectives regarding domestic violence primarily as a feminist/gender problem, a family conflict problem or a child protection problem (Loseke & Kunz, 2005; Watson & Parsons, 2005; Holt et al, 2008; Wilcox, 2012).

Describing the feminist/gendered framework and the family conflict framework as the two most important approaches to violence in heterosexual co-habiting and marriage-type relationships, Loseke and Kunz (2005) reject a family conflict conceptualisation on the grounds that it assumes gender symmetry in the use of violence. In brief, Loseke and Kunz (2005) criticise the family conflict approach represented by the work of Straus (1996; 2005) because the Conflict Tactics Scale (CTS, 1996) -on which gender symmetry arguments are based- obscures the fact that men’s violence towards women causes far more harm and injury than women’s violence towards men and it under-estimates the violence experienced by women because women who have been victims of severe injury are unlikely to take part in the survey. Further limitations include the absence in the CTS measure of questions relating to harm perpetrated by former partners and the fact that it is a check-list method of data gathering which does not allow respondents to develop trust or rapport with the interviewers which could disclosure of harm and trauma by victims/survivors. Loseke and Kurz (2005) also state that given the historical, cultural, political, economic and psychological contexts of gender, men’s violence towards women and women’s violence towards men are not the same.
Conceptualising violence through the lens of gender leads to an understanding that, as described by Loseke and Kurz (2005: 86), in a typical situation of domestic violence:

- a woman has less income than her partner,
- he is bigger than she is and
- she is more involved in time as well as psychological commitment with the children and household than he is.

From feminist perspectives, exercises in simply counting the figures relating to behaviour miss the point that violent behaviour must be understood in relation to the context, consequences and meanings. A family conflict framework, Loseke and Kurz (2005) state, degenders the problem and genders the blame where women are blamed for the violence they experience at the hands of their partners.

This researcher supports the criticisms of a family conflict framework based on arguments of gender symmetry and on an uncritical analysis of research reports based on the CTS as described by Loseke and Kurz (2005) above. However, there are alternative family conflict perspectives, such those informed by a systemic psychotherapy, which may offer useful starting points for thinking about and practising intervention in the field of family violence. It is vitally important to think about gender when reflecting on violence within families but thinking and action in response to this problem cannot be confined by gender.

### 2.7.4 Domestic abuse, cycle of violence theories and child to parent violence

But there seems to have been something of a hesitancy to explore child to parent violence in the domestic violence field, perhaps due to, as Wilcox (2012) suggests, a desire to challenge the deterministic cycle of violence theories relating to domestic violence. Cycles of violence theories about domestic violence have been influential in courts in the US and in the UK (Wilcox, 2012). The appeal and power of such a ‘common sense’ explanation for child to parent violence may be due to generally accepted gender norms where men are regarded as being violent by nature, women as naturally caring and passive victims, and violence is passed down through generations from father to son (Baker, 2012). Cycle of violence theories regard children as replicating the abusive behaviour of the parent who shares the same gender as the child; such theories presume that boys will react to domestic
violence by acting out, using violence and other externalised behaviours while girls will react in a passive, submissive and internalised manner (Baker, 2012).

An uncritical acceptance of cycle of violence theories is problematic for several reasons. Many in the anti-domestic violence movement were uncomfortable with the negative implications of accepting such a deterministic model; Wilcox (2012) describes developments within the feminist movement and the recognition of some problematic aspects to a cycle of violence conceptualisation of domestic violence. Thinking and talking about domestic violence from a cycle of violence perspective seemed to encourage young people living with domestic violence (and their parents) to believe that they would inevitably become future perpetrators or victims. Such a conceptualisation of domestic violence and abuse had repercussions in practice where child protection practitioners would become convinced that young people who were exposed to domestic violence as children would present higher levels of risk for violence when they became partners and parents of the future (Wilcox, 2012).

Another problem with assumptions based on cycle of violence theories is that they are based on the hypothesis that the way a person behaves is determined by the behaviour they have seen in their adult role models, suggesting that all men are inclined to violence simply because they are male and that all men accept and enact hegemonic masculinity. But there are complex reasons why children react to domestic violence in the ways that they do, which are not based on perceived gender norms (Baker, 2012). Although some studies suggest a possible intergenerational pattern of domestic violence and although undoubtedly some do, not all young adolescents who experience abuse at home have violent and abusive relationships as they develop into adults. There seems to be no study demonstrating that all adult perpetrators or victims/ survivors of domestic violence had experiences of violence in their childhood and many report fewer than 50 per cent with this correlation (Rogers, 2009; Wilcox, 2012).

Feminist understandings of domestic violence broadened in the 1990s and early 2000s, with the recognition that a gendered definition of domestic violence can exclude those who did not fit the model of the (heterosexual, female) sufferer and the (heterosexual, male)
perpetrator. An emerging awareness of domestic violence in same-sex relationships also challenged a feminist definition of domestic violence that was exclusive to heterosexual relationships (Wilcox, 2012). Contemporary feminist thought seems to moving away from a domestic violence concept towards concepts of violence against women and girls. Thinking about violence that takes place within intimate relationships as a form of gender-based violence and as violence against women and girls recognises domestic violence as one form of violence amongst others that are experienced by women which are predominantly perpetrated by men (Cosc, 2010; Wilcox, 2012; George, 2014).

2.7.5 Similarities between domestic abuse/ violence and child to parent violence
But in the absence of alternative explanations for child to parent violence, cycle of violence theories could become the dominant ways of understanding child to parent violence (Baker, 2012; Holt & Retford, 2012). One alternative, proposed by Wilcox (2012), could be to integrate child to parent violence into a domestic violence framework that recognises the limitations of cycle of violence theories. Children’s abusive behaviour towards parents is often constructed as an individualised medical, behavioural or criminal problem of the child. The implication here is that understanding child to parent violence as symptomatic of a problem ‘in’ or ‘with’ the individual child or young person can lead to interventions that focus on the child him/herself rather than, as inherent within domestic violence perspectives, the parent/child relationship and structural influences such as gender, poverty and unemployment. Wilcox (2012) proposes that specialist domestic violence services that have developed expertise in responding to the complexities of domestic violence, including the prevalent cultural dynamic of woman/mother-blaming, would be best placed to respond to the needs of families where child to parent violence takes place.

Conceptualising child to parent violence within a domestic violence framework has much to offer in terms of developing theory and practice responses. There are many similarities between domestic violence and child to parent violence. Both involve a wide range of abusive, controlling and violent behaviour in the context of intimate (and often private) family relationships; child to parent violence and domestic violence adversely affect a parent’s confidence and ability as parents (Holt, 2009); experiences of child to parent violence and of domestic violence frequently lead to the physical withdrawal and
psychological isolation from other family members and it seems that in both domestic violence and child to parent violence, women/mothers tend experience these forms of violence more frequently than men/fathers. The similarities between domestic violence and child to parent violence might suggest that holistic, systemic and multi-agency approaches that offer a choice of responses to the parent and to the child would be most useful in developing responses to the problem of child to parent violence.

2.7.6 Child to parent violence is distinctively different to domestic abuse/violence
But there are important differences between child to parent violence and domestic violence which suggest that conceptualising child to parent violence primarily as a form of domestic violence might present some troubling questions for theory and practice. Child to parent violence and domestic violence differ in a number of aspects; a parent has an ongoing ethical and legal responsibility to parent their child, making redundant the option that is available in cases of domestic violence of ending the relationship or leaving home. Although parents who experience child to parent violence may not be physically more powerful than the child using child to parent violence, parents are potentially more powerful in terms of access to resources as adults.

Conceptualising child to parent violence as a form of domestic violence gives rise to problematic questions relating to accountability for acts of violence. If a child using child to parent violence is regarded as a perpetrator of a form of domestic violence, how then would that child be held to account for such behaviour, what services would be most appropriate and how would child and family practitioners respond to holding a young child to account for behaviour that may occur in the context of a range of individual and family difficulties?

2.8 Thinking in gender terms about child to parent violence
The literature reviewed throughout this chapter suggests that there are gendered patterns in child to parent violence but little is understood about these patterns; feminist perspectives lead to essential questions, for example, about the influence of constructions of violent or hyper masculinity, of the lower status of women in Western European culture and of the fact that women are more likely to take primary responsibility for children
(Wilcox, 2012; Wilcox et al, 2015). But the ways in which gender is embodied and enacted, as implied in the analysis suggested by Condry and Miles (2014) referred to earlier draws particular attention to the social construction of gender and the influence of such constructions on child to parent violence. One of the concerns of feminism has been to clarify that becoming a man or woman is a cultural and social process, not predetermined by biology; the notion of ‘gender’ was coined by feminist writers to emphasise that sense of construction of gender (Featherstone, 1997). Wilcox (2012) outlines some of the ways in which theorists and activists using ideas and language such as ‘gender’ and ‘feminism’ have made fundamental contributions to the ways in which domestic violence is understood and the development of services that respond to domestic violence and abuse.

2.8.1 Gender, feminism and men

It is important to clarify that there are multiple feminisms, such as the perspectives reflecting the different cultural, social and political environments of American, English, French, Indian and Irish feminists with shared concerns in relation to men, women, power and violence (Featherstone, 1997). Reference to feminism and feminist perspectives in the current study acknowledges and supports these differences and shared interests. But during the course of feminist movements throughout Europe and the US, men’s relations to feminism and gender-equality were often problematic, particularly in relation to sexuality and violence (Holmgren & Hearn, 2008).

Domestic violence is a gendered phenomenon, Loseke and Kurz (2005: 84) propose, and is best responded to from feminist and gendered perspectives because it can only be understood in the context of current male and female positions in society. Particularly relevant to the current study with its focus on a particular form of violence within the family, Loseke and Kurz (2005) critique a family conflict conceptualisation of domestic violence, making the point that it is not men who suffer the costs of an associated argument (by some) that men’s and women’s use of domestic violence is equivalent. This researcher does not share a gendered equivalence view of domestic violence or child to parent violence.
There are dilemmas and ambivalences associated with our position when men adopt proactive and positive stances in relation to feminism and gender equality. Holmgren and Hearn (2008) caution that there many reasons why men might be interested in gender, gender equality and feminism, noting that “some men seem more interested in gaining more for themselves than in general moves to societal gender equality, with gender equality agendas appearing to offer opportunities to benefit men, without much concern for women” (p. 405, parenthesis in the original).

Reflecting an awareness of this dynamic, a pro-feminist man can place oneself at the margins of discourses relating to gender, feminism and family violence and learn from different feminisms without taking over women’s space, to, as suggested by Holmgren and Hearn (2008: 413) “recognise ‘being a man’ without emphasising that status”. This positioning resonates with long traditions in feminist and other critical thought on theorising from the margins (Holmgren & Hearn, 2008). It also facilitates a curious and respectful stance, rather than a powerful, privileged and expert one, when speaking with anyone wrestling with the complexities and the experiences of child to parent violence.

2.8.2 Gender alone is not sufficient

Featherstone (1997) suggests that the concept of power from a feminist perspective is essential when considering the ways in which women, men and children engage in resolving conflicts relating to expectations, rights and responsibilities that may lead to violence; but, as Featherstone (1997) remarks, it may not be the most helpful one when thinking about what takes place within families. She argues that while exploring the oppressive conditions under which women parent and while the links between oppression and the use of violence are integral to any analysis of violence, this level of analysis alone is not sufficient. Privileging the category of oppression in understanding violence has political implications that may not be helpful to feminism in the long run and obscures a number of important issues (Featherstone, 1997: 427). These include questions relating to women’s experience of agency, whether the use of women can only be understood from the point of view of oppression and victimisation and questions concerning women and men’s different experiences of power or oppression in different contexts. Featherstone (1997) raises a number of questions which are particularly relevant for the current study: is the concept of
power a useful one and is violent behaviour an expression of power or powerlessness or both? Are children ever powerful? Are there differences between boys and girls? Are mothers and children’s interests always and easily reconcilable? While acknowledging that feminist theories “are excellent in examining the social conditions and forces allowing and even encouraging the victimisation of women” Loseke (2005:42) indicates one of the limitations of feminism is that it is not particularly helpful in understanding other forms of violence such as child abuse, sibling abuse or elder abuse. The same might also be said in relation to child to parent violence.

Reflecting a systemic conceptualisation of domestic violence, there is a need for practitioners and researchers to reflect and to act from what Goldner (1998) describes as a ‘both/ and’ perspective. Goldner (1998) proposes that safe and supportive theorising and practices in response to domestic violence can be developed from frameworks such as but not confined to systemic, feminist, behavioural, narrative and social constructionist perspectives. Goldner (1998) argues that couples therapy, grounded in feminist concerns for safety and justice, is a credible intervention option. There would appear to be more than one way in which to conceptualise wicked problems such as domestic violence and abuse and child to parent violence. As Goldner (1998: 267) states, referring to domestic violence, “there is room for many voices and approaches to this grave and complex problem. We have all much to learn from each other and innovation should not be treason”.

Yee Lee et al (2003), Milner and Singleton (2008) and Carr (2014) describe effective interventions that adopt systemic approaches to the problem that are not premised primarily or exclusively on gendered perspectives on violence within the family. This challenges practitioners and theorists to develop the ability to hold a range of perspectives while remaining alert for the ways in which individuals within families understand their own experiences. In practice, this means that while gendered perspectives are important explanatory frameworks for reflecting on violence within families, gendered perspectives are neither fixed nor inevitable nor sufficient alone in understanding the behaviour by and towards women, men and children within families (Featherstone, 1997).
2.8.3 Intersectional feminism and child to parent violence

Developing this point further and reflecting particularly on the experiences of marginalised women, Sokoloff (2008) describes intersectional feminism as challenging the conceptualising of domestic violence as a consequence primarily of gender inequality. In fact, Sokoloff (2008) argues, gender inequality is only part of women’s marginalised and oppressed status since domestic violence is experienced only in relation to the intersection of other social contexts such as race, ethnicity, sexual orientation, socio-economic class, and immigrant and / or disability status. This perspective resonates with remarks by Loseke (2005: 36) referred to earlier relating the need to recognise the difference of experience of individuals living in different contexts as otherwise “muddled thinking results when differences are ignored”. Sokoloff (2008) makes the point that intersectionalities affect the experience of domestic violence, the meaning and nature of it, the personal and social consequences of the experience of domestic violence and how and whether safety and/or escape can be secured. This does not mean that gender does not matter – it does; Sokoloff (2008) contends that an intersectional analysis of domestic violence must also draw from gendered perspectives to effectively critique existing systems of power, privilege and access to resources.

And it is within this framework that a sociological theory on child to parent violence can be developed and from this perspective that interventions can evolve. Loseke (2005) remarks that thinking sociologically about family and about violence means thinking in complex ways. Theorising child to parent violence from an intersectional feminist perspective can integrate insights from systemic and feminist frameworks and provide a wider range of options for reflection and for practice than might otherwise be considered. An intersectional feminist perspective asks questions about gender but is not confined to privileging that level of analysis, important though it is. An intersectional feminist perspective can stimulate curiosity in practitioners and researchers, leading them to ask questions about problems that might otherwise be obscured. For example, an intersectional feminist perspective might suggest reflection on the gender, personality characteristics and individual motivation for child to parent but broadens the lens to ask whether child to parent violence might be associated with poverty, a lack of community support or ambivalent social norms about the ways in which parents can respond to challenging behaviour at home. Sociological
perspectives, such as intersectional feminism, encourage exploration of the ways in which ideas, practices and arrangements of the social conventions of parenting might create fertile grounds for the emergence of child to parent violence. In the following sections, ideas about parenting and the use of parental authority in particular are examined in the light of the bio-ecological model of human development to see whether they might assist in the developing a conceptualisation of child to parent violence that is useful for theory and for practice.

2.9 Child to parent violence and parenting practices in contemporary Western cultures

In her analyses of parenting styles, Baumrind (1966, 1993) advocates what she describes as an ‘environmentalist perspective’ (1993: 1312) which explores cultural beliefs about parenting and emphasises the significance of parents’ responses on the development of children. Consistent with a bio-ecological perspective that is attentive to the ‘transfer of energies’ (Bronfenbrenner & Evans, 2000), between different levels of influences within eco-systems, Baumrind (1966, 1993; 1997) proposes a model of authoritative parenting through which the ways in which the exercise of parental authority can influence the development of a child’s attitudes towards adult authority and the development of skills for managing conflict. Conceptualising child to parent violence from sociological perspectives, Omer (2004; 2011) critiques the ways in which social norms about privacy, the family and parenting undermine parental efforts to establish legitimate parental authority and contribute to the emergence of child to parent violence in families (legitimate parental authority is further discussed in the following chapter on the Non Violent Resistance model).

2.9.1 Do parents have authority at home?

Parenting styles have significant consequences for the development of children and behaviour within the family and with peers (Russell et al 2003). In the first paper to explicitly identify ‘battered parents’, Harbin and Madden (1979) suggest that parents’ abdication of authority together with an increase in a child’s physical stature and a sense of entitlement during adolescence can lead to some children using aggression and violence towards parents. Although not explicitly concerned with child to parent violence, Baumrind (1966; 1993; 1997) also reflects an interest in the ways in which parents exercise their authority,
suggesting that children may need to learn how to respond to conflict by experiencing a parent’s strongly held position with which to disagree followed by the consequences (such as sanctions) of such disagreement. Baumrind (1966) detects three distinctly different conceptualisations of parental authority (permissive, authoritarian and authoritative) that are available to parents in western societies.

The permissive parent paradigm is described by (Baumrind 1966) as a perspective that accepts and affirms all the child’s impulses, desires and actions, making few demands in relation to household rules and behaviours. A permissive parent does not act as a figure with responsibility to alter a child’s behaviour and tries to use reason rather than overt power to encourage the child to comply with her/ his wishes. Instead the child is allowed to self-regulate and should not be concerned with the effects on others of his/ her actions. Baumrind (1966) argues that the presence of a non-responsive parent where a child behaves aggressively towards other children does not indicate neutrality but is in fact regarded by the child as indicating approval of the behaviour. This in turn can lead to a greater likelihood that the child would increasingly using aggressive behaviour towards other children.

The authoritarian parent paradigm, on the other hand, values obedience and aims to shape, control and evaluate the behaviour of the child according to a set standard of conduct, endorsing the use of forceful sanctions when the child’s beliefs or behaviour conflicts with what the parent believes is the right way to behave. Baumrind (1966) describes the authoritarian parent as believing that the child should accept what the parent says because the parent is right. Russell et al (2003) characterise authoritarian parenting as involving physical coercion, verbal hostility and non-reasoning/ punitive responses to the child.

Reflecting an understanding of sociological influences on parenting and on parenting practices, Baumrind (1966) remarks that an authoritarian approach to parenting is less in keeping with contemporary perspectives than in the past when parental discipline was understood as shaping the child to carry out the will of God; since the obstacle to current and eternal happiness was regarded as self-will, the authoritarian parent exercised consistent, strict and stern discipline, because she/he cared. The authoritarian parent may
assert authority aggressively but this may, Baumrind (1966) suggests provoke aggressive responses from the child and reduce the likelihood of a child internalising acceptable standards of behaviour.

2.9.2 The authoritative parenting paradigm

A third parenting paradigm first described by Baumrind in her seminal paper in 1966 envisages an authoritative parent who uses their power as an adult and parent to direct the child’s behaviour in a rational manner, shares with the child the reasons for the parent’s position and values both autonomous self-will and disciplined conformity. The parent avoids excessive restrictions and affirms the child’s qualities and needs; when there is disagreement between the parent’s standards of conduct and the child’s desires, the parent seeks the child’s opinion but exerts firm control through reason, power and reinforcement.

Baumrind (1997) describes contemporary debates about discipline and parenting as being characterised by the false dichotomy between a patriarchal authoritarian model that places obedience at the centre of character development and a child centred model that demands for children the same rights as attributed to adults. Proposing an alternative perspective, Baumrind (1966; 1997) advocates the model of authoritative parenting which, she argues, integrates both extremes of the authoritarian/ permissive (or conservative/ liberal) perspectives on parenting. This model of authoritative parenting, she suggests, does not regard behavioural compliance and psychological autonomy as mutually exclusive but rather as interdependent as the child is encouraged to think independently, to develop habits of pro-social behaviours and to respect adult authority.

Within this model, the authoritative parent bases parental decisions neither on individual child’s desires nor on parent and child group consensus. When the parent uses sanctions for the child’s misbehaviour, the parent explains clearly to the child the reasons why the behaviour is not acceptable, why the particular sanction is used and the kind of behaviour the child could use instead in similar circumstances. Baumrind (1966) contends that the exercise of authority based on a parental desire to dominate the child is rejected by children and can lead to behaviour problems but an authoritative parent’s exercise of authority is based on rational concern for the child’s welfare and is more likely to be accepted by
children. Baumrind (1993) later adds that parental authority that is founded on parental status within the family and on restrictive communication is regarded as leading to coercive but ultimately ineffective parental authority; alternatively, parental communication that is founded on person-centred communication and social perspective taking approach of the authoritative parent legitimises parental authority by persuasion (Baumrind 1993). Russell et al (2003) characterise authoritative parenting as involving connection and support for the child’s autonomy while regulating the child’s behaviour.

2.9.3 The effects of the authoritative parenting.

Baumrind (1966) suggests that, although well intentioned, neither permissive nor authoritarian parenting assists the child to develop adequate skills for managing conflict and dissent - the permissive parent avoids conflict by diversion and indulgence while the authoritarian parent avoids it by suppression. Later, Baumrind (1993) develops this model further and contends that authoritative parents can facilitate the child to develop a secure attachment and age appropriate competency through the influence of parental authority expressed in, for example, person-centred communication, effective behaviour management (which includes consistent discipline and monitoring) and in the modelling of reciprocity and pro-social behaviour. Baumrind (1993) recognises that a child may persist in challenging parental authority but clarifies that while authoritative parents may use aversive sanctions for misbehaviour, such consequences are contingently applied, clearly justified and are used in the context of a warm and engaged parent-child relationship.

Within the authoritative parenting model described by Baumrind, parents effectively use their authority to demonstrate and persuade, sanction and encourage appropriate behaviour so that the child develops socially responsible beliefs and motives for behaviour. The exercise of authoritative parental authority also encourages children to develop pro-social habits and age appropriate autonomy. When firm parental control has been exercised in childhood, Baumrind (1997) contends, fewer rules will be needed in adolescence and family power can be distributed in a non-contentious manner.
2.9.4 Parental authority and parental engagement/ presence

The framework of authoritative parenting proposed by Baumrind (1966; 1997) does not regard parent/child conflict as a source of concern but rather as an opportunity for parents to teach children to behave in line with parental and societal standards, with explanations and sanctions used as appropriate. It is expected that a child may repeat behaviour that was forbidden or sanctioned by a parent but for discipline to be effective, parents must be engaged with the child, involved and supportive (Baumrind 1997).

This is a fundamental concept that will be further developed and refined particularly by Omer (2004) and Omer et al (2013) as the principle of parental presence in the Non Violent Resistance Programme. The principle of parental presence is explored in further detail in chapter three of this study, but within the model of authoritative parenting described by Baumrind (1966; 1997) the short term goal of the exercise of parental authority is to maintain order within the family, with the longer term goal of supporting the child’s development from a dependent infant to a self-determining and socially responsible adolescent. Within this framework, authoritative parenting is characterised by a parent-child relationship that involves the dynamic of parental responsiveness and demandingness.

Responsiveness refers to the parent clearly communicating with the child while being attached, attuned to and responding to the child. Demandingness refers to the claims parents make on the child to become integrated into the family and community at a level appropriate to their maturity, through direct challenging, monitoring of the child’s behaviour and consistent contingent discipline. Baumrind (1997) describes authoritative parents as being both highly demanding and highly responsive. Permissive parents are regarded as responsive but not demanding while unengaged parents are regarded as neither demanding nor responsive.
2.10 Cultural/ Social Factors and Responding to Child to Parent Violence

In a similar manner to the ways in which social/ cultural norms concerning the ways in which parents can exercise authority at home, social/ cultural norms influence the identification of and responses to child to parent violence by researchers and practitioners. Sociological theories informed by bio-ecological, systemic and intersectional feminist perspectives can stimulate pertinent questions about factors relating to interchange between society, professional disciplinary groups and the individual practitioner and researcher.

Referring to systemic and feminist practices with domestic violence developed in England, Vetere and Dallos (2003) describe the widespread minimisation and denial in society of violent behaviour and the effects of violence on intimate relationships. In order to counter-balance the unconscious effects of such cultural norms, Vetere and Dallos suggest that practitioners check whether they might inadvertently support cultural beliefs that maintain violent patterns of behaviour domestic abuse and challenge abuse whenever it is detected.

In relation to child to parent violence, cultural views about the family and a general reluctance in Western societies to place responsibility on children for aggressive and violent behaviour that may restrict the ability of researchers and practitioners to detect and respond helpfully to child to parent violence (Korbin, 2003; Gallagher, 2004a; Omer, 2004; Walsh & Krienert, 2009). Such values may contribute to the weaving of the veil of secrecy first described by Harbin and Madden (1979). The violent behaviour of children challenges the conventional beliefs about human nature and childhood and may be easily minimised or regarded as a passing child developmental stage that need not be taken too seriously (Agnew & Huguley, 1989; Korbin, 2003).

2.10.1 A counter-intuitive dynamic

Additionally, there is a counter intuitive dynamic inherent to child to parent violence that could lead to the mistaken belief that child to parent violence is uncommon and does not require exploration, a belief reinforced by parents reluctance to describe their experiences of violence at the hands of their child or adolescent (Tew & Nixon, 2010; Coogan, 2011;
Child to parent violence also challenges our perceptions of cycles of abuse and power within families.

Violence within the family usually involves attacks on less powerful individuals (children or partners) by more powerful individuals. Child to parent violence, however, involves attacks on parents, usually regarded as more powerful individuals, by the usually less powerful child or adolescent (Agnew & Huguley, 1989). In families where child to parent violence takes place, conventional power dynamics within family relationships are reversed, with parents feeling disempowered and unable to assert their authority as parents (Omer, 2004; 2011; Calvete et al, 2013). This reversal of conventional power dynamics within families represented by child to parent violence leads to significant challenges for the conceptual frameworks of practitioners and policy makers (Tew & Nixon, 2010). This counter intuitive dynamic inherent to child to parent violence could lead researchers and practitioners to the belief that child to parent violence is uncommon, a belief reinforced by parents reluctance to describe their experiences of violence at the hands of their child or adolescent.

2.10.2 Child and family agencies/ systems and violence in families

Individual practitioners in child and family agencies encounter parents and children in systems that are shaped by policy and practice guidance. Although there is no policy or practice guidance in relation to this emerging form of violence within the family, practitioners and researchers might expect to find some useful first principles in domestic violence policy and procedures that might guide responses to child to parent violence.

In Ireland, as elsewhere in Europe domestic violence has at last arrived on the policy agenda and the recognition that it has an impact on women and children is welcome, though overdue (Featherstone and Peckover, 2007). In 2007, the Irish government established the National Office for the Prevention of Domestic, Sexual and Gender-based Violence (Cosc) to develop strategies for the co-ordination and efficient delivery of services. Cosc published the National Strategy for the Prevention of Domestic, Sexual and Gender-based Violence (2010-2014) in 2010 with ambitious plans for reforms of the legal system and improving the experience of individuals seeking protection from these types of harm. Although health and social care professionals are certainly more aware of the problems of domestic violence,
they are still struggling to intervene in the absence of clear agency mandate, procedures and support for practitioners in the field to respond confidently and effectively to domestic violence in particular (Devaney, 2009; HIQA, 2015).

In an Irish study, some mothers experiencing domestic violence were left with the impression that social workers were impatient and irritated by them, apparently wishing that these mothers should be able to solve their problems alone, allowing social workers to get on with more important cases (Buckley et al, 2011). Women experiencing domestic violence and abuse may be reluctant to contact social workers due to the fear that social workers may have unrealistic expectations about their ability to leave their violent partners and the fear that they then lose their child as mothers ‘failing to protect’ their child (Featherstone, 2010; Buckley et al, 2011). Meanwhile minimal effort is invested in engaging these men as fathers, which has further negative consequences for children and families (Devaney, 2009; Featherstone, 2010; Scourfield et al, 2011).

Many women experiencing domestic violence in Ireland are failed by the systems that should offer them support, protection and justice – the legal system, the Gardai and the health and social services (George, 2015). At the end of the proposed timeline for the implementation in Ireland of the *National Strategy for the Prevention of Domestic, Sexual and Gender-based Violence* (2010-14), it is clear that the strategy has not delivered on its objectives.

The Health Service Executive has developed a *Practice Guide on Domestic, Sexual and Gender Based Violence* (2012) for staff working with children and families, including social workers and family support workers, based on the principles of recognise, respond and refer. Reflecting on the need for practitioners to find a balance between the rights of protecting children and respecting the needs and rights of parents/ carers and the family, the *Practice Guide* states clearly, the child’s welfare must come first (HSE, 2012: 3). This position is perhaps understandable in the context of the Roscommon Report (Gibbons, 2010 –see the Context chapter) and a series of errors over long periods of time by practitioners from different disciplines to detect and respond effective to child abuse, neglect and violence. But the stark message that the child’s welfare must come first could open up avenues of practice leading towards mother-blaming and to unreflective practices.
emphasising the rights of the child without regard to the relatedness of children and parents and to the meanings these relationships have for children. Featherstone et al (2014) sound a note of caution here, calling attention to the ethical and practical questions involved in a failure to recognise children’s relational identities. For example, it can lead to what Featherstone et al (2014) describe as a ‘muscular’ child protection approaches to working with families, where parents need to shape up or the child will be shipped out and where mothers are blamed for prioritising their own needs over those of their children. Replacing the term ‘man’ with ‘child’, the words of the poet John Donne could offer a helpful compass in negotiating the sometimes perplexing contradictions of domestic violence and child protection intervention: “No man is an island / entire of itself/ Every man is a piece of the continent/ A part of the main” (Donne: Meditation XVII). Children’s position at the heart of a family ‘continent’ is precisely the issue that presents practitioners with dilemmas when working with families, particularly with families where multiple adversities of unemployment, poverty, mental ill-health accompany domestic violence.

2.10.3 Focusing on children as ‘victims’ only

Child and family focused agencies such as child protection or youth support agencies tend to operate on the assumption that children are victims and need support (Holt, 2009; Tew & Nixon, 2010). Consequently it becomes more difficult for practitioners to regard a child as being both a victim and a perpetrator of abusive behaviour and to consider the possibility that a parent may feel unsafe at home with their child (Gallagher, 2004; Coogan, 2009). Children who use violence towards their parents are likely to be regarded by practitioners more as victims than as perpetrators because the aggressive behaviour of children is often understood as being “caused” by parents due to either some deficits in their parenting ability or as a consequence of the parents’ failure to protect the child from experiencing or witnessing abuse of in the family of origin (Gallagher, 2004a; Tew & Nixon, 2010). An approach grounded in intersectional feminism would clarify for practitioners and researchers that, understanding why an individual might use violence does not mean accepting the use of violence. Responding effectively to child to parent violence challenges theorists and practitioners to make a paradigm shift to recognise that some children may be both survivors and perpetrators of abuse who need support following their experiences of
abuse in addition to needing to be challenged and held to account for their abusive behaviour in the present.

2.10.4 Barriers to supports for parents disclosing experiences of child to parent violence
Cultural, social and institutional barriers to the recognition of child to parent violence have a direct impact on the experiences of parents who seek help outside the family. A factor that may inhibit the recognition of child to parent violence in policy and practice contexts is the understandable reluctance of many parents living with child to parent violence to talk about their experiences due to their feelings of embarrassment, shame and self-blame and their fear of how services might respond when they disclose the realities of violence within their home. Many parents wrestle with a number of factors that might make it more difficult for them to tell others about their experiences of child to parent violence, including their own fears about the consequences of talking about this problem. Some research findings indicate that it is common for parents who are assaulted by their child or adolescent to experience shame and embarrassment, to deny or minimise the violence they experience or to blame themselves for the abusive behaviour of their son or daughter (Cottrell & Monk, 2004; Gallagher, 2004, 2008; Edenborough et al, 2008).

There is some evidence to suggest that parents who disclose experiences of child to parent violence to external services may find themselves at the centre of child protection investigations and or may have their child removed from their care (Omer, 2004). Holt (2009; 2013) and Tew and Nixon (2010) describe the ineffective, parent blaming and less than helpful responses from child protection and criminal justice services in the UK to mothers’ persistent requests for help in managing the violence of their children towards them.

Given the gaps in policy, practice and research that have been described in this chapter, it is important not to overlook emerging, innovative and supportive responses to child to parent violence. In England, for example, Brighton and Hove City Council funds the Break4Change Programme which facilitates parallel groups for young people and parents where a young person uses child to parent violence (University of Brighton, 2013). Also in England, the Child and Adolescent Mental Health Service in the Oxleas NHS Trust has developed the Non
Violent Resistance Project which runs a series of parents groups with the aim of reducing violence in families by addressing the aggressive and violence behaviour of young people at home (NHS, 2011). Meanwhile, in Ireland, practitioners employed by Tusla (the national child and family agency), in partnership with practitioners from a variety of local services in Galway have developed the Power2Change programme as a collaborative response to the problem of child to parent violence in an innovative group work programme for parents and children (Cronin et al, 2014). A joint project provided by the Irish Probation Service and Le Cheile offers a Non Violent Resistance Programme for parents groups where parents are living with child to parent violence (Lauster et al, 2014; Fox, 2014). Facilitators working with Parentline (a national telephone support service for parents in Ireland) have been trained in Non-Violent Resistance approaches so that they can assist parents living with child to parent violence (O’Reilly, 2014).

Feminist and systemic responses to violence within the family suggest some useful first steps that may be helpful when responding to violence in the family. Goldner (1998), for example, describes an ethical and political framework for practice that protects people who have been abused, treats the person who has abused with respect and facilitates a context for intervention that does not replicate the dynamics of abuse. In proposals that may be relevant when responding to child to parent violence, Devaney (2009) suggests that useful first steps in responding to the needs of children at risk of harm and of women at risk of domestic abuse would include a clear emphasis on the importance of holding individuals (men) to account for their behaviour and on efforts to engage men as fathers in ways that meets the needs of children and promotes the safety of children and women. Reflecting on child to parent violence from a systemic perspective, Gallagher (2004a) observes that many parents in western societies seem to be uncertain about what kind of behaviour is acceptable and continue to accept quite abusive and violent behaviour. Gallagher (2004a) suggests that the initial steps in intervention with child to parent violence should include raising parents’ awareness of their rights to safety and to live without the threat or fear of violence. Gallagher’s (2004a, b; 2008) systemic response to child to parent violence is described in more detail in the following chapter.
2.11 Conclusion: Sociological Perspectives on Child to Parent Violence – Increasing options for theory and practice

Intervening where violence within the family takes place is a complex and contested issue (Husso et al 2012). This chapter has investigated some of the complexities of the wicked problem of child to parent violence, ranging from difficulties of definition to the limitations of the existing literature on the field and to experiences of parents living with child to parent violence. The relative obscurity in family violence policy and practice literature about this form of abuse within the family has been noted. The significance of sociological perspectives on violence in the family and child to parent violence have been highlighted together with the relevance of cultural beliefs about parenting and the role the exercise of parental authority. This chapter has also indicated social and cultural factors affecting identification of and responses to child to parent violence such as social and cultural assumptions about children, violence, power and the family.

It seems clear then that there is a need for researchers and practitioners to incorporate into conceptual frameworks the insights and potential for theoretical and practice development offered by sociological theories relating to gender, systemic and intersectional feminism perspectives, and by paradigms relating to parenting and the exercise of parental authority. Perspectives informed by these models could facilitate the design of research and intervention projects to influence the development of theoretical, policy and practice responses to the complex realities child to parent violence.

Conceptualising child to parent violence as an abuse of power by the child in family relationships in the context of cultural norms and practices about family conflict, parenting and the exercise of different forms of parental authority can create the potential for involving social workers and other practitioners in a variety of settings in innovative and supportive practices. Integrating sociological perspectives on child to parent violence such as those reviewed in this chapter suggests that interventions could be developed that support families in the complex tasks of parenting and the resolution of parent-child conflict, acknowledge the factors that can adversely impact of child and parent relationships and explore the ways in which parental authority and presence are exercised within family relationships. There are promising results, for example, from intervention programmes
designed to assist parents with the development of a new awareness of their own role in (de)escalation cycles, in accessing legitimate parental authority through social support and in practicing new skills in their responses to child to parent violence (Weinblatt & Avraham-Krehwinkel, 2004; Omer et al, 2008; Avraham-Krehwinkel & Aldridge, 2010; Lauster et al, 2014; Gieniusz, 2014). As illustrated in the next chapter, Weinblatt and Omer (2008) describe a study of the Non Violent Resistance (NVR) programme in Israel where parents who participated in the NVR programme (which focuses, among other elements, on parental presence, legitimate authority and social support) demonstrated a decrease in parental helplessness and escalatory behaviours as well as a decrease in their children’s abusive behaviour.
Chapter Three: The Non Violent Resistance Programme – One Response to Child to Parent Violence

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“In the 1960s and 1970s, the ideology that sought to eliminate all use of authority in child rearing reached a wide influence....the undermining of traditional authority and the failure of the permissive dream created a new problem...how to fill the vacuum created by the collapse of authority so as to provide children with constructive experiences in limits, demands and the needs to cope, in a manner that is acceptable and legitimate in the context of a more democratic society” (Omer, 2011: 3).

3.1 Child to Parent Violence and Cultural Norms

Practitioners, such as those working in Child and Adolescent Mental Health Services (CAMHS), juvenile justice or child protection settings, may hear requests from parents and colleagues to seek a diagnosis of a clinical psychiatric disorder for a child using child to parent violence. In team meeting rooms and family homes, the presence in the child of Attention Deficit Hyperactivity Disorder, Depression or Conduct Disorder may be speculated upon at team meetings and family gatherings. This is perhaps an understandable response in the context of parent, or mother-blaming cultures (Wilcox, 2012; Condry & Miles, 2014), where a clinical diagnosis individualises the problem to the child and invites sympathetic responses for parents struggling to manage the challenging behaviour of a child who has been diagnosed mental health disorders. But sociological perspectives, such as that articulated in the quotation from Omer (2011) above, challenges parents, practitioners and researchers to reflect also on the impact of cultural norms and practices concerning parenting practices and the emergence of child to parent violence. Are there other ways to
understand and respond to child to parent violence aside from pathologising the child or blaming parents?

Situating the problem of child to parent violence in the context of cultural values and parenting practices, the Non-Violent Resistance (NVR) programme responds to the vacuum created when there is a social consensus in relation to democracy, participation and children’s rights but no clear consensus about the options for constructive responses to the violent behaviour of children towards their parents. This chapter describes in detail the core features of the NVR Programme and outlines two alternative practice responses to child to parent violence. The rationale for and evidence supporting the use of the NVR programme is presented and the development of the NVR Programme in Ireland is outlined. It is proposed in this chapter that the NVR programme (Omer, 2004; Weinblatt & Omer, 2008; Omer, 2011) offers the theorist and practitioner additional options for reflection on practice and intervention with families and parents that complements already existing knowledge, skills and values.

3.2 First encounters with Child to Parent Violence.

As outlined in chapter 1, this researcher first encountered child to parent violence while working as a social worker and family therapist on a multi-disciplinary community based child and adolescent mental health service (CAMHS) in Dublin. Practitioners on this team began to notice in 2007-2008 that some parents were beginning to talk about their experiences of living in fear of their child due to their son or daughter’s controlling and violent behaviour at home. Some of these families had attended family counselling, parenting courses or individual counselling for their children. But some parents reported that these did not seem to help.

It seems that systemic family and narrative therapy approaches are the most common ways of addressing child to parent violence, focusing on the use of violence both inside and outside the family and exploring non-violent interaction patterns between parents and children (Bobic, 2004). Such perspectives on understanding and responding to child to
parent violence also seem to reflect sociological conceptualisations outlined in the previous chapter of the current study.

### 3.3 Responses to Child to Parent Violence.

Drawing on systemic and narrative therapy approaches to working with families, Sheehan (1997) and Gallagher (2004a; 2004b) offered useful principles for intervention and grounds for optimism that the problems of child to parent violence could be addressed in community-based out-patient child and family services.

#### 3.3.1 The MATTERS Programme – A Narrative & Psychodynamic Response.

Sheehan (1997) describes the MATTERS programme of the Berry Street programme in Watsonia, (a suburb of Melbourne in Australia) which was devised for the increasing numbers of families attending the service where adolescents were using violence towards parents. This community based project used a narrative therapy and psychodynamic approach to addressing the use of violence within family relationships. The paper focused specifically on intervention with 60 families attending the service where the use of violence by an adolescent was a referring concern and where the adolescent was also attending the service. Sheehan (1997) noted that 24 of the young people attending the project were described by their parents as having had behaviour problems since the ages of 2 to 4 years of age. Among the 60 families that attended the project to address child to parent violence, 36 families reported that the violence had either stopped or significantly decreased. Such results were regarded as being more likely where the use of violence had not been an established pattern of behaviour within the family over a long period of time and where the adolescent had engaged in at least three sessions of therapy at the service. Sheehan (1997) also raised the question of the correlation between child to parent violence and childhood experiences of sexual abuse: 6 adolescents among their sample of 60 families attending the service in relation to child to parent violence reported experiencing sexual abuse as a younger child, while clinicians in the project speculated that there were cases of unreported sexual abuse among the group, especially among young males.
Another approach to addressing the problem of child to parent violence is described by Gallagher (2004a; 2004b; 2008), who outlines his work in Melbourne, Australia with a clinical sample of 73 families. Many parents with whom Gallagher has worked in relation to child to parent violence have been, he states, overtly blamed by practitioners for the violence directed towards them by their son or daughter and that many parenting books and courses assume some amount of co-operation from children, which is not a realistic expectation when a child uses child to parent violence (Gallagher, 2004a). He also questions whether the ways in which contemporary parenting styles emphasising more democratic and liberal parenting practices may have inadvertently contributed to children developing an excessive sense of self-entitlement, some of whom then use child to parent violence.

Gallagher (2004b) outlines his approach to work with adolescents who use child to parent violence and addresses questions of definition, labelling, and solution-focused conversations as a response to the use of violence by children at home. Gallagher (2004b) suggested commencing work with families where child to parent violence takes place by seeing the child and the parent separately, moving to shared sessions when the practitioner has established a working alliance with a parent and a child and can make an assessment as to the merits of having shared sessions. He also notes that adolescents who use violence towards parents are usually ashamed about their treatment of their parents and feel ambivalent about their use of violence and abuse. This ambivalence can create an opportunity for the practitioner to explore with the adolescent the ways in which his/her behaviour conflicts with other beliefs she/he holds about values, roles and sense of self (Gallagher, 2004b).

Focusing on the importance of regarding the child as both ‘victim’ and ‘victimiser’ where a child who uses child to parent violence has also experienced abuse previously, Gallagher (2004b) suggested that the practitioner needs to be able to hold both concepts in mind and develop the ability to switch lenses rapidly, using whichever lens or approach (regarding the child as ‘victim’ or ‘victimiser’) is most useful at any given point. This resonates with a feminist systemic approach of ‘both/ and’ described by Goldner (1998) for intervention with couples where domestic violence and abuse takes place. Gallagher (2004b) recognises that
such an approach is contrary to conventional psychological approaches which would have
the practitioner focus on the ‘real’ issues of the ‘causes’ of violence. But he clarifies that this
would suggest that no short term solution is possible while the child continues to use
violence towards parents and while patterns of violent and abusive behaviour become
habitual. Reflecting perhaps feminist perspectives on the use of violence in family
relationships, Gallagher (2004a, b) advises that with very few exceptions, the child’s abusive
behaviour towards parents should be addressed prior to any issues relating to their
experiences of victimisation, proposing that since the child is usually greatly stressed by
their own behaviour, they are usually much happier once parents regain control and the
child is then in a much better position to address any other issues.

Indicating the limitations inherent in his description of responses to child to parent violence,
Gallagher (2004b) offers a word of caution, advising that there is no reliable empirical
evidence on the efficacy of the methods he suggests, a statement that remains relevant
today in the absence of robust and longitudinal evidence regarding the efficacy of any
interventions for working with children who use child to parent violence.

3.3.3 Practice Dilemmas – Non-engagement of the child with the service.
Although the papers by Sheehan (1997) and Gallagher (2004a; 2004b) were based on small
samples and did not make any claims regarding the generalisability or efficacy of their
methods of intervention, they did nevertheless provide concerned practitioners with
grounds for hope that the problem of child to parent violence could be addressed in a
community based service. These papers also outlined some fundamental principles as
starting points for intervention with children and families. From the perspective of the
CAMHS team with which the researcher was working at the time, these two papers shared
one significant limitation in common – the approaches described in them relied on the
engagement to some extent of and a level of cooperation from the child or adolescent.
However, as Gallagher (2004a) advises, this is not a realistic expectation when a son or
daughter uses child to parent violence. Additionally, in 2007-2008, the parents living with
child to parent violence who were attending the CAMHS team in Dublin reported that their
son or daughter refused to attend the service. The challenge then was to identify a method
of intervention that had some evidence to support its use but did not require the direct engagement of a child or young person with the service.

3.4 The Non Violent Resistance Programme – Evidence supporting innovation.

As demonstrated earlier, research about the problem of child to parent violence is at an early stage of development and there is not yet a significant body of clear evidence neither for risk factors for child to parent violence or for the effectiveness of specific interventions to this problem. There are, for example, no randomised controlled trials examining the effectiveness of Non-Violent Resistance or any other programme in responding to child to parent violence. In reviewing the positive evidence supporting interventions for practice with parents of children with a wide range of behaviour problems, Lucas (2011) notes an over-emphasis on evidence based practice could inadvertently lead to the mistaken belief that simply because there is little or no evidence behind a particular programme then that programme is not likely to be effective. If practitioners are limited to only choosing those methods of intervention that have a significant weight of evidence for their effectiveness, then they cannot consider innovative approaches that have been more recently developed in response to need but about which there is not yet a significant body of published papers.

3.4.1 Initial Evidence Supporting Innovation

An innovative approach to responding to child to parent violence that did not require the direct engagement of the child in the intervention was proposed by the Non Violent Resistance Programme, developed by Haim Omer and his colleagues in Tel Aviv, Israel (see Omer, 2004; Weinblatt & Omer, 2008). A paper by Weinblatt and Omer (2008) outlined a short-term intervention project which involved the parents of 41 families where children (aged between 4 and 17 years) presented with aggressive behaviour problems toward their parents. Based on the principles of non-violent resistance and the concept of ‘new authority’, this programme had as its aims the empowerment of parents to change their relationship with their children and to adapt their responses to their child’s aggressive and violent behaviour which in turn would help decrease such behaviour over time.
The concept of ‘new authority’ developed by Haim Omer and his colleagues at the Schneider’s Medical Centre in Israel (Omer, 2004; 2011) seemed to offer parents and practitioners an approach to resolving the problem of child to parent violence that enables parents and others in a parental role to respond effectively to child to parent violence. This approach to responding to child to parent violence did not require the direct engagement of the child in the intervention yet seemed to have promising results.

During the period of the Non Violent Resistance intervention project in Tel Aviv, participating parents reported less permissiveness and helplessness in their parenting style, a decrease in their escalatory behaviours, significant reductions in their children’s escalatory behaviours, and an increase in positive behaviours. Significantly for a parent focused intervention, only one parent failed to complete the programme and the positive gains were maintained one month after the end of the intervention (Weinblatt & Omer, 2008).

### 3.4.2 First steps in adapting NVR for use in Ireland.

The NVR approach to addressing child to parent violence had a number of distinctive factors that seemed to make it attractive to practitioners and to parents in Dublin. The intervention focused on offering therapeutic and psycho-educational support to parents, without the requirement of directly engaging the child, as noted earlier. It therefore seemed to offer practitioners and parents a way around the potential barrier to intervention with families where the son or daughter refused to attend or engage with the service. Furthermore, in contrast to psychological approaches to intervention in response to challenging behaviour of children, the NVR focuses on changing interactions between parents and children by incorporating the direct involvement of extended members of families and communities under the direction of parents.

In his description of interventions targeting child to parent violence, Gallagher (2004b) suggested that while he prefers to work with parents and the child where possible, his work with parents is probably more important since slight shifts in changes between the child and parent can lead to dramatic changes in their patterns of interaction. The NVR programme seemed to incorporate this principle by empowering parents; additionally it seemed to be
relatively easy to comprehend and explain and the key features of the approach did not vary with the parents of children and young people of different ages.

Following analysis of Weinblatt and Omer (2008), of Sheehan (1997) and Gallagher (2004a; 2004b) and of a book describing in more detail the principles of Non Violent Resistance approach and its implementation (Omer 2004), the researcher facilitated a presentation and discussion on the Non Violent Resistance approach at a meeting of the CAMHS team. The researcher made email contact with one of the authors of the Weinblatt and Omer (2008) article and consulted further with colleagues on the CAMHS team. It was then agreed that the NVR Programme could be adapted for use within the service and offered to parents as one way of responding to the dilemmas presented by child to parent violence.

The design of the NVR programme in Israel involved telephone interventions and clinical sessions with parents (Omer, 2004; Weinblatt & Omer, 2008) and incorporated the involvement of a team of clinicians and researchers. The structure of the NVR programme in Ireland reflected the availability of resources for an intervention within a service that could not draw upon a team of researchers and clinicians dedicated to the project. The adapted programme in Ireland invited parents to commit to up to 10 clinical sessions and did not offer regular telephone interventions between sessions while parents were engaged with the programme. Yet the positive experiences of the CAMHS team members and of the different families in Dublin who had used the NVR Programme over an 18 month period between 2008 and 2009, led to an appreciation of the potential that lay in the NVR programme for significantly reducing levels of child to parent violence in families. It seemed to offer opportunities to enhance the safety of children and parents, to end violence and to improve family relationships. The NVR Programme, as adapted in Ireland, also seemed to enable parents to discover a new sense of their abilities as confident and competent parents, while building on the positive aspects of their relationship with their child and with extended networks. With the explicit incorporation of solution focused approaches to intervention, the NVR programme also facilitated the emergence of narratives of resilience and strengths, which seemed to be much more useful for families, rather than focusing on questions of whether individual biological factors in the child or family “deficits” were responsible for the problem (McKenna, 2010).
Following requests from managers and practitioners in Dublin for the development of a training programme on the Non Violent Resistance Programme for Practitioners, an opportunity arose for such a project when the researcher commenced employment as a social work educator and researcher at the National University of Ireland Galway in late 2009. As part of this PhD research study, the 2 day training programme in Non Violent Resistance was developed, piloted and delivered to practitioners in different voluntary and statutory child and family services in Ireland.

3.4.3 Additional evidence supporting the use of the NVR Programme

Following the initial steps in adapting the NVR programme for use in Ireland, further evidence emerged that indicated that this approach could be regarded as a useful response to the problem of child to parent violence. This researcher is not aware of any published research in English that describes a meta-analysis of the Non Violent Resistance Programme as an intervention across multiple sites or that incorporates a Randomised Controlled Trial in research design. However, Gieniusz (2014) reviewed three studies (Weinblatt & Omer, 2008; Ollefs et al, 2009; and Newman et al, 2013) that explore the effectiveness of NVR as a response to children using child to parent violence. The Weinblatt and Omer (2008) study, based on the Non Violent Resistance in Israel, has already been described in this chapter. The research described in Ollefs et al (2009) involved a comparative study of 59 families in Germany divided among 3 groups. One group of parents remained on a waiting list, a second group of parents took part in a structured Parenting Programme and the third group received a Non Violent Resistance intervention over a 10 week programme complimented with telephone support sessions. The paper by Newman et al (2013) refers to a study involving 44 families in England who were offered 12 weekly sessions of a Non Violent Resistance Programme also complimented by telephone support interventions. Gieniusz (2014) reported that all of three these studies indicate that the NVR approach is effective in improving parental well-being, reducing parental helplessness and seems to lead to positive improvements in the behaviour of the child.
Gieniusz (2014) also noted that these studies demonstrate:

- improvement in behaviour typical for conduct disorder in adolescents after their parents took part in the NVR programme;
- that NVR is as effective as another structured parenting skills intervention in leading to positive change in the behaviour of adolescents and younger children;
- that adopting the whole range of NVR techniques seem to make positive outcomes more likely;
- and those successful outcomes occur over the relatively short-term intervention focus of the NVR programme.

3.5 Preparing to Implement the NVR Programme

3.5.1 Assessment and Engagement.

This following section outlines an assessment and engagement process that practitioners can usefully take before beginning the NVR programme with parents in either individual or group work sessions. The NVR programme does not replace but rather complements the existing assessment and intervention skills of practitioners working with families and children. As the professional background of the researcher is social work and systemic psychotherapy, the approaches to assessment and engagement that were outlined during the 2 day training programme on NVR draw from these perspectives and represent some ways (by no means the only ways) of commencing work with parents and families where child to parent violence has taken place.

Engaging clients in an initial assessment process that explores the reasons for referral to the agency, maps the extent of problem that led to the referral and identifies goals of intervention usually marks the beginning of a parent or child’s involvement with any child and family agency and precedes inviting parents to commit to taking part in the NVR programme where child to parent violence is disclosed by a parent. The initial assessment and engagement session(s) provide the parent with the space to talk about their experiences of the problem that led to the referral to the agency and presents the practitioner with the opportunity to clarify the nature and extent of the problems with which the family is living. This is especially the case when the problem of child to parent
violence is the explicit reason for referral to the practitioner. But child to parent violence is not always identified as a problem at the initial assessment stage - a family may be referred to a child and family service for identified problems that might fit with the agency’s explicit referral criteria (such as, for example, challenging behaviour at home or at school or concerns about mental health difficulties) yet with little clear indication that child to parent violence is taking place.

Parents may deny or minimise their experiences of child to parent violence, may feel ashamed and/or guilty or they may fear that they may be blamed by the practitioner for the problem of child to parent violence. A parent’s experience of child to parent violence may remain hidden then until the parent has the confidence that he/she can speak with the practitioner about the realities with which they are living. When a parent discloses their experiences of child to parent violence, the practitioner can respond in a helpful and supportive way and ask the parent about how this problem affects family life and relationships. The assessment and engagement process can provide the practitioner and the parent with a clear idea of the nature and extent of child to parent violence in the family, the ways in which parents respond to incidents of child to parent violence and the goals that parents have for their participation in the NVR programme.

During the assessment process, it may become clear that child to parent violence is one of a number of problems with which a family is living. Although the NVR programme is not intended to address problems related to school attendance, alcohol or drug abuse (by parents or children) or previous experiences of abuse or neglect for example, parents can engage with the NVR programme while at the same time availing of interventions to address other issues where relevant (Omer 2004). It would also appear that addressing child to parent violence is a good place to start when working with families with a range of difficulties, as indicated by the research on the NVR programme reviewed by Gieniusz (2014). Gallagher (2004a, b) advises that the focus of intervention in response to child to parent violence should first be, with very few exceptions, to address the abusive and violent behaviour of the child. Regarding parental control as the assertion of parental authority within the family and a clear articulation by parents of the kinds of behaviour that are not acceptable, Gallagher remarks that children who use violence are much happier once
parents ‘regain control’ (Gallagher 2004b: 96) and, in cases where the child has previously experienced abuse or violence themselves, the child is then in a better position to address any other issues.

3.5.2 Parental Presence and a new understanding of ‘authority’.
Where child to parent violence has been identified as a concern, parents are invited to consider committing to Non Violent Resistance and to avoiding the use of violent actions or words in their relationship with their child as an expression of a new way of being present to their child, resisting abuse and violence and persisting with a new understanding of parental authority within the family.

This gives rise to the question posed by Omer (2013) at the opening of this chapter: what kind of authority can parents legitimately exercise in families today where children are encouraged to express their views clearly and where there is an emphasis on close and warm child-parent relationships with a reluctance to assert traditional forms of authority (Gallagher, 2004a; Omer, 2004; 2011)? In western societies, traditional concepts of parental authority based on status of the parent, rigid hierarchy, a punitive style of punishment and emotional distance between the parent and the child has diminished (Omer 2004; 2011). The NVR approach to parenting suggests that the kind of parent authority that can be exercised today relies on the concepts of parental presence and ‘social authorisation’ (Omer 2011).

Parental presence is demonstrated by attitudes and behaviour that show the child that parents are available, present and responsive (Omer et al, 2013). Parental presence refers not simply to the physical proximity of a parent or carer to the child but also by the following features:
- a determination to take the parental ‘space’ within the family,
- by the parent’s perception of and attention to each child’s behaviour and needs
- and by the parent’s use of their physical and psychological presence to provide emotional comfort, to mediate and reduce tension and conflict and to supervise and support the child.
Such an understanding of parenting reflects an integration of the concepts of responsiveness and demandingness articulated in Baumrind’s model of authoritative parenting paradigm (Baumrind, 1966; Omer et al, 2013). If parents are to support and supervise their child effectively, they need to believe that they have the ability, entitlement and legitimisation to do so. But persistent and supportive parental presence in a child’s life is quite distinct from parent attempts to control the child and has been described as ‘watchful’ or ‘vigilant care’ (Omer, 2011).

Drawing on attachment theory and a child’s internalised working model of relationships, Omer and von Schlippe (2011) and Omer et al (2013) propose that changes to the parent-child interaction can positively change the child’s internalised sense of security as the child develops an expectation that the parent can exercise an authoritative presence in his/ her life. Omer (2011) describes this as the ‘anchoring function’ of attachment and as a protective aspect of vigilant care; when a parent restricts and resists a child’s aggressive and violent behaviours, the child experiences emotional containment as she internalises a sense of presence of a parent who is assertive and confident in her/ his concern for her/ himself and for others. Parental presence also facilitates emotional closeness with the child, while the parent continues to refuse to accept abusive and violent behaviour.

3.5.3 The ‘New Authority’ and the Support Network.

However, the development of this kind of parental presence is a challenging task, particularly in the context of family relationships where parents have withdrawn their active involvement and presence in a child’s life as a protective strategy and avoid conflict which can invariably lead to violent behaviour. The ‘new authority’ model of NVR programme proposes a new understanding of authority that does not rely on authority based a traditional understanding of an adult’s position and status as a parent or carer.

Instead of seeking a return to traditional models of parental authority, the ‘new authority’ model of the NVR programme reflects a sociological conceptualisation of the problem of child to parent violence, integrates contemporary ideals of responsive and sensitive parenting and is based on the authorisation that comes from a community or group of other supportive adults. Parents usually identify supportive adults from the environments within
which they live and invite individuals such as partners, extended family members and individuals from institutions such as, for example, schools, parents’ groups, community groups and church/ religious associations to which a family may be attached to become part of their support network. This support network of adults encourages the parent to resume emotional closeness and presence in the child’s life while taking a determined and persistent stance against any aggressive or violent behaviour (Omer, 2004; 2011; Omer et al, 2013). Simultaneously, the support network acts a forum of accountability, for the parent and the child. By their presence in the lives of the child and the parent, the support network acts as a witness to their behaviour, holds them to account for the ways in which they respond and provides social support. Members of the support network, as described in further detail below, inform the child that they are aware of the violence in the family and support the family’s efforts to end violence. The parent commits to members of the support network to respond in a fair and non-violent way to the child’s behaviour. This is described by Omer et al (2013) as a process of re-authorisation through which parents’ authority is legitimised and reaffirmed by a support system while also ensuring transparency and limiting the arbitrary exercise of authority.

Similar to the authoritative parenting paradigm advocated by Baumrind (1966), parental authority within the NVR framework focuses on the action of the parent, not the child. The exercise of parental authority from an NVR perspective is regarded as a function of the parent’s self-control rather than the ability to control the child. The focus on the actions of the parent and the emphasis on parental self-control represent a further departure from a traditional understanding of authority and this is demonstrated in a number of ways:

(i) Parents describe to the support network their experiences of child to parent violence and request their assistance and support in responding to the aggressive and violent behaviour of their child in a number of ways, as outlined later in this chapter;

(ii) Parents inform the support network about their commitment to non-violence and to avoiding the use of psychological or physical attacks on the child, regardless of provocation (notwithstanding the need for protective intervention, for example, to prevent risk of harm/ injury);
(iii) The support network reinforces the parent’s commitment and resistance to violence as parents develop the ability to avoid power struggles where the only possible outcomes are the experience of being controlled;

(iv) Parental self-control is also demonstrated when parents delay their reactions to aggressive and violent behaviour. This releases the parent from a perceived obligation to respond immediately to a crisis by compelling a child to comply and it allows time for the parent (and the child) to consider options for responses. The aim then in any incident of destructive, threatening or violent behaviour is to delay a response so that a decisive non-escalatory response may be made by parents, perhaps several hours or even days later. In the interim, parents reach a considered position on how to respond to the child’s violence, following contact with the support network (Omer, 2011).

3.5.4 Externalising the problem

The recruitment by parents of the Support Network with the explicit task of assisting them to remain committed to non-violent resistance and to ending abusive and violent behaviour at home is one of the key components of the NVR programme. Parents may initially be reluctant to consider developing a support network which involves telling others about child to parent violence. They might feel they risk criticism and exposure and might want to avoid giving their son or daughter a bad name. However a subtle but important feature of the NVR programme is the ways in which abusive and violent behaviour is talked about - the abusive and violent behaviour is identified as the problem, not the child. Whenever parents or support network members speak to the child about the problem, the message is reinforced that the specific violence and abuse (for example threats of harm, hurtful name-calling, hitting) must end, that the parents are also committed to respecting and resisting violence and that they are seeking their child’s suggestions about how to end the violence.

In other words, the child is not the problem; rather it is the problem that is the problem. This focus on the violence as a problem rather than on the child as a problem is called “externalising the problem” and derives from the field of narrative and family therapy. Lundby (2014: 31) remarks that this approach is especially useful in his work with families
and “many of the parents we have been working with tell us that externalising the problem is the single most important thing they experienced in our work together”.

Externalising the problem is a deliberate attempt by the practitioner and by parents to see the child as distinct and separate from the problem. In families where child to parent violence takes place, the problem then is not the son or daughter but the specific problems that concern the parents and others – for example, hitting, pushing, name-calling, bullying, threats of self-harm as a method of controlling others. The problem can be regarded by parents and practitioners almost like an uninvited guest to the family or an infection that can be rejected (Lundby, 2014). Making a distinction between the child (and the family) and the problem means that the child (and family) is no longer defined by the problem. This way of conceptualising the problem also creates the potential for the practitioner and the family to think and act differently in relation to the problem, as it helps parents and family members to find ways of avoiding blaming or criticising each other (McLuckie, 2006). Conversations within the family and with parents take a turn from blaming and criticising each other to exploring the impact of violence on relationships and to blaming and criticising the problem. The process of externalising the problem seems to lead to new optimism and hope as parents find new strengths and become open to new ideas about how to respond to the problem (Lundby, 2014). In particular, talking about the problem in this way also seems to help parents feel more comfortable about telling others about the nature and extent of the problem of child to parent violence in the family.

3.6 The Core Elements of the NVR Programme.

The Core Elements of the Non Violent Resistance Programme will be described in more detail below. They are summarised here:

- **Parental Commitment to Non Violent Resistance**: parents commit to resisting violence and to avoiding violence when responding to their child, regardless of the provocation. This includes parents committing to avoiding verbal as well as physical aggression.

- **De-escalation Skills**: the development of parental self-management and self-calming skills to de-escalate and avoid unnecessary confrontations.
- **Increased Parental Presence**: changing the ways in which a parent is present in their child’s life and re-focusing interactions away from persistent conflict.

- **The Support Network**: the parents’ disclosure about the extent of the problem of violence with a number of significant people who they also invite to be part of a support network, such as grandparents, aunts and/or uncles, or friends.

- **Family Announcement**: an announcement to the family that violence at home will no longer be tolerated (during the announcement, the type of violence is clearly specified)

- **Acts of Reconciliation**: spontaneous unearned treats and/or gestures of encouragement (words/ actions/ events) offered by parents to the child.

- **Refusing Orders & Breaking Taboos** – reinstating activities that parents have felt they could not do such as visiting the child’s room, talking with friends who visit or watching the television in the sitting room.

- **The Sit-In**: a dramatic break with habits of the past and a clear demonstration of parental commitment to non-violent resistance.

### 3.6.1 Parental Commitment to Non Violent Resistance:

The NVR programme, session 1, can begin following a parent’s commitment to the practitioner to try to implement the NVR programme at home for a period spanning up to ten sessions and to responding to their child’s provocative and abusive behaviour without using violence themselves, in action or in words (Omer, 2004).

One of the challenges for parents and for practitioners inherent in working with children and families is maintaining a focus on the objectives of the NVR programme - focusing on the actions of the parents, resisting violence and ending violence at home. Additional problems may seem to demand for the urgent attention of the parents and the practitioner – for example school refusal, drug/ alcohol abuse, an increase in acting out behaviour outside the home leading to the involvement of a Juvenile Liaison Officer, or child
protection and welfare concerns. Having committed to the NVR programme for up to ten sessions, the parents and practitioner maintain focus on the NVR programme while additional concerns are addressed elsewhere (either within the same service or through engagement with another service). In exceptional circumstances, the parent and practitioner can negotiate a one session pause on the NVR programme while they focus on an urgent issue with the understanding that the NVR work will resume at the subsequent session.

It is not unusual for parents who have been living with child to parent violence to find it difficult to name clear and concrete goals other than a hope for it to be better. If this has not taken place by the end of the assessment/engagement process, then during the first NVR session, the practitioner helps parents develop goals that are clear and specific (“an end to hurtful name-calling and no more hitting and kicking”, for example) rather than general and vague (such as “I just wish he was good” or “I want to have a better relationship”). The challenge for the practitioner is to direct the conversation so that the parent can identify what it is that they hope will be different. For example, in response to a parent’s statement about wanting a better relationship, a practitioner could ask something like “When your relationship with your son/daughter is better/different, how will you know it’s different? What will be happening instead? What will you both do differently?”

3.6.2 De-escalation Skills:
The development of parental self-management and self-calming skills to de-escalate and avoid unnecessary confrontations can assist a parent in staying committed to non-violence and to resistance of their child’s aggressive and abusive behaviour. One useful de-escalation strategy is “pressing the pause” button - this means that parents commit to not responding immediately to a crisis or outburst. Instead they commit to remaining calm and to stating calmly to the child that the behaviour will be dealt with later when they and the child are calm.

Near the beginning stages of the NVR programme, parents may report that they insist that their child talks to them when a crisis emerges, for example when a child returns home much later after an agreed time or disobeys a parent’s rule. The parent may immediately follow their child around the house “to give them a piece of my mind” – even though this
kind of response has not been effective in the past and has often led to child to parent violence in their family. “Pressing the pause button” gives the parent the opportunity to think in a calm way about how they would like to respond to their child’s behaviour, rather than getting caught up in an escalation cycle that could lead to violence.

The principle of parental self-control and delayed responses to provocative behaviour is a cornerstone of both the Parents Plus Programme and the Non Violence Resistance programme (Sharry & Fitzpatrick, 2004; Omer, 2004; 2011). This strategy is also referred to as “striking while the iron is COLD”, though of course, it is made clear to parents that striking is an explanatory image, not an encouragement to hit their child (Omer, 2004)!

Parents may also find it helpful to practice some calming self-talk, similar to a mantra that they can repeat to themselves, such as “I will not be provoked. I will remain calm”.

Lauster et al (2014) describe a joint initiative involving Young Person’s Probation Service (the statutory juvenile justice agency) and Le Cheile (a voluntary community based youth service) in Limerick in the mid-west of Ireland where practitioners adapted the NVR programme for use as a group-based intervention for parents of adolescents referred to the juvenile justice agency. Following completion of the programme, parents were invited to take part in a focus group discussing their experiences of the group and the NVR model. Describing the significance of ‘pressing the pause button’ and of parental self control, one parent remarked:

“There’s a lot more calm in the house and when there is trouble and things start going out of control, it’s very easy to bring things back down. I’ve learnt to walk away and not stand there fighting and answering back. He started getting confused. He didn’t know what was going on. But when I explained to him when he was calm, he understood and that’s what we’ll keep doing” Parent 3, focus group – original transcript (Lauster et al, 2014: 226).
3.6.3 Increased Parental Presence:

This element of the NVR programme involves a change in the ways in which a parent is present in their child’s life and re-focusing of interactions away from persistent conflict. One of the consequences of child to parent violence on family relationships is that almost all interactions between parent and child become negative and filled with hostile intent. Contact between the parent and child, understandably, becomes minimal. Increasing parental presence as part of the NVR programme seems to help to change this dynamic in the parent-child relationship.

The first step in an increase in parental presence begins with practitioners asking parents about the ways in which child to parent violence has negatively changed the parent-child relationship and led them to withdraw from interaction with their child. The practitioner can then inquire about the kinds of positive differences in their relationship with their child that they would like to see and ask them about how they think about the ways in which parents might increase their positive presence in their child’s life and make positive and perhaps unexpected connections with their child. Some examples of increased parental presence in a child’s life can include a parent sending text messages or making quick phone calls just to say ‘hello’, a parent knocking and opening the door to their child’s room as they pass by, and a parent asking more questions about their child’s daily life, about where they go and what they do.

It is not expected that a son or daughter will then respond to expressions of increased parental presence with gratitude. They may respond instead with silence, shouting or acts of violence. But acts of parental presence such as those just described convey the message that the parent is once again a parent whose duty it is to take an interest in their child, leading gradually to changes in the relationship dynamic. The point of this strategy is not to make the child behave nicely and to express warm feelings towards the parent but to assist the parents to develop the skill of positive parental presence and the skill of persisting with a positive parental activity in the face of opposition or rejection (Omer, 2004; 2011). If some acts of increased parental presence are more likely to lead to increased levels of aggression, the parents can choose instead to do more of the acts of parental presence that are less likely to have this effect.
3.6.4 The Support Network:

This network of supportive adults is recruited by parents following the parents’ disclosure about the extent of the problem of child to parent violence to a number of significant people who they also invite to be part of a support network, such as grand-parents, aunts and/or uncles, or friends. As is the case with any form of abuse in the home, silence perpetuates the violence (Omer, 2004). The practitioner encourages the parents to tell anyone who the parent believes can be a support to them in their role as parents about the extent of the problem of violence and their own commitment to ending the violence at home. This can also include people such as other practitioners and friends and family who might live far away – incorporating one of the advantages of living in a world with facilities such as email, internet phone/video calling services, instant messaging and social media sites.

Some parents may find it very hard to identify someone to act as a member of an NVR support network – perhaps they have very little contact with their families of origin. The practitioner can then broaden the scope of inquiry about the networks that the parent is involved with; perhaps the parent is involved in a charitable agency or regularly attends a religious service. Perhaps there are other professionals with whom the parent is involved who could play some role as an NVR Support Network person. Although it is the parents who choose who to include in the Support Network and the consent of the son or daughter is not sought, it can be helpful to include in the Support Network at least one person to whom the child feels close (Omer, 2004).

The members of the Support Network are asked by the parent to contact the child (at an agreed time) to tell them that they know about the violence that takes place at home and that they support the parent’s and the family’s efforts to bring about an end to it. Before the parent approaches potential members of the support network, the practitioner discusses with the parents the kind of support they might like from different members of their support network. It is likely that the kind of support available from a coach, a teacher or another practitioner, for example, would be very different from that available from a close relative who lives in the same area. Although not interviewed as part of the current study, one mother described to the researcher an example of her involvement in the
support network of her sister who lived nearby. She outlined how she asked her sister to change how she acted if called to help with her 12 year old son who assaulted her regularly and called her hurtful names. In session with a practitioner using the NVR programme, the mother explored the kind of support she would like from her sister, role-played this with the practitioner and then asked her sister to support her by calmly coming to the house and speaking with her son (rather than shouting and screaming at him). This mother later described her feelings of confidence and surprise when her sister did as she had been asked which led to a positive change in her son’s behaviour. The mother also said it she thought it helped that her sister was her son’s favourite aunt.

The members of the Support Network do not have to provide the kind of direct involvement that the mother described in the example above. Parents can ask members of the support network to be involved by text, by cards/ letters or by instant messaging, social media sites or through internet phone/ video services, so that those who live very far away can be part of the Support Network. Another parent who spoke during the focus group following and NVR group for parents in Limerick described above spoke about the way in which she found the Support Network helpful:

“I let his girlfriend’s father know what was going on and I didn’t have to use it again (tell this person about another incident of child to parent violence) because he has been alright. But I would use if again” Parent 5 from focus group (Lauster et al, 2014: 224 – parenthesis inserted for clarity).

3.6.5 The Family Announcement:
This is an announcement to the whole family that violence at home will no longer be tolerated and that there are a number of (specified) people who are supporting the parents in ending the violence at home. The announcement is a turning point for the whole family; it represents parents’ declaration of commitment to non-violent resistance and of commitment to themselves, their supporters and to their children (Omer, 2004). Parents usually expect their child to react with either indifference or hostility to the announcement.
The family announcement step of the NVR programme can be discussed in more detail with parents with a view to implementation once the following steps have been completed:

a. In session with the practitioner, the parent has committed to non-violence in their relationship with their child,

b. The parent has discussed with the practitioner how to avoid escalation and has practised skills of de-escalation and increased positive parental presence

c. The parent has put the Support Network in place.

The announcement takes place at a time of the parent’s choosing and when there is a period of calm at home - not in response to an incident of violent or controlling behaviour. The parent gathers the family together and states that the whole family, including the parent, will no longer accept the use of violent language or behaviours. The tone is a clear and non-threatening announcement of a change in parental behaviour. It is change from tacit acceptance of abuse and violence to resistance against violent and controlling behaviour. The specific types of violence and abuse that have been problems for the family are identified. As part of the announcement, a parent could say for example:

“I am no longer putting up with constant name-calling, screaming and punching. I will never do any of these things myself. Here are the names and numbers of the people who are helping us stop violence and abuse at home...”

As part of the announcement, the parent can make clear that it is not their intention to control their child but it is their duty as a parent to resist the violence they described. Regardless of the response to the announcement by the child who has been using child to parent violence, the parent does not discuss the merits of this new approach. The aim of the announcement is not to convince the child that there is a problem of violence in the family or to secure their agreement to the programme (Omer, 2004; 2011).

This is a hugely significant step for parents as it is an announcement of a change in family habits, which may well be challenged by the child who uses child to parent violence. Parents may find it helpful to have the statement written out so that they can read it to their family. Parents, especially those who are parenting alone or parents who believe their child may
use violence following the announcement, can find it useful to have a member of the Support Network present as they read out the announcement.

Soon after the announcement, supporters contact the child who has used abusive behaviour/violence saying they know about the abuse/violence and are committed to helping them and their parent(s) stop the violence. Members of the Support Network can contact the child by phone, text, social media message or by visiting them at an agreed time very soon after the parents have made the announcement.

3.6.6 Acts of Reconciliation:
These are spontaneous unearned treats offered by parents to the child. These acts of reconciliation reduce mutual aggression and help improve relationships; parents who have used acts of reconciliation also report that these acts help change for the better their interactions with their child (Omer, 2004; Lauster et al, 2014). They can also be seen as another way in which parents can actively demonstrate positive parental presence.

Acts of reconciliation are offers for activities or treats by parents that are not connected to any behaviour of the child; they are not earned by good behaviour and, once offered, they are not withdrawn. They are offered by parents at any moment that they believe is a suitable time. For example, a parent can offer to take the child to the cinema to see a film the parent suspects the child will like, or offer to get their preferred take-out food. There are no strings attached to the offer so if the child refuses the offer, this should not become a focus of a dispute. The goal of the act of reconciliation is for the parents to make the offer and let the child know they are valued for no other reason than she/he is their child. As part of the process of the implementation of the NVR programme, parents move from patterns of either almost complete withdrawal from interaction with or constant confrontation with their child to more positive and more active involvement through increased parental presence and acts of reconciliation.
3.6.7 Refusing Orders & Breaking Taboos:

The strategies of refusing orders and breaking taboos involve parents reinstating activities that they could not do such as visiting the child’s room, talking with friends who visit the home or relaxing in the most comfortable room in the house, perhaps the sitting room. One of the steps to breaking habits of interaction that can lead to aggression and violence is for parents to develop the skill of “pressing the pause button” and of responding to problem behaviour in a calm and considered manner. Habits of submission can also develop over the years in family relationships whereby parents become increasingly obedient to the wishes of their son or daughter while the child becomes less respectful toward the parents (Omer, 2004; Gallagher, 2004a). As a way of raising parents’ awareness of such patterns of obedience and disrespect, the practitioner can ask parents to make a list of all the services they provide for their child. This list includes the services they provide freely and those they feel obliged to provide due to the negative behavioural consequences from their child if they do not provide them. This exercise raises parents’ awareness of the subtle and not so subtle methods of coercion that may have crept into their relationship with their child, where they feel powerless to resist or to refuse. The parents can then explore with the practitioner which of these actions/orders they are going to begin to refuse to carry out automatically. These may include, for example, paying for expensive mobile phones, internet services or TV packages, giving the child money on demand, providing a taxi service on demand, cooking at unsocial hours (or providing special meals) or doing household chores in a particular way according to their child’s insistence.

The strategy of Refusing Orders is not a punishment or sanction and is not carried out in response to an incident of abuse or violence. It is calmly implemented as a change in routine and a break with old patterns of the parent’s obedience. It is also a recovery of parents’ sense of self and authority. Parents do not discuss this with a son or daughter in an attempt to secure agreement (in fact to do so could lead to an incident of child to parent violence). Instead a parent may simply say “I realised I was automatically doing X...” or “It occurred to me I didn’t feel right always doing Y, so I decided to stop it”.

Refusing orders can also be a way of parents insisting calmly that their child talks to them in a respectful tone: for example “I will not talk with you about this while you are standing
over me and shouting at me”, and then walk away from the child. Parents can also be advised to avoid ‘over-talking’ with their child about their new approach.

Children may oppose these changes initially. But the aim of this new pattern of interaction is not to persuade the child to accept changes in the parent’s behaviour as a good idea nor is the aim to change the child’s behaviour. Instead, the aim is to convey parental commitment to a positive exercise of parental presence and parental authority and to new kinds of relationship with the son or daughter.

As mentioned earlier, all families develop habits of interacting over the years and in some families some of these become negative habits of interaction. In families where child to parent violence takes place, parents may feel that there are activities that they are ‘forbidden’ from doing by their child. These can include for example parents being forbidden from entering the child’s room or introducing themselves to the child’s friends, having friends visit the family home, watching television in the sitting room or wherever the better screen for television programmes or sports is located at home. Practitioners can assist parents in looking at a floor plan of their home and/ or an outline of what they do as a family to help them identify any activities implicitly or explicitly forbidden by their child. The practitioner can then discuss with parents which activities they wish to reinstate, some immediately and some perhaps later. Once a parent has decided which of the taboos they would like to focus on, they also inform their Support Network as it may be expected that the child will oppose this change in routine.

Similar to refusing orders, the breaking of taboos is not a punishment. This too is an act of non-violent resistance and is a change in routine that can change parents’ sense of self. The practitioner can prepare the parent for possible negative reactions from the child such as threats, screaming or violence. The most effective parental response is for parents to rely on the principles of the NVR programme outlined earlier and exercise parental authority by availing of the support of the Support Network and by:
Refusing orders and breaking taboos can significantly change the dynamic between the parent and child. Parents have reported that this approach changes how they feel about themselves as a parent, helps restore their self-confidence and leads to positive changes in the relationship they have with their son or daughter (Omer, 2004; 2011; Lauster et al, 2014).

3.6.8 The Sit-In:

The Sit-In represents a dramatic break with habits of the past. Omer (2011: 101) states that the Sit-In demonstrates determined resistance, perseverance and a resolute commitment to non-violence. He also notes that many parents report feelings of worth, power and belonging that they had never known before using the Sit-In as part of the wider set strategies included in the NVR programme.

Careful planning is needed in advance of the Sit-In. This element of the NVR programme is not implemented as a punishment but signifies a dramatic break with habits of interaction in the past where perhaps parents had come to accept violent and controlling behaviour as part of family life. The Sit-In usually takes place several hours or perhaps a day or two after an incident of violent or controlling behaviour, at a time of the parent’s choosing. As parents will already have implemented other features of the NVR programme by the time they are encouraged to consider the Sit-In, they will already have had practice in exercising the skills of avoiding escalating arguments and withstanding provocation.

The Sit-In can be implemented in the following manner: at a moment of her/his choosing, the parent enters the child’s room and sits between the child and their bedroom door for a set time, for example a quarter or half an hour. If it would re-assure the parents, a supporter may also be present in another part of the home, at the invitation of the parent. Taking a seat in the child’s room, the parent says clearly something like:
“I am/ we are not going to put up anymore with (the behaviour should be clearly defined, for example, you kicking me) and I will sit and wait for (e.g. half an hour) for you to come up with a solution that will stop the violence”.

If the parent has asked a support person or another parent to be present (in the home but not in the room), the parent lets the child know this and says something like “I/ we thought that you might be violent so I/ we asked X to be a witness”. If the child behaves violently despite the presence of a witness outside the room, the parent can ask the support person to come into the room, probably leading to an end to the violence.

The Sit-In ends when the pre-announced time has passed or if the child makes a suggestion that the parent believes might be useful. If the child makes an unacceptable suggestion, the parent simply states “that is not acceptable”, without discussing it. If the child makes no suggestion, the parent calmly remarks at the end of the Sit-In “it looks like we have not yet come up with a solution”. After the Sit-In is over, the daily routine is continued without mentioning the Sit-In or the desired change.

The Sit-In can be a key moment in the change process for the child and for the parent. The child will begin adapting to this unexpected situation. The child might change their behaviour for the better, without stating this is a result of the Sit-In. The parent will also begin to adapt to this new situation – having the ability to stay in their child’s presence without being drawn into an argument or an escalating row. This experience begins to change for the better the parent’s sense of self as a parent (Omer, 2004; 2011).

3.6.9. Responding to challenges to the Sit-In and the NVR Programme.
Parents may at first be reluctant to consider implementing the Sit-In element of the NVR programme. While the practitioner respects the ultimate decision of a parent on whether or not to use the Sit-In technique, parents may feel more open to considering using a Sit-In when they have had the opportunity to discuss their concerns and the ways in which they might react to the different responses their child might demonstrate. In the following
section, some potential responses of children to the Sit-In are outlined, together with some advice for parents that might be helpful.

_The child ignores the parent during the Sit-In._

Some children might give the impression that the presence of the parent means nothing to him/her. The child might turn on the television, or focus on a laptop or mobile phone. If this is the response, the parent can try to switch off or take the device once. If the child turns it on again or the parent cannot get the device to turn it off, the parent simply waits calmly in the room until the end of the time the parent announced. If the parent persists in struggling with the child to take away the device or persists in turning off the television, this could lead to an escalation. One of the aims of the NVR programme is for the parent to develop the ability to resist violence and provocation and to interrupt any cycles that could lead to escalation. In advance of the next Sit-In, the parent can switch off the internet/Wi-Fi or the cable television supply unit.

Alternatively, the child could pretend to be asleep or turn away from and ignore the parent. If this happens, the parent simply continues with the Sit-In until the allotted time has passed.

_The child attempts to make a deal with parents or claims not to understand._

In some cases a son or daughter may try to make a bargain with parent to bring an end to the Sit-In. For example, the child might say “if you give me 10 euro phone credit now, I’ll be better”. If this happens, the parent replies that she/he cannot accept that suggestion without explaining any reasons. Otherwise, the parent could find that an escalation pattern begins to develop with the child making more demands and the parent trying to reason with the child, leading to an incident of child to parent violence. The aim of the Sit-in (and of the NVR programme) is not to convince the child about the value of the parents’ point of view or to win an argument with the child. The aims of the Sit-In include a demonstration of an increase in parent presence, a resistance to violence and a breaking of taboos. After a short answer, the parent resumes sitting in silence.
Alternatively, the child might claim that what the parent is doing is unfair and they do not understand it. This can be regarded as an invitation to an argument/escalation cycle. It is unlikely the child will accept this new approach by the parent or agree with the Sit-In. The best response from a parent would be a short and calm statement similar to “It is my duty to resist violence” and resume the silent sitting.

*The child makes a promise or suggestion.*

Some parents may believe that since their child has broken so many promises made to them in the past, they cannot trust anything he/she says or promises. Although this is understandable, parents can accept any positive suggestion by the child as the parent implements the NVR programme. For example, if a 12 year old son promises to never hit his parent again, the parent can end the Sit-In immediately. But if there is another incident of that specific type of violence, the parent carries out another Sit-In. If the son promises never to hit the parent again, the parent’s response is simply “You suggested that before but we know it doesn’t work. What other suggestion can you make?” The parent then resumes sitting in silence. A similar approach can be taken with any positive suggestion made by the child.

*The child screams to try to get the attention of others.*

If the child screams or roars as the parent commences the Sit-In or implement any other of the NVR strategies, she/he is probably trying to embarrass the parent in front of neighbours or family members/visitors at home. One strategy parents can adopt if this kind of a response is likely is to let neighbours know in advance about the NVR programme and about the plan the parent intends to follow. Neighbours may have heard the child scream and shout before and will probably be supportive of the plan adopted by the parent. The parent could also provide the neighbour with a short information leaflet about the NVR programme. If a child shouts and screams during the Sit-In, the parent remains calm and waits for the end of the announced time.
The child attacks the parent or attempts to leave the room.

Parents may have very good reason to fear the possibility that the child may physically attack a parent as the parent implements the NVR programme at home. As parents and practitioners explore these issues together in session as part of the NVR programme, resolutions for this kind of scenario can be explored and anxieties can begin to dissolve. In some cases, it may be helpful to develop a safety plan with parents. An attack on a parent during a Sit-In can begin verbally, with a child calling the parent names and making threats. The parent remains sitting calmly and avoids discussion with the child. If the child approaches the parent to push or hit the parent, the first response is to continue with the Sit-In – as long as it is safe to do so – and for the parent to protect him/ herself without hitting back and by calling the supporter into the room, if the supporter is elsewhere in the home. If there is no supporter in the home and/ or if it is unsafe for the parent to continue with the Sit-In, then it is ended by the parent and/ or the parent makes way for the child to leave the room.

This is not an act of surrender or submission, but is a tactical withdrawal, enabling the parent to resume the Sit-In when a supporter is available (Omer, 2004). The aim of the Sit-In is not to make the child behave nicely during it nor for the parent to win. Rather, the aim of the Sit-In is for the parent to demonstrate parental presence, persistence and resistance to violence. Even if the child acts out during the Sit-In, it does not mean that the Sit-In was ineffective. Children may change their behaviour without explicitly agreeing to do so or without having made a suggestion, as many children would see making a suggestion as a form of submission. They may prefer, instead, to change their behaviour without making this concession to their parent. Additional Sit-Ins will be needed only if the problem behaviour remains as it was after the Sit-In is over (Omer, 2004; 2011).

3.6.10. The NVR Review/ Programme End Meeting

As adapted by this researcher for use in Ireland, the NVR programme was designed as a 10 session programme to which parents commit at the beginning of the process. It seems that some families may find that as they implement the NVR programme at home, positive changes become established and the practitioner can begin to discuss with parents the idea of drawing the programme to an end and schedule an NVR review meeting in advance of
the tenth session. For other families, a longer amount of time may be required and certain themes may need some additional time to implement a specific feature of the NVR programme before progressing to the next one. The researcher suggested during the training that for individual session work, an NVR Review Meeting can take place around session 10 at the latest. This is a meeting that is quite distinct from formal child in care or other types of statutory or formal service reviews when a child is at risk or in the care or under the supervision of child protection and family support services.

The NVR Review meeting is facilitated by the practitioner implementing the NVR programme with parents and may involve the parents and the practitioner only when the programme has been run on an individual session basis. It can sometimes be useful to have a larger number of people at an NVR review meeting but it is the parents who nominate those who attend and it is the parents who issue the invitation to the meeting. Although parents may meet with members of the Support Network following aggressive or violent behaviour of a child, it is important to note that an NVR review meeting chaired by the practitioner is not a response to a crisis or an incident but is held when positive change has already taken place within the family. The rationale behind holding an NVR review meeting stems from narrative and family therapy practices of building a community (or network) of support around the parents and the child to re-affirm progress and commitment to new ways of relating (White, 2000; Fredman, 2014). By the time an NVR review meeting is called, the practitioner and the parents will have already reached a shared approach to the problem through which the problem is externalised. The parents will also have already practiced the key elements of the NVR programme outlined earlier in this chapter and the Support Network will have been active in helping the family address child to parent violence.

During the NVR Review meeting, the practitioner compliments all who have been involved and explicitly identifies the role and actions of each person in helping to reduce or bring to an end child to parent violence. The practitioner also facilitates a conversation about any difficulties that may have emerged during the period of the NVR programme. The focus is not on the causes of the difficulties but on the actions of each individual, what they did to resolve problems and, looking back from the position they are in today, what they might
have done differently. The practitioner then leads a discussion about what needs to happen for the positive changes to continue, what might hold back such progress and what might be the ways to resolve these difficulties. In some cases, this may include the identification of the need to include an additional service and in other cases it may involve a re-focusing on different aspects of work with the family in the same service.

Some parents may wish to continue with the NVR programme for a small number of additional sessions following the NVR Review meeting while some parents may wish to end their involvement with the service for now (as enough progress has been made). Alternatively, parents might like to set a review meeting with the practitioner for some weeks or months into the future.

3.7 The Limitations of the NVR Programme.

The NVR programme is not the only response to the problems of child to parent violence, as noted earlier. But with its focus on ending violence within the family, on patterns of escalation (and de-escalation) and on authoritative parental presence legitimised by the Support Network, it is an intervention that responds to the immediate safety and protection needs of parents and of other family members. The programme also seems to empower parents to develop the necessary skills and confidence to effectively reduce and end the abusive and violent behaviour of a child within the home.

3.7.1. The early stages of CPV & NVR research.

There are however, significant limitations at this early stage of development within the field of child to parent violence interventions and research. Although there have been some descriptive clinical and research based papers on child to parent violence and the NVR programme, there have not been any longitudinal studies or randomised controlled trials of the effectiveness of any intervention in response to child to parent violence, including the NVR programme.
3.7.2. Families living with complex adversities

Parents and children living with child to parent violence may also be living with complex problems such as alcohol or drug abuse, mental health difficulties and school non-attendance for example; the NVR programme is not designed to address these kinds of issues. Families may also be living with multiple adversities such as homelessness, poverty, unemployment or discrimination that may make it even more difficult to sustain hope and to realise change. However, as such problems are not exclusion criteria for the NVR programme, it can be offered to parents in addition to services, interventions and/ or advocacy designed to meet a range of different needs (Omer, 2004; 2011).

3.7.3 Alternative responses to child to parent violence

During the two day training in NVR for practitioners that was delivered as part of the current study, practitioners were also advised by the researcher that the approaches to implementing NVR in practice described throughout the training programme are not the only responses to child to parent violence (practitioners were referred also to Sheehan (1997) and Gallagher (2004)), nor indeed is there only interpretation of the NVR approach. Practitioners were also directed to other descriptions of NVR that were available for example in Omer (2004; 2011) and to the alternative interpretations of NVR in practice that are described in Newman and Nolas (2008) and in Day and Heismann (2009).

3.7.4 Implementing NVR using individual and/ or group work interventions

The NVR Programme as adopted throughout the current study was presented as an intervention that was adaptable and responsive to the needs of parents and practitioners and as suitable for use in a variety of contexts (such as group or individual sessions) and a variety of settings (voluntary or statutory services). Throughout the NVR training programme, whenever the term “individual sessions” was used, the researcher clarified that this was a reference to sessions that involve the practitioner and one parent/ carer, or two parents/ carers or a meeting that involves the parent(s)/ carer(s) of a child and members of the Support Network, as distinct from structured group-work sessions. The programme was designed for a wide range of practitioners such as family support workers, social workers, psychotherapists, psychologists, psychiatrists, probation officers or any other practitioner working in child care, family support or community settings. As referred to earlier, Lauster
et al (2014) describe the implementation of the NVR programme in Ireland as a group-work intervention. Day and Heismann (2009) also describe an adaptation of Non Violent Resistance through a structured intervention in England and outline the involvement of parents as co-facilitators following their completion of a previous NVR Group-work Programme or who have received training on group-work facilitation for parents living with child to parent violence.

As the NVR training programme adapted in Ireland for the current study was not designed as a training for delivering the intervention on a group-work basis, practitioners attending the training were advised that any practitioner who plans to use the NVR Programme in a group work format either should have had direct experience and training themselves as group facilitators or should involve a colleague who has such training and experience throughout their implementation of this programme. It was also suggested that practitioners might also find it useful to refer to more extensive guides on group-work practice and solution focused therapy such as those provided in a list of recommended reading referred to in the hand-outs that accompanied the training materials made available to practitioners who attended the training.

Although there is a clearly structured approach to the NVR Programme, the researcher made clear throughout the training that there was no intention to be prescriptive. Practitioners were advised that it is they, in collaboration with parents, who are best placed to assess when to progress to the next topic/theme for an individual or group-work session and when to slow the pace of the session to create space for a parent to experience the sense of being heard. However, it was suggested by the researcher that there seems to be a logical order of themes to follow whether a practitioner is working with a group or in individual sessions. It was proposed by the researcher that, for example, it seems to make sense that practitioners discuss with parents the theme of the Support Network and the members of the support network have been identified before discussing in depth the theme of the announcement.
3.7.5 Implementing NVR with separated and/or single parents.

Parents play fundamental roles in the growth and development of their child. Where two parents are actively involved in a child’s life, both parents can be actively encouraged to attend the assessment/engagement and the NVR sessions, including parents that are separated. In a minority of cases, parents report that they cannot be in the same room as their former partner or it may not be safe to include a former partner in sessions with a parent due to concerns about domestic violence or abuse. Where this is the case, the practitioner, with the agreement of both parents, can meet with the parents in separate sessions as they progress through the different stages of the NVR Programme. As the involvement of two parents does not seem to be a requirement for the success of the NVR programme, parents who are parenting alone may also benefit from participating in the NVR programme (e.g. Weinblatt & Omer, 2008). But the programme may have a greater chance of success where the two parents who are actively involved in a child’s life both take part in the NVR programme and both agree to implement the key principles of the programme.

3.8 The distinctiveness of the NVR programme

One of the important distinctive factors of the NVR Programme as a response to child to parent violence is the focus on therapeutic support and on psycho-educational intervention which involves the parents only, without the necessity to work directly with the child. The NVR programme also neatly side-steps a dilemma that can present itself early in work with children and families. When practitioners begin to engage with parents who talk about their experiences of child to parent violence, they can encounter what could be regarded as a significant obstacle to positive change: the son or daughter might either refuse to attend the service or agree to attend only an occasional session. With a focus on direct engagement with the parents only and on indirect engagement of a wider group (whose involvement is mediated by the parents), the NVR Programme as adapted during the course of this study offers the practitioner and parents a way around a potential barrier to intervention as the attendance and cooperation of the son or daughter is not required. Although parents are encouraged to seek the views of the son or daughter on what might resolve the problems of violence with which the family is living, there is no expectation that
the practitioner needs to meet with the son or daughter as part of the NVR programme. The focus is on influencing rather than controlling a child; a re-assertion of parental control or changing the behaviour of the son or daughter is not the primary goal of the NVR programme (although positive changes in the child’s behaviour are a secondary gain of the parent’s commitment to NVR). But instead, there is a significant shift in emphasis to influencing a change in the relationship between the parent and the child, a change in the behaviour of the parent and an increase of authoritative parental presence in the child’s life, legitimised and supported by a group of specific individuals chosen by the parents.

3.9. Conclusion

Throughout this chapter, that the NVR programme (Omer, 2004; Weinblatt & Omer, 2008) was proposed as one response to child to parent violence which offers the theorists and practitioners additional options analysis and intervention concerning work with families and parents that complements already existing knowledge, skills and values. Two different practice responses to child to parent violence were outlined (Sheehan, 1997 and Gallagher, 2004a, b) and the rationale for and evidence behind the use of the NVR programme was presented. This chapter also traced the development of the NVR Programme in Ireland and described in detail the NVR programme, as adapted in Ireland as part of the current study. It was also noted that given the relatively early stages of the development of research relating to child to parent violence and the efficacy of responses to child to parent violence, the NVR programme cannot be presented confidently as an effective response to all instances of child to parent violence. However, it is hoped that by developing theory relating to child to parent violence grounded on the experiences of practitioners working with this problem and who were participants in the Non Violent Resistance Programme for Practitioners training, the current study contributes to the emergence of new understandings and interventions that provide theorists and practitioners with the tools to co-create hope for and with families living with child to parent violence.

The following chapter sets the context of the current study by exploring the development of education and training for social workers in Ireland and policy and services developments relating to family support.
Chapter Four: The Context of the Study

4.1 Introduction

This chapter indicates key steps in the development of social work education and continuing professional development in Ireland. It considers key issues in policy and practice in relation to the ‘family’ and the role of the state in ‘family support’ and in advancing children’s rights. Using a recent inspection report on children and family services in Galway by the independent Health Information and Quality Authority, this chapter considers the themes of child protection, family support and on-going training for practitioners in an era of austerity. The chapter concludes with messages from a small scale study in Ireland (O’Rourke, 2013) which calls for the development of training and interventions designed to address the problem of child to parent violence.

4.2 Religion, philanthropy and the origins of social work in Ireland

The discipline of social work has its origin in Judeo-Christian thought and developed initially in Western European cultures (Bellomonte, 2012). In Britain and Ireland, the profession which later became recognisable as social work began to emerge in the late nineteenth century as Almoners were appointed to work in hospitals in response to the needs of the poor (Skehill, 2000; Christie, 2005). Skehill (2000) describes the significant factors that influenced the development of social work in Ireland as including political and cultural developments in the 20th century, the role of the Catholic Church, the gendered nature of both the providers and recipients of social work services, the nature and form of social policy in Ireland and in social work at different times and the ad hoc nature of many of the important developments that shaped social work practice.

4.2.1 Initial developments

Throughout much of the 19th century, it seems there was little attempt to provide training or education to those involved in philanthropic activities. But by the end of that century and the opening decades of the 20th century the development of the social work profession and training in Ireland had begun with the founding in 1899 of the Dublin University Social
Service Society and of the Alexandra Guild with the aims of responding to the needs of the poor (Christie, 2005). The non-denominational Civics Institute was founded in 1912 and its aims included the investigation of effective methods for the distribution and management of charity and the study of the best methods of training children so that they could carry out their duties as citizens (Skehill, 2000).

In 1932 the Civics Institute proposed that it would teach the academic component of social work training in conjunction with the National Universities and that the practical element of the training could take place in supervised playgrounds run by the Institute and Dublin Corporation. The syllabus drafted by the Institute was accepted by Trinity College Dublin, leading to the Diploma in Social Work course in 1933. University College Dublin accepted the Civic Institute’s proposals for the training of social workers in 1936, leading to their social work students having the option of attending the Institute for their practical skills training.

Throughout the 1930s and 1940s, a number of hospitals employed social workers as “almoners”. The Irish branch of the British Institute of Almoners was established in 1937, providing support to Irish Almoners so that they could receive training in Britain (Christie, 2005). Skehill (2000) observes that one of the distinctive features of the development of social work in Ireland was the common practice in the early to mid-twentieth century of individuals completing initial training to certificate or diploma level in Ireland followed by further specialist training in Britain in either the Institute of Almoners, in one of the four Schools of Psychiatry or as a child care officers.

4.2.2 The Roman Catholic Church, policy and social work.

Another distinctive characteristic of the development of social work in Ireland was the influential role played by religion; the vast majority of philanthropic activities here were provided directly by a religious order or by Catholic or Protestant lay organisations (Skehill, 2000). Although its influence began to wane from the 1970s onwards, for much of the 20th century the Roman Catholic Church was a principal architect of family policy in Ireland with the newly independent Irish state depending on Church leadership when considering questions relating to the family (Daly & Clavero, 2002; Canavan, 2012). Christian values and
principles lay at the core of social work practice and remained central to social work in Ireland up until the 1960s (Christie, 2005). For example, Agnes Maguire, the first person to be appointed as a social work educator, believed that social work was essentially a Christian activity in which the image of God was restored and social work courses in Ireland had initially a strong religious undertone (Kiely, 2006).

One of the most fundamental changes in social work in Ireland since the 1960s has been the move away from the Christian concept of caritas, that is, love of one’s neighbour, as the underlying philosophical principal of social work, to a professional field of practice founded on competencies and professionalism (Kiely, 2006). Although individual social workers have different personal motivations for embarking on a career in social work, the underlying principle of social work in contemporary Ireland appears to be a common desire for a better society and for all people to be free from social constraints so that they can achieve their full potential (Kiely, 2006), ambitions that are presented with significant challenges in an era of austerity, as discussed later.

4.3 The expansion of social work in Ireland

Although the training of social workers had made important advances in the 20th century, the numbers of social workers employed in a professional capacity remained low during the 1950s and 1960s (Christie, 2005). But an increasing awareness of the need for the state to take an active role in the provision of essential social services and the emergence of social legislation during the 1950s and 1960s led to the expansion of the social work profession in Ireland (Skehill, 2000). The Health Act (1953) facilitated state payment for social services provided by voluntary agencies. This led to increasing opportunities for the employment of professionally trained social workers within medical and disability services such as hospitals, child guidance clinics (the precursors of out-patient child and adolescent mental health services in Ireland) and services for people with disabilities.

4.3.1 The development of university-based social work training

The mid-twentieth century witnessed the further development of social work education in Ireland, the increasing professionalization of social work and the expansion of voluntary
social services (Skehill, 2000). The first social science degree was launched by University College Dublin in 1954. Later, in 1962 a social science degree was offered by Trinity College Dublin and in 1965 University College Cork launched a social science degree in the south of the country.

Although the Bachelor in Social Science degree was not a professional qualifying award for social work, these courses did include many topics relevant to social work and many graduates were employed as social workers (Lordan et al, 2003; Christie, 2005). In the late 1990s and early 2000s, there was a concern with the level of unfilled social work posts in Ireland with social work employing agencies reporting recruitment difficulties and shortages of suitably qualified and experienced applicants (Redmond et al, 2008). There were social work recruitment campaigns overseas (Redmond et al, 2008). In 2004, the M A in Social Work Programme at the National University of Ireland, Galway was launched as a professional qualifying course in the west of Ireland.

4.3.2 The re-structuring of services and statutory roles for social workers.

In 1971, the year that the Irish Association of Social Workers was founded as the national representative body of professional social workers in Ireland, there were approximately 97 social workers employed in the Republic of Ireland (Browne, 2012). The Health Act (1970) restructured and expanded health and social services in Ireland and specifically identified social workers as the most appropriate personnel to assume responsibility for child and family social work in the newly created regional Community Care services. From this period onwards, social workers began to claim a space in the statutory sector in Ireland as an established and distinct secular profession and were recognised as having professional status in relation to salary, terms and conditions and position with health and social services (Skehill, 2000; Lordan et al, 2003). In contemporary Ireland, the majority of social workers are employed within statutory health and social care service (the Health Service Executive – such as mental health and in-patient hospital services- and Tusla, the Child and Family Agency), the Irish Probation Service, in local authority housing services or within voluntary services that receive statutory funding for the provision of essential social services (Browne, 2012).
Further development and reform of social work in Ireland reflects a pattern found in other jurisdictions such as the UK where development and investment in child protection and welfare systems follows in the wake of child abuse inquiries (Burns, 2011; Featherstone et al, 2012). *The Report on the Kilkenny Incest Investigation* (McGuinness, 1993) was a searing indictment of the traditional notion of the idealised ‘family’ as a place of love and safety for its members (Burns & McCarthy, 2012). McGuinness (1993) also criticised health and social services for their failure, among others, to provide for continuing professional development opportunities for social workers and other practitioners working with families.

The publication of the *Report on the Kilkenny Incest Investigation* (McGuinness, 1993) led to the full implementation of the Child Care Act (1991) and to the development of post qualification training for social workers. There was increased investment in social work services in Ireland. By 2001, the number of social workers employed in Ireland had increased to 1,993; by 2011, this number had increased significantly to approximately 3,000 professionally qualified social workers (Browne, 2012). Post qualifying and in-service training for social workers was formally established for the first time with the appointment of training officers in the eight Health Boards throughout the country during the 1990s (Walsh, 2002). With the development of training officer posts in the Health Boards, policy making and decisions in relation to the allocation of funding for training were no longer the responsibilities of managers in different local occupational or disciplinary groups but now came under regional and organisational control (Walsh, 2002).

### 4.3.3. Education, accreditation and social work registration

Four universities – University College Dublin, Trinity College Dublin, University College Cork and the National University of Ireland, Galway - currently provide the accredited courses for social work students in Ireland, with the vast majority of students completing courses to Masters Level (Redmond et al, 2008). The National Social Work Qualifications Board (NSWQB) was replaced by the Health and Social Care Professionals’ Council (known as CORU), following the enactment of the Health and Social Care Professionals Act (2005) ushering in a further significant period of transition for social work in Ireland (Browne, 2012; Kirwan, 2012).
The Health and Social Care Professionals Act (2005) established CORU as the statutory health and social care regulatory agency whose role is to protect the public by promoting high standards of professional conduct, education, training and competence. The Act also established the framework for the transition of social work (and other designated health and social care professions) from a non-regulated area of practice and provided for new systems for monitoring social work education under the Social Work Registration Board. A constituent part of CORU, the Social Work Registration Board has assumed statutory responsibility for the assessment, approval and monitoring of professional training courses in social work which qualify individuals to apply for inclusion on the statutory register of social workers.

Individuals can apply to the Social Work Registration Board for inclusion on the register of social workers following successful completion of recognised training programmes in social work. Whether at undergraduate or postgraduate level, the core social work professional training curriculum in Ireland includes courses on social work knowledge and values and draws from the disciplines of social policy, sociology, social research, economics, political science and law; all students must successfully complete at least 1000 hours of supervised professional placement where they must demonstrate professional competencies to assess, plan, intervene, evaluate and to practice professionally while demonstrating the use of social work values (Christie, 2005; O Hara, 2011). A condition of statutory registration for social workers in Ireland, as elsewhere, is the requirement to engage in on-going training and education activities that support Continuing Professional Development.

4.3.4 The Health Service Executive, CORU and Continuing Professional Development

Continuing Professional Development is usually regarded as an on-going process of education and development which continues after qualification and throughout a practitioner’s career, including both formal and informal aspects (Halton et al, 2011). Activities such as reflective thinking, peer support and informal learning can be regarded as facilitating professional development and these activities are recognised as such by the Irish Association of Social Workers. Continuing Professional Development (CPD), for the purposes of the current study, refers to formal and structured formal approaches to education and training which aim to enhance competence, confidence and expertise such as information.
sessions and formal education and training seminars and events (Brady, 2013). Engagement in CPD activities facilitates social workers to practice in ways that are relevant and meaningful to people with whom they work in an environment of changes in policy and legislation, increasing complexity of social work practice and greater client diversity (Postle et al, 2002).

Following the publication of the first edition of the Children First Guidelines for the Protection and Welfare of Children (1999) for practitioners whose role involves regular contact with children and families, the Health Service Executive (HSE) now employs Children First Information and Advice Officers and Workforce Development and Training Officers (Devaney & McGregor, 2015). In 2009, the Professional Education Department in the HSE published a policy on *The Education and Development of Health and Social Care Professionals in the Health Services* (Reid, 2009) with the aim of improving services received by clients, focusing on the development of Health and Social Care Professionals through education and training. The policy recommends that the HSE should facilitate CPD activities ranging from on-the-job learning opportunities through to participation in formal programmes and postgraduate studies. It also recommended that engagement in CPD activities should be viewed as a service quality issue and as a requirement for practice and for promotion within the Health Service Executive.

### 4.3.5 The Roscommon Child Care Case Report

One of the key messages of child abuse inquiry reports in Ireland and other jurisdictions is the importance of CPD and training for practitioners working with families and children (Halpenny, 2012; Devaney & McGregor, 2015). Yet the *Roscommon Child Care Case Report* (Gibbons, 2010) that followed the conviction and imprisonment of a mother and father for their prolonged abuse and neglect of their six children in the west of Ireland underlined a failure to learn from two previous inquiries into the abuse of children by parents.

Published in July 2010, the *Report into the Roscommon Child Care Case Report* (Gibbons, 2010) found that services repeatedly failed to recognise the risk indicators in the lives of this family and failed to respond appropriately to the needs of the children. Although the family at the heart of the inquiry were receiving services from statutory health and social care
services since 1989, services failed to respond appropriately to the needs of the children. The *Roscommon Child Care Case Report* (Gibbons, 2010) attributed this to a number of factors including inadequate opportunities for training and professional development and a failure to learn from previous case reviews. It also stated that there was little evidence to suggest that there was a culture of learning and staff development in the HSE West region, the administrative area in which the inquiry was focused. This, as the Report noted, was despite the fact that reports in relation to the *West of Ireland Farmer Case* (1995) and the *Kelly Fitzgerald Case* (1996), which were based on child abuse investigations in the same geographical area, had made specific recommendations in relation to the professional development of staff. The *Roscommon Child Care Case Report* (Gibbons, 2010) also identified:

- a lack of training relevant to new legislation and policy guidelines;
- a lack of education and development relating to themes relevant to the case (such as working with resistance and the effects of addiction on parental capacity);
- and insufficient training in supervision for staff and managers which could have contributed to service quality control, reflective practice and support for workers.

The *Roscommon Child Care Case Report* (Gibbons, 2010) recommended that multi-disciplinary training and opportunities for reflection should be embedded into practice and that a regular training needs analysis should take place with individual staff members leading to relevant training being made available.

Perhaps important lessons have been learned in relation to the importance of continuing professional development; Devaney & McGregor (2015) report that all new and existing staff whose roles in the HSE and Tusla (the statutory Child and Family Agency) involve regular contact with children and families and who have not yet received the multi-disciplinary Basic Level Children First Training are obliged to attend such training.

**4.3.6 The Irish Association of Social Workers, CORU & CPD**

In 2009, the Irish Association of Social Workers launched a policy on CPD in which it sets minimum requirements for its members to maintain professional competence and to prepare social workers for the CPD requirements that would follow the establishment of CORU, statutory registration and regulation of social workers in Ireland (IASW 2009b).
Reinforcing the need for busy practitioners to continue to integrate theory and practice in ‘real world’ contexts, Dolan et al (2006) argue that one of the core tasks of training for practitioners is that they have the necessary up to date knowledge and skills to consistently meet the challenges of contemporary practice with families and individuals as it cannot be assumed that providing a service to families means that their needs are being met. There is a high level of support among individual social workers for engaging in continuous professional development activities as a way of enhancing knowledge and skills as demonstrated by research carried out in Ireland by Kirwan (2007) and Halton et al (2011). Such support exists despite the fact that social workers engage in such activities under constraints such as heavy caseloads, low levels of financial support for CPD (or no financial support) and challenges presented by agency policies relating to study leave and travel allowances (Kirwan, 2007).

CORU introduced the Code of Professional Conduct and Ethics for Social Workers in 2011 articulating key social work values and duties as expressions of these values which all social workers in Ireland are obliged to follow. These values include individual responsibility to maintain competence in practice, which obliges social workers to engage in CPD activities. The requirement by CORU that social workers engage in CPD activities and the implementation of performance management system throughout the HSE and Tusla could ensure that the CPD activities of social workers meet the need of the individual practitioner for on-going professional development and the need of the agencies that employ social workers for continuing service development and delivery (Browne, 2012). Practitioner engagement in CPD activities may also increase the morale of the work force, improve services to clients and increase rates of retention and recruitment (Halton et al, 2011).

The evolutionary process that has followed the establishment of CORU will have an impact on every area of social work practice (Kirwan, 2012); only those who are registered with CORU can use the title of ‘social worker’ in Ireland, there are new systems for monitoring the education and competence of social workers and there are now procedures for investigating fitness to practice issues that may arise in relation to individual registrants. The Social Work Registration Board at CORU is currently in the process of developing its CPD requirements for social workers (CORU, 2013).
Statutory registration for social workers in Ireland and the CORU Code of Professional Conduct and Ethics for Social Workers represent significant developments as social workers are for the first time legally accountable for their standard of practice and for behaviour both inside and outside their work (Walsh, 2013). In jurisdictions such as Northern Ireland and England which have already experienced a process of transition following the introduction of statutory registration and monitoring of social work education, engagement in CPD activities has become an accepted part of the regulatory environment; so too has an expectation that post qualifying accreditation is an inherent factor in career development pathways for social workers (Brown et al, 2008; Kirwan, 2012, Brady, 2013).

4.5 Strengthening Child Protection and Family Support Systems

The publication of the Roscommon Child Care Case Report (Gibbons, 2010) took place in the context of contemporary controversies about the ways in which the state responded to the challenges of child abuse, child protection and family support in Ireland. Other child abuse inquiry reports highlighted the abuse and sub-standard care of children in religious run residential institutions (Ryan, 2009) and the ineffective responses of the Roman Catholic Church and of statutory services to the sexual abuse of large numbers of children by priests in the dioceses of Dublin and Cloyne (Murphy et al, 2009). The public controversies that accompanied the publication of these reports provided the impetus for further reform and a range of measures were put in place to develop and strengthen the child protection and family support systems. These included for example,

- The Department for Children and Youth Affairs that was established in 2011 with an explicit purpose of improving systems to support families, to safeguard and protect children, to provide alternative care and to assist young people whose behaviour poses a risk to themselves or to other people (DCYA, 2011);

- a revised edition of Children First: National Guidance for the Protection and Welfare of Children was published by the Department of Children and Youth Affairs in 2011, emphasising the welfare of children as being of paramount importance and that where there is conflict between protecting children and the rights and needs of parents/ carers, the child’s welfare must come first;
The Health Information and Quality Authority (HIQA) published the *National Standards for the Protection and Welfare of Children* in 2012 to provide outcome-based standards for the development of child-centred services that promote the protection and welfare of children receiving assessment and intervention from statutory child protection and welfare services.

The HSE published the *Practice Guide on Domestic, Sexual and Gender Based Violence for Staff Working with Children and Families* in 2012 which focused on addressing concerns about child protection and domestic violence, making it clear that protecting and supporting the adult survivor of domestic abuse is the most effective long term way of protecting children.

The child protection and welfare responsibilities of the HSE were taken on by Tusla, the Child and Family Agency, which was established in 2014 with statutory duties for improving well-being and outcomes for children in Ireland, supporting children and families and preventing and responding to child abuse and neglect (DCYA, 2013; Tusla, 2014).

4.5.1 Changing contexts for ‘family’ and ‘family support’

It would be a mistake to regard these developments occurring solely as a response to the public scandals accompanying the series of reports into child abuse in 2009-2010 which raised fundamental questions about the state’s ability to identify and respond appropriately to the needs of children and families for protection and for support. From a sociological perspective, the developments in social work education and service and as represented in the initiatives described above are taking place in an environment that reflects changes in the way ‘family’ and ‘family support’ was understood in Ireland. Significantly, such changes are occurring in the wake of the global economic recession which is having a direct and immediate impacts on the experiences of children and families and on the services designed to carry out a mandate to identify risk and to provide support to children and families in need.

Adopting a strategy consistent with action research and grounded theory methodologies (as explained in the following chapter), the researcher returned to the literature following qualitative data analysis and reflection on the qualitative findings for reasons which will
become apparent in the qualitative findings chapter. It became clear that the current study required analysis not just of education and training within the social work discipline in Ireland but also of the themes explored in the following section - developments in policy and practice in relation to the ‘family’ and particularly to support for families.

### 4.5.2 The European Context

Until relatively recently, there was no clear coherence across the diversity of policy statements that relate to the family in Ireland and little consistency about how the family was understood (Daly & Clavero, 2002; Canavan, 2012). The publication in 1998 of the Report of the Commission on the Family, *Strengthening Families for Life*, represented the first coherent policy statement on the family, although family life in Ireland had been affected by legislation and regulation on health, education, welfare, taxation and the labour market.

One of the distinctive characteristics of Irish family policy was that for much of the twentieth century the provision of state support for families was primarily given in the form of cash support rather than services. Compared with some European countries, services to support families were under-developed in Ireland and where they existed, they were provided by religious institutions and the voluntary sector, usually with significant state support (Daly & Clavero, 2002).

Family policy in Ireland developed very gradually, with the initial primary concern being to assist families with the cost of children and to provide income support to mothers who had recently given birth; this meant the provision of child benefits, tax allowances for children and maternity benefits (Daly & Clavero, 2002). When child benefit was first introduced in 1944, only larger families received payment, but by the 1970s, family support in Ireland evolved to include support programmes for the children of unmarried mothers and deserted wives and later family policy developed to include the provision of support all families with children regardless of family size and income. Canavan (2012) suggests that in providing Child Benefit and other payment supports for parents raising children outside the marital family as single parents, it could be argued that the State has acted to support family diversity. In recent decades, family support in Ireland expanded to include the provision of
programmes and services such as those offered through family resource centres, counselling services and prevention, early intervention and support services for socially excluded families (Daly & Clavero, 2002; Fahey & Field, 2008).

Recent developments in family policy in Ireland reflect patterns occurring throughout the European Union over recent decades (Daly and Clavero, 2002). There is a trend, for example, in family policy development to provide support enabling parents to take up employment outside the home. Another trend in policy development relating to the family in Europe and in Ireland noted by Daly and Clavero (2002) is a focus on family support measures and on parenthood and parenting with an increasing emphasis on the responsibilities of parents and particularly the financial obligations of fathers. There has also been a trend to enhance children’s access to services affecting their social rights (such as health and education) and to introduce political rights for children which places emphasis on children’s rights to involvement in decisions which directly affect them. Daly and Clavero (2002) describe a concern with the themes of children’s rights and citizenship as a particularly distinctive element of policy development in Ireland since the 1990s.

4.5.3 The ‘family’ in the Irish Constitution.

For much of the twentieth century, the state turned to the Roman Catholic Church for direction when considering questions relating to the family. State policy on the family in Ireland reflected non-interventionist Catholic social teaching which was also articulated in the Constitution of Ireland, adopted in 1937 (Canavan, 2012). For example, the Constitution assigns special status to the family in Article 41 where it states that:

“...the state recognises the family as the natural, primary and fundamental unit group of society and as a moral institution possessing inalienable and imprescriptible rights, antecedent and superior to all positive law. The State therefore guarantees to protect the Family in its constitution and authority as the necessary basis of social order and as indispensable to the welfare of the Nation and the State.”

Although there is provision made in the Constitution for the state to ‘supply the place of parents’ in “exceptional circumstances” where parents fail in their duty towards children, Article 42 of the Constitution also refers to parents as having the inalienable right and duty
to provide for the religious, moral, intellectual, physical and social education of their children. Perhaps, as Canavan (2012) suggests, the commitment to (marital) family privacy articulated in the Constitution of Ireland acted as a restraining factor on the State developing coherent and overt statements on the family. In the context of recent debates prior to the successful referendum on the proposal to amend the Constitution to facilitate access to civil marriage for gay and lesbian couples (22nd May 2015), it is relevant to note that although the Constitution defines the family as being founded on marriage (Article 41.3), it does not define the family as being constituted by children, a point arguably overshadowed by many of those advocating a vote against the proposal.

From a feminist perspective, the most problematic statement in the Constitution follows Article 41 on the Family, referred to above. Article 41.2 describes a woman’s natural role as being ‘her life within the home’. The Constitution enshrines a guarantee that no woman should be obliged to engage in labour ‘to the neglect of her duties in the home’. Fathers are not mentioned anywhere. It is clear that in the minds of the draughtsmen of the 1937 Constitution the image of woman as mother was uppermost (Bacik, 2007). Although important advances have been made in relation to the rights of women and children, as discussed below, Article 41.2 remains unaltered in the Constitution. A predominant vision of women in Ireland as ‘mothers’ has had and continues to have, as Bacik (2007) illustrates, significant negative consequences for gender inequality and for the lives of women today.

Recent decades have seen significant developments of family policy in Ireland with legislation and policy reflecting a shift in understanding of what constituted a family and how the state might support families. Canavan (2012) summarises the significant impact Ireland’s membership of the EU together with reform campaigns in civil society in Ireland have had on families in Ireland, through equality legislation and the impact of equality initiatives on the lives of women in particular. Reform campaigns and EU directives led to the removal of the marriage bar (by which women had to leave employment on marriage), to the ending of higher rates of pay for married men and of briefer and lower social insurance payments for women and to the introduction of parental leave, despite strong employer opposition (Canavan, 2012). Following a Constitutional referendum in 1995 which passed the proposal to amend the Constitution to allow divorce, the Oireachtas (Irish
parliament) enacted legislation for divorce in 1996 (Canavan, 2012). It should be noted, however, that after almost 40 years of equal pay for men and women, there is still a significant pay differential between men and women, the majority of low paid employment is occupied by women and Ireland is among the lowest of EU countries in terms of representation of women as members of parliament (Bacik, 2007).

By providing Child Benefit and other payment supports for parents raising children outside the conventional marital family as lone parents, the State has acted to support family diversity. Membership of the EU has also played an influential role in the broadening of support for family diversity in Ireland to include children with gay or lesbian parents. In 1988, the European Court on Human Rights in 1988 found that the penalising of homosexual acts in Irish legislation represented a breach of the European Convention on Human Rights. Sexual behaviour between men was finally decriminalised with the support of all political parties in 1993 and an equal age of consent at 17 years was established for both heterosexual and homosexual sexual behaviour. In the wake of this legislation, discrimination based on sexual orientation or marital status (among other grounds) was outlawed in the Employment Equality Act (1998) and the Equal Status Act (2000). The Civil Partnership and Certain Rights and Obligations of Cohabitants Act (2010) granted access to gay and lesbian to civil partnerships. Following the passing by a large majority of a Constitutional amendment proposal to grant access to marriage to same sex couples in May 2015, legislation is currently before the Oireachtas to give this decision full effect in law.

4.5.4 Irish policy and ‘de facto’ families.

Although government policy recognises that the Constitution defines the family as being founded on marriage, policy on the family also accepts what is described as a more generally accepted conventional definition of ‘de facto families’ based on a wider set of intimate relationships between couples, between parents and children and between extended family members (CFA, 2013: 8). The Strategic Framework for Family Support (CFA 2013: 8) defines family as:

‘ a set of close personal relationships which link people together – sometimes in the same household, sometimes across different households, and almost always involving different
generations—especially but not exclusively the relationship between parents and their children’.

Such an understanding also includes relationships between couples (including life partners and cohabitees), between siblings and between extended family members in the definition of family in Irish policy. More recently, the Children and Family Relationships Act (2015) makes significant changes to guardianship, custody and access matters relating to single/married parents and children, facilitating the creation of a legal relationship between same sex parents and the children they are parenting and recognises and protects families headed by gay and lesbian individuals and couples. Recent developments in policy and changes in the Constitution reflect a broader understanding of what kinds of relationships constitute family.

4.5.5. The Child Care Act 1991 – the potential for safeguarding and promoting welfare.

As well as reflecting an evolving understanding of family life in Ireland, legislation and policy development has also articulated a wider conceptualisation of the role of the state in the care and well-being of children, the rights of children and of the role of social workers. The Health Act (1970), as noted earlier, specifically identified social workers as the most appropriate personnel to assume responsibility for child and family social work in the then newly created Community Care services. The Child Care Act (1991) significantly enhanced the duties and roles of social workers while also facilitating an emphasis on supporting and strengthening families through the proactive initiatives of health and social services. The Child Care Act (1991) required designated statutory authorities (the health boards, replaced subsequently by Tusla) to identify children at risk of harm, to provide care and family support services and promote the welfare of children in need in addition to safeguarding those who need protection.

The Child Care Act (1991) reflects the basic principle enshrined in the UN Convention on the Rights of the Child (1989) that the welfare of the child is of paramount importance. The Act also obliges Tusla to apply to the courts for an order where it seems a child will not receive the care and protection he or she requires in the absence of one. There is a clear preference in the Act for children to receive protection and care within the family unit where possible.
However, despite the opportunities for promoting family support and child welfare enshrined in the Child Care Act (1991), the over-riding emphasis of social work in children and family teams in Ireland has been on child protection and safe-guarding duties, to the detriment of the promotion of the welfare of children (Walsh, 2002).

The establishment in 2014 of Tusla, the national Child and Family Agency with statutory responsibilities for, among other duties, the protection and promotion of the welfare and well being of children in Ireland has been accompanied by the development of new policies and models of practice for child protection and family support with an increased emphasis on the central role of both universal and targeted family support. This could create a valuable opportunities for a re-orientation of services in favour of the promotion of the welfare of children and support for families as envisaged by the Child Care Act (1991).

4.5.6 The UN Convention on the Rights of the Child

As we noted earlier, the UN Convention of the Rights of the Child (1989) is reflected in the Child Care Act (1991) with an emphasis on the welfare of the child as the paramount concern. The UN Convention on the Rights of the Child articulates the basic rights to which children are entitled including the right to the full development of their physical and mental potential, the right to protection from influences that are harmful to their development and the right to participation in family, cultural and social life.

A child is defined in the UN Convention as any individual person under the age of 18 years old. The Convention acknowledges the family as the fundamental unit of society and emphasises the role of parents as the primary care givers with the responsibility for the raising of their children. The Convention also obliges governments to support parents in fulfilling that role. The four general principles that underpin the articles of the UN Convention on the Rights of the Child are:

- All rights guaranteed to children under the Convention must be available to all children without discrimination of any kind (Article 2);
- That the best interests of the child must be the primary consideration in all actions concerning children (Article 3);
- That every child has the right to life, survival and development (Article 6);
- That the child’s views must be considered and taken into account in all actions that affect him or her (Article 12).

Ireland formally ratified the UN Convention on the Rights of the Child in 1992 and since then policy and practice developments have made significant steps towards realising the rights and meeting the needs of children. Important milestones included:
- the publication of the National Children’s Strategy (2000);
- the establishment of the National Children’s Office (2000) and of National Children’s Advisory Council (2001);
- the appointment of Ireland’s first Ombudsman for Children (2004);
- The creation of the Office of the Minister for Children and Youth Affairs (2008) which then incorporated the National Children’s Office;
- the creation of the Department for Children and Youth Affairs and the appointment of the first cabinet Minister for Children and Youth Affairs, Frances Fitzgerald (2011).

Although significant progress has been made, full implementation of the UN Convention in Ireland is hindered by the fact that principles and provisions of the Convention have not been fully articulated in Irish domestic legislation. The successful positive outcome of a referendum on articulating children’s rights in the Constitution of Ireland in November 2012 represented an important step towards ensuring that the all children in Ireland have equal rights regardless of the marital status of their parents, that in all actions concerning children the best interests of the child should be the primary consideration and that children must be consulted in all actions that affect him or her. Following that referendum, the initiation of court proceedings against the referendum results delayed the implementation of any new legislation that might reflect the outcome. However in April 2015, the Supreme Court rejected a challenge to the positive outcome of the referendum on children’s rights, clearing the way for children’s rights to be enshrined in the Constitution and reflected in legislation.
4.5.7 Strengthening Families for Life (1998)

As already noted, the 1990s marked a period of significant development of family policy in Ireland. The Report of the Commission on the Family represented the first time the Irish state articulated a coherent strategy on the family. Established by the government to review existing provisions and make recommendations about strengthening families, the Commission on the Family published its report *Strengthening Families for Life* in 1998, ushering in major reforms. The Report recognised the central place of the family in meeting the social care and developmental needs of children and underlined the importance of focusing on preventive and supportive measures to strengthen all families to prevent problems arising, themes which, as we shall see, continue to resonate in Irish policy on families to the current day. Following the report, significant increases were made to the value of child benefits and several benefits for mothers raising children alone were merged into the One Parent Family Payment. Additionally, a range of reforms were introduced to reconcile employment and family life and to raise the level of support to carers (Daly & Clavero, 2002). For example, the amount of payment for and duration of maternity benefits was increased and (unpaid) parental and carer leave was introduced. In general terms, Daly and Clavero (2002) characterise the aims of family policy reform in Ireland from the 1990s onwards as including the raising of the level of income support given to families with children, the development of services to support families and prioritising the rights of children.

4.5.8 The National Children’s Strategy (2000) and outcomes for children.

Reflecting the trend in Irish policy of prioritising the rights of children identified by Daly and Clavero (2002), the National Children’s Strategy *Our Children; Their Lives* (DH&C, 2000a) represented a significant initiative to implement the UN Convention on the Rights of the Child in Irish legislation and policy and initiated a process through which these rights might be realised. Reflecting a sociological view of the child and one that regards the child as growing and developing within an ecologically inter-connected environment, the Strategy states that:

‘children actively shape their own lives and the lives of those around them while at the same time needing the support of many people if they are to make the most of their childhood, to enjoy it to the full and to prepare themselves to take their place as responsible
adults. Primarily, this support comes from their families but it also comes from friends and neighbours in their communities and staff and volunteers who work with children. Finding a way for all these people to work together for and with children is key to ensuring that children thrive in today’s world and go on to contribute positively to the world of tomorrow’ (Our Children; Their Lives, DH&C, 2000a: 6).

The National Children’s Strategy, Our Children; Their Lives (2000) policy articulated 3 national goals for children that included:

1. Children will have a voice in matters which affect them and their views will be given due weight in accordance with their age and maturity;
2. Children’s lives will be better understood: their lives will benefit from evaluation, research and information on their needs, rights and effectiveness of services;
3. Children will receive quality supports and services to promote all aspects of their development.

The National Children’s Strategy (2000), clearly articulated in government policy a clear understanding of what is meant by a term that would become very significant in any later discussion of children and childhood development – ‘outcomes’ - understood as ‘expressions of a set of relatively discrete interrelated dimensions along which children make gains over time and which eventually together provide for the capacity for coping with adulthood’ (p. 24). The nine dimensions identified in the policy include: physical and mental health, emotional and behavioural well-being, intellectual capacity, spiritual and moral well-being, identity, self-care, family relationships, social and peer relationships and social presentation. In an apparent articulation of a bio-ecological conceptualisation of human development, the attainments of children along each of these dimensions were seen as reflecting both the individual capacity of the child and the resources, supports and services available to them.

Recognising the importance of such resources and supports, Our Children – Their Lives (DH&C, 2000a) also stated that the attainment of good outcomes for children required changes in the way services for children are planned and managed at national and local levels. While the National Children’s Office and the National Children’s Advisory Council would have a key role in providing advice on the implementation and evaluation of the
strategy at a national and governmental level, local agencies would take responsibility for delivering services that are responsive to local needs and, significantly, should consult with parents, children and members of local communities in designing and delivering supports and services locally (DH&C, 2000a).

4.6 The Department for Children and Youth Affairs

Arguably one of the most significant milestones in the development of child protection and family support systems in Ireland in recent years was the creation of a full cabinet position of the Minister for Children and Youth Affairs and the establishment of the Department for Children and Youth Affairs in 2011. The Minister’s responsibilities include overseeing the implementation of the National Children’s Strategy and coordinating government policy on children and the family (DCYA, 2011a). Emerging from the previously existing Office of the Minister for Children and Youth Affairs that had operated under the remit of the Department of Health and Children, the newly created Department of Children and Youth Affairs has significant responsibilities in the areas of family support, youth services, child welfare and protection, children in care and aftercare, education, welfare and youth justice (DCYA, 2011). One of the seven strategic objectives set by the newly created Department for Children and Youth Affairs includes improving systems to support families and to safeguard and protect children (DCYA 2011), which led to the publication and implementation of the revised edition of the Children First Guidelines for the Protection and Welfare of Children in 2011, the Working Together for Children Initiative in 2011, the Better Outcomes, Brighter Futures – the National Policy Framework for Children and Young People 2014-2020 in 2014 and the Meitheal National Practice Model in 2014.

4.6.1 Working Together for Children (2011) and Children’s Services Committees.

The Working Together for Children Initiative (DCYA, 2011b) was published by the Department for Children and Youth Affairs in 2011. Led by the Department, this policy provides the mandate and the impetus for more integrated working between agencies working with children and families to provide better outcomes for children. It is described as a national and local governance framework for all services working with children and families, bringing together the relevant agencies with the aim of improving outcomes for
children. Children Services Committees have been established at local and national levels to secure better outcomes for children through the more effective integration of existing services and interventions at local and national level. Each Children Services Committee is chaired by the Local Health Manager of the HSE, the Deputy Chair is a nominee from the local authority for the area and committee members are drawn from representatives from education, the Probation Service, the Gardaí (the Police Service), Social Inclusion Partners and key children and family service providers from the voluntary and statutory sector (DCYA, 2011b). By 2015, up to 20 local Children’s Services Committees had been established, each of which include representatives from all major services involved in working with children and young people locally, with the aim of improving the lives of children, families and young people through integrated planning and service delivery and implementing at a local level the National Policy Framework for Children 2014-2020 (DCYA, 2015a).

4.6.2 Better Outcomes, Brighter Futures (2014-2020)

In March 2014, the government published the Better Outcomes, Brighter Futures – the National Policy Framework for Children and Young People 2014-2020 setting policy objectives and goals with the aims of ensuring that the rights of all children and young people are respected, protected and fulfilled, where their voices are heard and where children are supported to realise their maximum potential. It articulates 6 ‘transformational goals’ which include earlier intervention, supporting parents, listening to and involving children and young people and ensuring quality services so that children and young people will have better outcomes in terms of health, education, development, safety and protection from harm and economic security and opportunity.

Better Outcomes, Brighter Futures – the National Policy Framework for Children and Young People 2014-2020 reflects an understanding that parenting children is a challenging task requiring support, and remarks that ‘raising a family has never been easy. But contemporary parenthood faces many diverse pressures and challenges, from managing a work-life balance to trying to understand and access information on the changing aspects of childhood and matters of topical concern’ (p. X).
Reflecting the principle enshrined in the UN Convention on the Rights of Child on the state’s duty to support parents in their roles, The National Policy Framework 2014-2020 articulates a view that parents should receive the support they need to play their role as their children’s primary care-givers ‘and to promote the best possible outcomes for their children and to meet all challenges that may arise’ (DCYA 2014: x). In order to assist parents in their role, the National Policy Framework 2014-20 commits to an increased provision of supports to all parents through universal access to good quality parenting advice and programmes, through access to affordable quality childcare and through the provision of targeted, evidence-based supports for parents and families in need.

The clear emphasis in policy on supporting families and children is very welcome, as is an inclusive understanding of what constitutes ‘family’ in Irish society. The emphasis on collaborative practice with parents is encouraging as it creates a context for relationship-based practice with families and seems to orient the discourse away from parent-blaming and towards supporting families. But how is ‘support’ understood and how will the discourse of support become embodied in practices with and within families? And since support is embodied and expressed through relationship based practice, what are the impacts on the support provided by social workers and other child and family practitioners to families of an era of austerity? These questions are explored following a consideration of the Meitheal model of practice.

4.6.3 The Meitheal Model of Practice

‘Meitheal’ is a term from the Irish language and farming tradition signifying common effort between neighbours to harvest crops or to complete other tasks. In relation to the design and delivery of children and family services, ‘Meitheal’ is a national practice model which aims to ensure that the needs of children and families are effectively identified and responded to so that children and families get the support and help they need to improve children’s outcomes and realise their rights (CFA, 2013). Building on the experiences of the Identification of Need (ION) Project in Sligo/ Leitrim area and the Limerick Assessment of Needs (LANS) Project and integrating practice learning from the UK, the ‘Meitheal’ model is being implemented by Tusla in a range of services working with families and children with
unmet needs, which if left unmet can place these children at risk of poor outcomes (CFA 2013).

With the consent of the parents, a Lead Practitioner from any agency working with a family brings together the parent and a range of practitioners from statutory and voluntary agencies (the Meitheal) around the child to provide specific supports/ interventions to the child/ young person and the family. The aim is to provide preventative support that is outcomes-focused, planned, documented and reviewed over time, with the active participation of children and parents. The Meitheal Model is being led and co-ordinated by Tusla with the further aim of ensuring that children and families who do not need an intervention from the child protection and welfare services of local Child and Family Social Work Department still receive the kind of preventative support that they need (CFA, 2013).

However, if a practitioner implementing the Meitheal model has a child protection concern in relation to a child or family, this matter is referred for assessment to the local Child and Family Social Work Department (CFA, 2013). Following this referral, any assessment that has been completed as part of the Meitheal process is shared with the Child and Family Social Work Department. Any practitioners or services that had been involved with a family as part of the Meitheal may continue their work with the family but now under the leadership of the Child and Family Social Work Department.

The Meitheal model reflects the clear emphasis in current national policy on family and children that family support is an effective way to promote and protect the well-being of children and that members of the family, of the extended family and of the community must be included in services for children to ensure their effectiveness (Devaney, 2011; Halpenny, 2012).

4.6.4 What is meant by ‘family support’ in policy and practice?
But precisely what kind of family support is envisaged in policy and in the Meitheal model of practice? Dolan et al (2006) note that ‘family support’ has a wide meaning and encompasses activities that provide sustenance to children and families across diverse settings such as child protection and welfare, alternative care and community-based programmes. Family
support is generally accepted as providing valuable help to people coping with problems such as poverty, mental health difficulties, suicide, or disability (Dolan et al, 2006). But as it is not always easy to clearly define the kinds of activities included in the term ‘family support’, Featherstone (2006) suggests that rather than extensively mapping the territory of ‘family support’, it might be more productive to consider the rationale and goals of family support.

The National Policy Framework 2014-2020 articulates a clear rationale for the provision of family support to parents – family support services assist parents in their role as their children’s primary care-givers and promote the best possible outcomes for their children, through access to affordable quality childcare and through the provision of targeted, evidence-based supports for parents and families in need.

Legislation and policy in relation to the family in Ireland now recognises the need for both universal supports for families and for targeted support for individuals and families with specific needs. As noted earlier, the ‘Meitheal’ model is designed for practice with families and children with specific needs, which may place children at risk of poor outcomes. Canavan et al (2013) provide a detailed review of evidence based family support programmes and services available in Ireland designed for universal (though aimed at primarily mothers, as distinct from fathers) and specific/ targeted access for families with higher levels of need. In their study, Canavan et al (2013) found that outcome focused family support programmes were the most effective interventions for family support.

In April 2015, the Department of Children and Youth Affairs launched a High Level Policy Statement on Supporting Children and Families in which (resonating with Dolan et al 2006) parent and family support was defined as a style of work and set of activities that reinforce informal social networks through integrated programmes which combine statutory, voluntary, community and private services that are provided to children and families in their own homes and communities (DCYA, 2015). The primary goals of these services were described as providing early intervention to promote and protect the health, well-being and rights of all children, young people and their families, while giving particular attention to those who are vulnerable or at risk. Contemporary theoretical and political discourses now
provide an infrastructure within which practitioners in social work and other child and family agencies may more fully realise the vision first clearly articulated in the Child Care Act (1991), where statutory services proactively identify welfare (as well as child protection) needs and provide supports to families so that a child can be raised within his or her family of origin and local communities.

4.7 Supporting children and families in the age of austerity?

Evolving legislation, policy and regulation, an increasing emphasis on working with practitioners from other disciplines and ever diversifying client groups are some of the multiple factors that shape the environments within which social work education and practice takes place (Brady, 2011). The next section considers some other sociological factors that have an impact on the supports available to and needed by children and families, on social work practice and training and on the lives of the people with whom social workers are involved in contemporary Ireland. These influential factors include the impact of the economic recession in the EU and particularly in Ireland, reduced health and social service budgets and increasing demands on social work time and resources (Browne, 2012).

Referring to the ‘Great Leap Backward’, UNICEF (2014) reports that during the economic recession that began with the global financial crisis of 2008, inequality has increased in the Eurozone, public spending on children and families has been drastically cut and, for the poorest individuals and families, the public safety net offers less protection now than it did three decades ago during the recession of the 1980s. A combination of the international banking and economic crisis, the fiscal deficits and banking crisis in Ireland, increasing levels of household indebtedness and fiscal austerity measures severely lowered the standard of living across all households in Ireland (Watson et al, 2014). Ireland experienced one of the most severe downturns in the economy among OECD countries: Irish GDP growth dropped from 5% in 2002 to 0.2% in 2012 and unemployment grew from 4% in the mid-2000s to 15% in 2012 (Watson et al, 2014).

In a survey of 41 countries across the OECD, UNICEF (2014) found that having a child or children in a household increases the risk of ‘working poverty’ (working but below the
poverty line) from 7% to 11% in the countries most affected by the recession, including Ireland, and that the poorest and most vulnerable families have suffered disproportionately.

4.7.1. Growing Up in Ireland (2014) and the impact of austerity on children

The impact of the economic recession on families in Ireland was highlighted in the recently published report based on the Growing Up in Ireland Longitudinal Study (Watson et al, 2014) which studies almost 20,000 children as they grow and develop. Resonating with the UNICEF Report (2014), the Growing Up in Ireland Longitudinal Study demonstrates significant increases in financial hardship among families and the detrimental effect it has had on children’s socio-emotional development. Children in families experiencing economic vulnerability (defined in the study as at heightened risk of experiencing material disadvantage such as income poverty and deprivation) had higher levels of behavioural or socio-emotional problems. Additionally, during the recession, the profile of economically vulnerable families changed. By the second round of research interviews which took place in 2011, more two-parent families and families with higher levels of education were experiencing financial hardship (Watson et al, 2014; Carr, 2014).

Watson et al (2014) call for a policy focus on tackling persistent poverty (through income protection measures and employment supports) and for more interventions designed to enhance the well-being of children, such as increased availability of child care and housing supports. In the context of rhetoric about better outcomes for children and the value of family support, the Growing Up in Ireland Study challenges theorists and practitioners to broaden the lens of analysis beyond a focus on individual child and family risk factors/pathology to take into account the role economic vulnerability and adversity may play in the emergence of problems such as child to parent violence.

4.7.2 Poverty and family support

The need to prioritise a focus on working with and supporting parents in families living in poverty and deprivation is one of the key messages of child abuse inquiry reports in Ireland such as the Roscommon Child Care Case Report (Gibbons, 2010). Halpenny (2012) highlights that although the majority of parents living in poverty do not abuse their children, the risk of
child abuse and maltreatment is greatly increased when parents living in poverty are also struggling with other risk factors such as alcohol or drug abuse, depression and social isolation. Halpenny (2012) argues that providing supports for parenting and families is the most important goal of child protection and abuse prevention, a point amplified by the *Growing Up in Ireland Longitudinal Study* (Watson et al, 2014) which reinforces the value of supporting families to enhance relationships between children and parents.

### 4.7.3 The impact of the austerity on social work and support services

And yet a further consequence of the Great Leap Backward for child protection and welfare in Ireland is that budget allocation to child protection and support services in Ireland has not reflected increases in demand for services. Social workers struggle with high caseloads, making it even more difficult for social workers to facilitate change in families; for example, between 2006 and 2012, the number of referrals to child protection and welfare services increased by 91% to 40,187 in 2012 and the number of children in care increased by 20% to 6,332 in 2012 (Burns & McCarthy, 2012; HSE/ Tusla, 2013). Essential services have been severely reduced - services such as counselling, alternative care placements and the payments of mileage expenses which facilitate the visiting and supporting of children at risk and their parents at home by practitioners (Burns, 2011). In 2014, Gordon Jeyes, the chief executive of Tusla called for a budget allocation of an additional 45 million euro so that services could be maintained at their current level, adding that children and family services could not be cut back any further. However, Tusla was allocated just over half that amount in additional funding in the budget provisions for 2015 (O’ Brien & Wall, 2014).

Contemporary debates about the introduction of mandatory reporting requirements for staff working with children and families also lead to concerns about the capacity of already over-stretched and under-resourced child protection and family support systems to effectively respond to the additional work that mandatory reporting would entail (Buckley, 2012; Burns & McCarthy, 2012). It seems that the vision for family support and early intervention articulated in recent policy documents has been significantly undermined by government decisions about how and where to allocate the resources that are available to the state.
Family support and child protection services in Ireland continue to operate under the strain of scarce resources, staff shortages and dangerously heavy caseloads leading to growing waiting lists for child protection and child and adolescent mental health services, the under-resourcing of mental health services for children and adolescents and the on-going practice of accommodating some children in adult in-patient wards (O’Brien & Wall, 2014; McDaid, 2014; CRA, 2015). Ireland invests a much lower proportion of the health budget than Britain on mental health at just 6.5% of national health spending (McDaid 2014). Although national policy on mental health services recommends the provision of 107 multi-disciplinary Child and Adolescent Mental Health Services teams through the country, only 66 of the CAMHS teams recommended by A Vision for Change (2006) were in place by the end of 2013 and the staffing level of these teams was at less than half (44.6%) of that recommended (HSE, 2014). Yet Ireland has the highest rate of adolescent female suicide among EU nations and the second highest rate for adolescent males (O Caollai, 2014).

In the Irish Constitution, the State pledges itself to “safeguard with especial care the economic interests of the weaker sections of the community and, where necessary, contribute to the support of the infirm, the widow, the orphan and the aged” (Article 45). However, the impact of the economic recession and under-investment in state supports and the negative consequences of continuing poverty for families and for outcomes for children raise questions about the State’s commitment to such pledges and present significant challenges for social work and family support in contemporary Ireland.

4.8 The ‘Great Leap Backwards’ and Child and Family Services— a local case example.

The following section focuses on the delivery of services by the Child and Family Social Work Department in Galway as a representative of the impact of policy developments and the recession in this part of Ireland.

4.8.1 The HIQA Inspection of Children and Family Services in Galway.

The Health Act (2007) established the Health Information and Quality Authority (HIQA) as the independent authority to promote improvement and high standards in Ireland’s health
and social care services, assess the safety and quality of these services and to promote person-centred care for the benefit of the public. HIQA has the authority, under the Health Act (2007), to regulate and set quality and safety standards in relation to, among other services, those provided by health and social care services under the Child Care Act (1991). HIQA carried out an inspection of the children and family services of the Galway local health area in November and December 2013. As part of this inspection process, HIQA inspectors met with staff on the children and family social work services, children and parents/guardians, representatives from other agencies and practitioners in the Galway local health area. The inspection team also had access to service user and staff files, and to policies, procedures and registers (HIQA, 2014).

4.8.2 ‘Significant challenges’.

Inspectors reported that there was a limited child protection and welfare service in the Galway local health area, provided in the context of insufficient resources to meet ongoing demands. During the period of the HIQA review, there were

- 327 children awaiting allocation of a social worker,
- 265 referrals awaiting initial child protection and welfare assessment,
- Significant waiting lists for allocation of family support services and
- Available resources were not adequate to fully address length of times children and families were waiting for assessment and allocation of social work services (HIQA, 2014).

The inspection team was concerned that there were significant challenges to providing a consistent and safe service to all children and parents due to waiting lists, limited access to support resources and the high threshold of harm that needed to be reached before a children and families received a social work service. Consistent with this, Halpenny (2012) noted that the ability of social workers in Ireland to work directly with children is impedied due to continuing constraints on time and resources. This is a local representation of the lack of investment in social work and family support services which led in November 2014 to a social worker allocation waiting list nationally of over 9,000 cases of abuse, neglect or welfare concerns, with more than 3,000 of these categorised as involving high risk to children (O’ Brien & Wall, 2014).
The HIQA inspectors found that social work managers in the Galway local health area proactively reviewed the waiting lists and those managers were attempting to address such problems. The inspectors found evidence of effective inter-disciplinary and inter-agency practice in the Galway area. They reported that support services accessed by children and families were beneficial and effective (HIQA, 2014). However, HIQA reported that some children were re-referred to the system a number of times despite social work interventions: some of the common characteristics among these referrals included domestic abuse, alcohol abuse and/or neglect.

4.8.3 Supportive and rights-based practice.
HIQA also reported that the majority of children at immediate risk in the Galway area received timely, effective and beneficial responses and that the social work department adopted an approach to practice that was rights based, supportive and respectful of parents and children (HIQA, 2014). Children and parents who spoke to the inspectors stated that their views were sought and valued by social workers and on reviewing files of families where more than one child had been referred to the service, the inspectors found that each child had an assessment of each individual child’s needs, with recommendations made in relation to each individual child (HIQA, 2014).

4.9 Practitioners and the need for training
The action plan attached to the HIQA inspection report of the Child Protection and Welfare Services in Galway (HIQA, 2014) made references to forthcoming staff training concerning risk management, the implementation of child protection notification and complaint policies. It was curious however to note the omission of any reference in the inspection process to CPD activities for individual practitioners, given the recent emphases in policy and in child abuse reports on the need for on-going training.

Although the HIQA Inspection Report (2014) referred to above made reference to domestic abuse and to its re-occurrence in many re-referrals, the need for continuing training in relation to recognising and responding to domestic violence (and to child to parent violence) does not receive explicit mention. This perhaps reflects the veil of silence that is cast over
this issue in policy and practice guidance in Ireland, even though child to parent violence is a cause of concern for social workers and other practitioners in Ireland as evidenced in the current study and elsewhere (McMahon, 2013; O’Rourke, 2013).

4.9.1 Social workers’ perceptions of child to parent violence
In her exploration of the experiences of practitioners working with child to parent violence, O’Rourke (2013) interviewed seven child protection social workers in the North West region of Ireland, all of whom had encountered child to parent violence in their practice. She found that the social workers regarded the child using child to parent violence as a ‘victim’ and attributed the use of violence by the child to a variety of factors such as poor parental capacity, the child’s earlier experience of violence at home, parental alcohol misuse and attachment and/or learning/mental health difficulties in the child.

4.9.2 The need for specific training
The seven social workers involved in the O’Rourke (2013) study all identified the need for specific training in relation to child to parent violence so that social workers and other practitioners could respond in an effective way to this problem when it emerges. Based on her findings, O’Rourke (2013) called for practitioner training on responding to child to parent violence and for the recording of incidents of child to parent violence by statutory child protection and welfare services to enable a wider recognition of the problem. One consequence of the invisibility of child to parent violence is a tendency for the severity of this problem to go unrecognised with the resultant absence of programmes to assist parents or children to address child to parent violence (Nixon, 2012).

4.10 An overview of the contemporary policy and practice context
The current study was conducted in a context of challenges and changes in social work education and practice and of changes in the ways in which the state understands its role in relation to families and family support. These contextual factors can be summarised as follows:

(i) The growing professionalization and expansion of the social work discipline in Ireland especially since the mid-20th century in the wake of the reports into child
abuse and of the responses of social work and other services to concerns about child abuse and neglect;

(ii) The establishment of CORU and the requirements of statutory registration of social workers that social workers engage in CPD activities;

(iii) The recognition of the diversity of family composition and family life in Ireland in policy and a greater understanding of the need for the state to provide universal support for all families and specific support for children and families in order to foster better outcomes for all children;

(iv) Significant developments in state infrastructure for identifying, understanding and responding to the needs of children and families, particularly the needs of children at risk of neglect or abuse. These developments include the evolution of family oriented policy emphasising the concepts of children’s rights and good outcomes for children, and the creation of the Department for Children and Youth Affairs, of HIQA and of Tusla;

(v) The emerging realisation of the need to work in consultation and partnership with children and parents and with practitioners from the range of disciplines that may be involved with a family, leading to the evolution of the Meitheal Model of Practice;

(vi) The increased awareness within the HSE and Tusla of the need for CPD activities for practitioners working with children and families and the facilitation of training events that incorporate social workers and other disciplines in joint participation at such training opportunities;

(vii) The impact of the economic recession and prolonged experiences of poverty on the lives of children and families, on outcomes for children and on the ability of services to respond to protection, welfare and mental health needs of children and families;

(viii) An emerging awareness of the problem of child to parent violence and of the need to identify effective responses to this emergent problem.

4.10.1 Conclusion

Reflecting on the history of the child protection and welfare system in Australia, Lonne et al (2013) remark that the pathway of policy and practice development is paved with good
intentions as demonstrated by committed, compassionate and dedicated practitioners and daily examples of successful responses that reduce harm to children. Such a perspective resonates with the patterns of the development of child protection and family support social work practice in Ireland. This chapter has drawn attention to theme of CPD repeated in child abuse inquiry reports in Ireland and to the impact of the Great Leap Backward both on the lives of children and families and on the abilities of practitioners to respond to their needs for protection and support. But there is also a recognition too that the discourse at government and service levels in Ireland provide rhetorical and infrastructural support for models of child protection and family support practice that facilitate the type of relationship based intervention and practitioner development that Lonne et al (2013) advocate for the child welfare system in Australia.

Lonne et al (2013) argue that a relationship-based approach to social work practice which recognises the importance of the involvement and participation of family members and of family empowerment best serves the long term well-being and outcomes of children who come into contact with child protection systems. In the context of the implementation of changes to social work and family support practice ushered in under the newly established systems of the Department of Children and Youth Affairs and of Tusla, it is worth bearing in mind the note of caution sounded by Buckley (2012) and Featherstone et al (2012) advising that going too far with the bureaucratisation of social work could impede the development of relationship-based practice. It could also lead to self-defeating tendencies of systems that rely on procedures and technical devices to do the work of protecting children and supporting families. Trust and confidence are not the same; systems that focus only on building confidence can destroy possibilities for developing the kinds of trusting relationships between practitioners and families that can facilitate the protection and support the well-being of children (Featherstone et al, 2012).

The next chapter describes in detail the methodology that was adopted throughout the research. The rationale for adopting a constructivist grounded theory mixed -methods approach to the study is explored, as is the development process for the 2 day training Non-Violent Resistance Programme for Practitioners was an integral feature of the current study.
Chapter Five: Methodology

5.1 Introduction

“Like our research participants, our preconceived views, too, may shape what we see. Like them, we can also confuse our agenda with theirs. Knowingly or unwittingly, we might shape our research stories in a particular direction...However, detailed full data and an openness to grappling with these data through systematic analysis does much to correct interpretation through preconception. However imperfect and conditional, we have something to say” Charmaz (2000a: 540).

The researcher is conscious that this dissertation, indeed the process of carrying out the current action research study, represents a particular research story about the problem of child to parent violence and the Non-Violent Resistance Programme. It is a story, as Charmaz (2000a) remarks above, that has been shaped both by the research respondents and by the researcher. Beginning with a review of the research questions and objectives for this current study, this chapter aims to make transparent to the reader the ways in which the researcher reflects on the roles of the ‘observer’ and the ‘observed’ in the development of the knowledge represented in this research story. The research design, structure and methods of data collection, management and analysis employed during the course of the current study are described in this chapter. Since “methods are only a means of knowing, not knowing itself’ (Charmaz, 2000a: 542) and the researcher cannot hide behind methods, this chapter clarifies the ways in which the methods selected for this mixed methods action research study were influenced by the general epistemological position of this researcher. While the limitations of the current study are also explored, another aim of this chapter is to create the impression that however imperfect and conditional, the current study has something to say and that what it says will be recognisable to the research participants and to anyone from similar contexts reading this dissertation.

The current study has a particular focus on child to parent violence and on Non Violent Resistance as a practitioner response to this problem. The study was designed with the aim of addressing the following questions:
1. How do child and family practitioners engage with, assess and intervene with child to parent violence?
2. What is the response of child and family practitioners to the adapted Non Violent Resistance Programme?
3. What, if any, is the effect of the 2 day training programme on Non Violent Resistance on practitioner self-efficacy in relation to child to parent violence?

With the impetus for the study developing initially from the researcher’s clinical experience with children and families in a child and adolescent mental health service and from an awareness of the gaps in the literature in relation to child to parent violence, the objectives of this current study were to:

a. Situate and consider the use of child to parent violence by children and young people in a socio-cultural and systemic context.
b. Explore responses within different policy, social work and therapeutic contexts to the problem of child to parent violence.
c. Adapt and develop a Non-Violent Resistance programme that could target the use of child to parent violence and aim to reduce parental isolation, hopelessness and helplessness.
d. Integrate knowledge from practitioners into the evolution of this model in Ireland.
e. Explore research participant perceptions at the beginning, end and follow up periods of the programme.

A clear description of the epistemological position of the researcher is essential, Edwards (2012) remarks, since this can inform the judgement of readers in relation to the trustworthiness and quality of the findings. Such a description also makes explicit the context of and the thought processes engaged in by the researcher (Edwards, 2012) and enables the reader to notice whether any other agendas might be unjustifiably intruding on the story about the problem relayed through the research. In the next section of this chapter, the general epistemological position of the research is discussed, leading to a description of the various components in the design of the study.
5.2 Epistemological foundations of the study

5.2.1 Epistemology?
Epistemology is ‘the theory of knowledge, especially the critical study of its validity, methods and scope’ (Collins Dictionary, 2006: 396). Resonating with this, Holt and Tamminen (2010) and Edwards (2012) describe epistemology as referring to the underlying assumptions about the processes of acquiring or developing knowledge including beliefs regarding the ways in which knowledge is created, about, for example, whether or not a phenomenon can be directly known and observed or only indirectly observed and understood. The epistemological position of current study is founded on post modernism and social constructionism. Speaking from a constructivist position, Charmaz (2000a: 542) states that the researcher’s ‘standpoint shapes how we see respondents’ stories – and may stand in juxtaposition to theirs. We may unconsciously select aspects of their lives or episodes within their stories to illustrate our own. By doing so, we can subvert their voices and distort their realities as they know them’. In the current study, the researcher adopted a preference for integrated action research and constructivist grounded theory methods which start from an epistemological position that regards knowledge as provisional, consensual and – as distinct from classical grounded theory methods - dependent on the researcher’s perspectives (Bryant, 2009; see also Bradbury & Reason, 2003; Herr & Anderson, 2015). Integrating action research and constructivist grounded theory methods offer some strategies that seek to account for the influence of the researcher on the research process and on the data, which will be discussed later in this chapter.

5.2.2 Post-modern epistemologies
Making a distinction between what she describes, as ‘male-defined epistemologies’ (with apparent ‘objective’ stances) and feminist epistemologies that promote the relevance of the experiential, the private and personal, Allen (2011) draws attention to the significance of post-modern and post structural feminist perspectives in researching experiences of domestic abuse and violence. Post-modern epistemologies regard all knowledge as socially and culturally constructed and have had profound influences on every aspect of contemporary human sciences, facilitating the emergence of multiple stories that women have to tell about what they know (Allen 2011: 26). Since truth is located in the values of
particular groups within post-modern perspectives, any attempt to develop a universal truth or any one explanatory theory is an illusion and oppressive (Allen 2011).

Situating social constructionism within a post modernism framework, Burr (1995) remarks that there is no one single description of a social constructivist position - although many different authors may share some characteristics with others, there is no one feature they all share in common. However, Burr (1995) identifies a number of key assumptions that anyone adopting social constructivist perspectives might be expected to adopt:

1. A critical stance towards taken-for-granted knowledge and objective ‘truths’.
2. Recognition that cultural and historical factors shape the ways in which individuals interpret experiences and the ways in which knowledge is developed.
3. An understanding that knowledge and social action accompany each other.
4. A curiosity about social processes and interactions. (Burr, 1995: 2-8; see also Creswell, 2009: 8-9).

The researcher in the current study was aware that, as a white, male, Irish social worker practitioner, educator and family therapist, he was commencing the study with assumptions about truth and knowledge derived from a variety of social contexts and understood the necessity of examining personal assumptions and values as the study developed. Post-modern perspectives were reflected in the researcher’s established commitments to adopting collaborative, non-expert, solution focused and client centred approaches to social work and family therapy interventions (Coogan & Sharry, 2004; Coogan, 2005). This led to an interest in adopting research methods based on post-modern epistemologies, such as action research and grounded theory methods as a means of accessing the perspectives of research participants to contribute to an emergent understanding of research problem (Glaser & Strauss, 1967; Charmaz, 2000; Bradbury & Reason, 2003; Bryant and Charmaz, 2007; Allen, 2011). This resonates with the Milan tradition of family therapy which is influenced by an epistemology that adopts a position of ‘irreverence’ towards any idea or conceptualisation and ‘fights the temptation of ever becoming a true believer in any one approach or theory’ (Cecchin et al, 1993: 129).
5.2.3 The rationale for the choice of integrated action research and grounded theory methods in this study

Rather than pursue the chimera of objectivity, the researcher reflected on whether his own experiences as a social worker and family therapist might contribute something useful to the study. The social work background of the researcher influenced his decision to seek methods of research that could integrate into the research study the values of anti-oppressive, collaborative and empowerment practices (IASW, 2007), the co-creation of knowledge and social constructionism. Developing a position from the anti-oppressive orientation of social work, Humphreys (2013) proposes that action research is particularly appropriate for social work researchers as it facilitates a process of research as a form of co-inquiry with the end products of the research leading to resources for education and empowerment for social groups. Similar perspectives are described in Stacey et al (2002: 82) where grounded theory is identified as involving an interpretive process based on an epistemology that regards people as constructing knowledge and meaning about their experiences and events in the world through their active engagement with people and objects. Social constructionism assumes there is a variety of competing interests and forms of knowledge and it also evaluates knowledge in terms of both whether it is useful in relation to a particular goal and the consequences of action arising out of it (Stacey et al, 2002), resonating with the social work and family therapy values of the researcher. Within current understandings of action research and constructivist grounded theory methodologies, the literature also clarifies the need for the researcher to be attuned to personal experience, inter- and intra-personal dialogue in the co-construction of knowledge (Bradbury & Reason, 2003; Herr & Anderson, 2015; Redman-MacLaren & Mills, 2015). Given that action research and constructivist grounded theory share a common understanding of the co-constructed nature of knowledge together with an appreciation of the need for the researcher to pay attention to the influence she/ he wields in the data and the findings that are identified within the research, this researcher was confident that action research and constructivist grounded theory methods could be integrated into the current study.

Consistency with the principles of action research and social constructionism also implied that during the course of the current study the researcher would adopt a tentative position...
regarding knowledge or data gathered as part of the research and start from a perspective advised by Leppington (1991: 85) where "instead of asking 'which of the competing beliefs about a reality is true or right?' it may be more useful to ask 'if that's what you believe, what are the consequences of believing it?'...” Bryant (2009) advocates a similar perspective, suggesting that constructivist grounded theory researchers consider theories and concepts on the basis of their usefulness, rather their truthfulness - an epistemological position that appealed to this researcher.

The three main variants of grounded theory methods (which shall be explored later in this chapter) all share the goal of developing theories derived from the views of research participants, a goal which was also consistent with the research questions and objectives of the current research study, summarised earlier in this chapter. A further attraction of grounded theory methods as epistemological and methodological foundations for the current research study is the focus on attempting to understand the meanings that the research participants made of their experiences (in this case, of assessment and intervention with child to parent violence) and on generating theories that may have usefulness when transferred across contexts related to the area of interest (Stacey et al, 2002) rather than having a focus on testing or confirming the existing hypotheses of the researcher. These factors made a decision to adopt grounded theory epistemology and methods an exciting and interesting prospect for the researcher and provided a convincing rationale for that decision. The challenge then for this researcher was to identify the methods that would fit with an epistemology where knowledge is regarded as subjective and co-constructed.

Constructivist approaches to research and action research methods overlap significantly, sometimes, as Bradbury and Reason (2003:157) indicate, to the point of being inseparable. Constructivist and action research paradigms seek to empower research participants to influence decision making and to co-construct knowledge in relation to research problems. Redman-MacLaren and Mills (2015) identify some of the merits of integrating action research and grounded theory methods; for example, the grounded theory methods of explicit, systemic data generation and analysis enhance action research, while action research, with its emphasis on the participation of those usually regarded as research
‘subjects’, increases both the researcher’s and the participants knowledge of the problem under investigation through the sharing of insider knowledge (held by those taking part in the research) and the technical knowledge of the researcher. (The identity and position of insiders in relation to the current study are themes that warrant further discussion and will be further explored later in this chapter). This researcher decided to integrate action research with constructivist grounded theory methods to reflect his interest in the cyclical, emergent and provisional nature of knowledge and action without requiring him to make a choice between knowledge or action (Bradbury & Reason, 2003; Lingard et al, 2008; Redman-MacLaren & Mills, 2015).

Herr and Anderson (2015) contend that perhaps the most important feature of action research is the shift of control in the research in varying degrees from academic researchers to those who have usually been the ‘subjects’ of research. Describing action research as research carried out by or in collaboration with practitioners or community members, Herr and Anderson (2015: 4) state that action research is best carried out in collaboration with the people who have a stake or an interest in the problem that is the focus of the research. Such collaboration involves insiders seeking outsiders with relevant skills or resources with the perceived need for change initiated from within the research setting. The research problem (child to parent violence) was a priority issue for the participants who took part in the current study and the research project and intervention (training programme) design was developed as a response to and in collaboration with the managers and senior practitioners in the agencies who requested the researcher for assistance with responding to child to parent violence using the Non Violent Resistance model.

5.2.4 Structural issues in the development of knowledge?

Following Allen (2011), the researcher in the current study believes that despite the postmodern cultural turn, it is not necessary to completely reject structuralist contributions to our understanding of the experiences of individuals or groups; it is possible to acknowledge the significance of culture and discourse, without denying the relevance of factors outside the discourse such as events, relations and structures. For example, ‘structural’ issues are clearly visible in most research into the socio-economic barriers which effect women’s ability to leave abusive relationships (Allen, 2011: 27). Recognition of the relevance of
structural factors in the current study is represented, for example, in the inclusion in quantitative questionnaires of questions relating to agency and practice context; structural issues such as the absence or presence of institutional/management endorsement of strategies and policies may influence practitioners’ approaches to assessment and intervention with child to parent violence. During the qualitative analysis phase of the research, the researcher was particularly attentive to any references to structural factors such as poverty, homelessness or cutbacks to services in contemporary Irish society but ensured he did not himself introduce these themes into the qualitative interviews and did not impose such categories on the qualitative data during the analysis phase of the research.

5.2.5 The development of the grounded theory ‘family of methods’
If a grounded theory study is presented without reference to the development grounded theory methods and epistemological changes during the expansion of what Bryant and Charmaz (2007: 11) describe as the grounded theory “family of methods”, it may be difficult for readers to determine whether the researcher understands what it involved in the selected method of inquiry (Edwards, 2012). Understanding the variants of grounded theory methodologies enabled the researcher to make informed choices about methodology. In the following section, developments grounded theory methods are outlined, with particular emphasis on the researcher’s preference for constructivist grounded theory and its attention the active role of the researcher in the generation of knowledge.

5.2.6 The Discovery of Grounded Theory (Glaser & Strauss, 1967) – Classical Grounded Theory.
The grounded theory approach to research was first developed by Barney Glaser, and Anselm Strauss working together with Jeanne Quint as a response to the extreme positivism that permeated contemporary social research at the time. This innovative approach rejected the assumptions that social and natural science dealt with the same type of subject matter and that the goal of social research is to uncover pre-existing and universal explanations of social behaviour (Bryant, 2009). Instead, the grounded theory approach to research proposed that scientific truth results from both the act of observation and the emerging consensus within a community of observers as they make sense of what they have
observed (Suddaby, 2009; Hunter et al, 2011a). One of the widely accepted strengths of the early grounded theory methods was the integration of the diverse backgrounds of the two chief originators, Strauss and Glaser, with Strauss coming from the Chicago School of sociology with its emphasis on qualitative and ethnographic research and the influence of Pragmatism (though, as Bryant (2009) points out, Strauss never explicitly described the influence of Pragmatism in his work) and with Glaser, coming from a more quantitative orientation associated with Columbia, New York (Bryant, 2009). Glaser completed his PhD in 1961 and joined Strauss and Quint in California. Since then Glaser and Strauss have been indelibly associated with grounded theory methods.

In their seminal book, *the Discovery of Grounded Theory*, Glaser and Strauss (1967) marked a clear departure from positivist notions of falsehood and hypothesis testing and, instead described an approach in which research was conceptualised as an organic process of theory emergence based on the ‘fit’ between the data and the conceptual categories identified by an observer, on how well the categories accounted for ongoing interpretations and on whether the categories are relevant to the core issues being observed. In a break with the conventional approaches of the time, *The Discovery of Grounded Theory* (Glaser and Strauss, 1967) directed grounded theory researchers to avoid immersing themselves in approved literature and not to approach research with the aim of developing their own hypotheses for testing and validation during their research projects. Adopting a grounded theory methods approach, researchers should instead aim at developing their own categories and concepts that emerge from their personal and direct engagement with the data from the specific research context which was studied.

Grounded theory does not set out to develop a set of definitive findings or an exhaustive description in relation to a problem; rather, the goal of grounded theory methods is to lead to ongoing conceptual theory that will be recognisable to people familiar with the social settings in which the research problem was explored and will be adaptable to similar social settings (Hunter et al, 2011a). Grounded theory methods were developed by Glaser and Strauss specifically as a way of thinking about and implementing research that would encourage and give confidence to researchers to develop new ideas: from the very beginning, grounded theory methods were presented by Glaser and Strauss as an inductive
method of research since it was implicit in their approach that simply accruing or gathering data would lead to the development of new concepts and then to the emergence of new theories (Bryant, 2009). This original grounded theory approach is often termed classical grounded theory (Edwards, 2012).

5.2.7 Divergence – *The Basics of Qualitative Research* (Strauss & Corbin, 1990).

Strauss and Glaser later had disputes with regard to grounded theory method, especially following the publication by Strauss of a book with Juliet Corbin entitled *The Basics of Qualitative Research* (1990) that was aimed at students at the very early stages of their research careers with perhaps little or no knowledge about qualitative research and none at all about grounded theory methods and was akin to a grounded theory manual. Glaser regarded the *Basics of Qualitative Research* (Strauss & Corbin 1990) as a complete break with the approach he and Strauss had developed in *The Discovery of Grounded Theory* (1967). In response he published *The Basics of Grounded Theory Analysis* in 1992 (Bryant, 2009). However, in their subsequent work, Glaser and separately, Strauss and Corbin, continued to emphasise the emergence of concepts, whereby the process of gathering and analysis of data leads to new concepts and thereby to new theories – though as Glaser clarifies this is not a process of ‘immaculate conceptualisation’ (1978: 8 in Bryant, 2009: 23). At this stage, grounded theory had yet to take account of the active role of the researcher in the co-creation of concepts and knowledge and could be characterised as what Charmaz (2000b) refers to as objectivist grounded theory.

5.2.8 Constructivist Grounded Theory

Bryant (2009) remarks that in their subsequent developments of grounded theory methods, both Glaser and Strauss continued to avoid in depth analysis of issues relating to epistemology and the role of the researcher. But by the latter half of the 1990s and the first decade of the twenty-first century, Kathy Charmaz and others were developing an explicitly constructivist grounded theory methods and describing grounded theory methods as a ‘family of methods’ (Bryant and Charmaz, 2007).

Charmaz (2000b) and Edwards (2012) make a distinction between objectivist and constructivist concepts of grounded theory method. Objectivist concepts of classical
grounded theory methods assume the independent existence of the external reality, the objective position of the researcher and views categories as being derived solely from the data. Constructivist grounded theory, on the other hand, recognises that the data and the analysis of the data emerge through interaction between the ‘viewer’ (researcher) and the ‘viewed’ (subject of the research), with the researcher aiming to present an interpretive representation of the understandings of the research subjects. Hunter et al (2011a) provide a useful summary of the main strands of grounded theory methods as illustrated in Table 5.1 below which clearly portrays the similarities and divergences between the three main strands of grounded theory.

Table 5.1 Comparison of the three types of grounded theory (adapted from Hunter et al, 2011a: 8).

<table>
<thead>
<tr>
<th></th>
<th>Classical</th>
<th>Straussian</th>
<th>Constructivist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identifying the problem area</strong></td>
<td>Emergent.</td>
<td>Experience, pragmatism and literature.</td>
<td>Sensitising concepts. Discipline specific.</td>
</tr>
<tr>
<td><strong>Conduct of research and developing theory</strong></td>
<td>Laissez-faire theory generation.</td>
<td>Paradigm model theory verification.</td>
<td>Co-construction and re-construction of data into theory.</td>
</tr>
<tr>
<td><strong>Relationship to participants</strong></td>
<td>Independent.</td>
<td>Active.</td>
<td>Co-construction.</td>
</tr>
<tr>
<td><strong>Evaluating theory</strong></td>
<td>Fit, work, relevance and modifiability.</td>
<td>Validity, reliability, efficiency and sensitivity.</td>
<td>Situating theory in time, place, culture and context. Reflexive rendering of the researcher’s position.</td>
</tr>
</tbody>
</table>

Although the above strands (represented here in the work of Glaser; Strauss (and Corbin), Charmaz) are the three main variants of grounded theory methods that dominate the grounded theory literature, it is important to bear in mind that no single variant of
grounded theory is necessarily better than another (Holt & Tamminen, 2010). In the current study, the researcher adopted the constructivist variant of grounded theory methods since it was consistent with his social constructionist epistemological stance as outlined earlier in this chapter. Subsequent decisions in relation to the choice of mixed methods and approaches to data collection, analysis and interpretation were also consistent with both the researcher’s epistemological stance and methodological selection of constructivist grounded theory.

5.3 Designing the Study

5.3.1 Theoretical considerations for research design

Reflecting on the application of theory to mixed methods research methodologies, Creswell (2009) states that the researcher may use theory deductively, as in quantitative theory testing and verification, or inductively, as in identifying an emerging qualitative theory or pattern (Creswell, 2009: 66). During the initial stages of the development of the current research project, constructivist grounded theory was chosen as the theoretical framework that would guide the study. Constructivist grounded theory methods recognise the mutual creation of knowledge by the researcher and by research participants and aims towards interpretive understandings of the participants’ meanings so that the grounded theory that emerges through the research offers, not an exact picture of the world that has been researched, but an interpretive portrayal of it (Charmaz, 2006 in Allen, 2011: 29).

Bryant (2009) points to the paradox that lies at the heart of a constructivist approach, the resolution of which needed to be considered by the researcher when designing the current study. The constructivist proposal that there are no objective grounds for truth and knowledge and that all claims about truths and knowledge are contextually specific is in itself a claim about truth and knowledge and is therefore subject to its own critique. Suggesting a way of resolving such a paradox and of justifying constructivist grounded theory approaches to research, Bryant (2009) urges researchers to adopt a position that considers theories and concepts on the basis of their usefulness, rather than their truthfulness. This position is similar to approaches to knowledge adopted in Milan family therapy and narrative therapy frameworks in social work and in systemic psychotherapy (Flaskas, 2011).
Developing this point further, Bryant (2009) argues that researchers using grounded theory methods can avoid a constructivist paradox by maintaining a focus not on whether the mind is dependent on or independent of reality but on the concept of knowledge as a conversation that does not reach an end point but continues as the context demands and as new contexts and new participants appear. Such ideas were already present in the earliest articulations of grounded theory by Glaser and Strauss where theory is an ongoing process and knowledge claims are at best provisional (Bryant, 2009). In the choice of a mixed methods approach to conducting a constructivist grounded theory study and in the subsequent analyses and interpretation of the qualitative and quantitative data, the researcher aimed to adopt strategies that would be most useful in deepening and broadening the conversation about the problem of child to parent violence and to build on the recognised strengths of a mixed methods research design.

During the course of the current study, the researcher was guided by a set of guidelines for conducting research using constructivist grounded theory methods outlined by Urquhart (2007) which are as follows:

- Doing a literature review for orientation (this has been discussed in the literature review chapter);
- Coding for theory, not superficial themes;
- Use of theoretical memos;
- Building the emerging theory;
- Clarity of procedures and chain of evidence.

One of the key concerns of grounded theory method is the question of ‘theoretical sensitivity’ (Glaser 1978; Urquhart 2002). Glaser (1978: 31, in Urquhart 2002: 49) describes theoretical sensitivity as ‘an ability to generate concepts from data and relate them to the normal models of theory in general’. Urquhart (2002) advises that theoretical sensitivity is increased by being familiar with literature relevant to the research problem so that a researcher will understand what a theory is. In other words, the literature is used to help build the theory; the substantive theory (the grounded theory that is developed from the data) is related to the literature, after analysis of the data has been carried out and the substantive theory has been developed. In this way, theoretical sensitivity can be
understood as an injunction against a deductive mode of thinking rather than an injunction against referring to the literature in itself. As described in the chapter two, this approach to using the literature relevant to the research problem was adopted by the researcher in the current study: following an initial narrative review of the literature and completion of the analysis of the data gathered, he returned to literature. This was consistent with post-modern and constructivist epistemologies and reduces the impact of concepts and knowledge external to the data on the kinds of concepts and theorising that might be identified during the course of the study.

The following sections in this chapter illustrate the ways in which these constructivist grounded theory guidelines influenced the current action research study.

5.3.2 A Mixed Methods Action Research Strategy

Creswell (2009) describes grounded theory as a strategy of inquiry in which the researcher derives a general, abstract theory of a process, action or interaction grounded in the views of the participants, echoing Urquhart’s (2002) perspective that grounded theory is a well-established method for analysing data and generating theory. Although grounded theory is the most appropriate methodology when researchers are interested in understanding the processes by which individuals construct meaning and arrive at an understanding of their subjective experiences (Suddaby, 2009), it should also be used in a way that is logically consistent with key assumptions of the researcher about social reality and about how reality is ‘known’. As will become evident in this section, the decision of the researcher to adopt a mixed methods action research approach to the current study was logically consistent with constructivist grounded theory epistemology that underpins this research.

Action research is an approach to research that applies to a variety of research models arising from its development in different fields such as education, nursing and organisational management (Hart and Bond, 1996; Fern, 2010). It focuses on solving problems that are relevant to particular situations and involves intervention in a social situation to bring about improvement for those most affected by the research issues (Fern, 2010: 158). Consistent with this, representatives from child and family agencies in different parts of Ireland, as noted earlier, approached this researcher with a request for training to
assist in responding to child to parent violence, a problem they had begun to encounter more frequently in their work with parents and young people. Bradbury and Reason (2003: 156) describe the core elements of action research as including research projects that are grounded in lived experience, developed in partnership, working with rather than studying people, developing new ways of interpreting the world (i.e. theory) and leaving an infrastructure in its wake. Since the research problem emerged from the experiences of practitioners in the field and since the researcher planned to develop an intervention (Non Violent Resistance Programme for Practitioners) and a research study in partnership with the participants, it seemed that an action research approach to designing and implementing the study could meet the needs of the researcher and research participants. The training programme and the findings of the current study constitute a type of infrastructure developed through the research process and, as explored in the Discussion and Conclusion chapters, the current study contributes to new understandings of the problem of child to parent violent and of the ways in which practitioners respond to the problem and to the Non Violent Resistance training programme.

Based on a constructivist grounded theory and action research perspectives on the ways in which knowledge emerges and is developed, the current research study adopted a mixed methods sequential exploratory strategy. Holosko et al (2009) note that the more commonly used quantitative methods used by social work researchers include exploratory studies, quasi-experimental studies and meta-analyses. The most frequently used qualitative methods employed in research carried out by social workers include field studies, phenomenological studies and case analyses (Holosko et al, 2009). Creswell (2009) suggests that a mixed methods sequential exploratory strategy is particularly suited to explain and interpret relationships and to initially explore a phenomenon, in this case the problem of child to parent violence. Rather than rely on either quantitative or qualitative methods exclusively, this researcher chose a mixed methods approach to data collection as most appropriate for this action research exploratory study.

Creswell and Plano-Clarke (2007) describe the strengths of a mixed methods sequential exploratory design as including the fact that separate and distinct phases of the research make it straightforward to describe, implement and report; and although the design of such
studies typically rely on qualitative data, the inclusion of a quantitative element can make
the qualitative component more acceptable to quantitative biased audiences for
publications and conferences. The choice of a mixed methods strategy for data collection in
the current study was also influenced by an aim to integrate the potential and strengths of
both qualitative and quantitative approaches to research in an exploration of the
perceptions of practitioners concerning child to parent violence and responses to this
problem.

Although the researcher in the current study considered adopting a design relying solely on
qualitative (such as interviews) or quantitative (such as questionnaires) methods, the merits
of adopting a mixed methods design for an action research constructivist grounded theory
methods study were persuasive. For example, Creswell and Plano-Clarke (2007) articulate a
clear rationale for the integration of data from quantitative and qualitative research in the
same study, using a mixed methods approach to research. Such an approach, they argue,
provides strengths that balance the weaknesses of research that involves either quantitative
or qualitative methods exclusively. In quantitative research, neither the personal biases of
the researcher nor the voices of participants are directly heard; nor is there much light
provided in relation to the contexts or setting in which the research takes place. Integrating
qualitative with quantitative methods offsets these limitations of quantitative methods
alone.

The deficiencies of developing a study relying exclusively on qualitative methods include the
personal interpretations made by the researcher and the personal biases this introduces
into the research, the difficulty in generalising findings of qualitative data to large groups
(due to the limited number of participants studied) and potential that participants may
provide socially desirable responses to the questions asked by researchers relying
exclusively on qualitative methods (Creswell & Plano-Clarke, 2007). Combining quantitative
research methods with qualitative methods minimise the limitations of the latter. Relevant
to this current study, availing of quantitative methods allowed the researcher to test
whether any positive responses to the training programme described during the qualitative
interviews to the researcher (who, the participants were aware, had developed and
provided the training programme) would be echoed in the responses to the quantitative

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questionnaires which minimised the requirement for socially desirable responses. Furthermore, Creswell and Plano-Clarke (2007) argue that the mixing of datasets by integrating quantitative and qualitative methods in research facilitates a much deeper understanding of the research problem than if the problem had been studied through either a quantitative or qualitative dataset alone.

Rudestam and Newton (2001: 45) support the use of mixed methods research design, proposing that the combination of quantitative and qualitative methodologies is often a good choice of method for research in the social sciences. The strengths of a mixed methods approach to research include the combination of the rigour and precision of experimental (or quasi-experimental) designs of quantitative data with the depth of understanding that can emerge through qualitative methods and data (Rudestam & Newton, 2001). Mixed methods research can also be understood, as Creswell and Plano-Clarke (2007) put it, as ‘practical’ insofar as the researcher can use all methods possible to investigate a research problem. People, as Creswell and Plano-Clarke (2007:10) point out, “tend to solve problems using both numbers and words; they combine inductive and deductive thinking and they (e.g. therapists) employ skills in observing people as well as recording behaviour. It is natural then for individuals to employ mixed methods research as the preferred mode of understanding the world...it is also more persuasive than either words or numbers themselves in presenting a complete picture”. It occurred to this researcher that not only would integrating numbers and words present a deeper and more complete understanding of the research problem than relying on numbers and words alone, adopting such strategies would also be consistent with the epistemological standpoint of this integrated action research and constructivist grounded theory study.

Following the sequential exploratory strategy described by Creswell (2009), the current study incorporates a first phase of quantitative data collection and analysis with a separate and distinct second phase of qualitative data collection and analysis, with the integration of the two phases taking place later in the study. The intention of the researcher was that a mixed methods research study incorporating integrated action research and constructivist grounded theory approaches to methodology and analysis would privilege the experiences
and perspectives of the research participants in the development of substantive theories about child to parent violence.

Although advocating a mixed methods approach to research, Hesse-Biber (2010) criticises the ways in which such approaches to research have developed, with a tendency towards a more positivist methodological orientation, using qualitative data as ‘handmaiden’ or ‘second-best’ to the quantitative data. It often seems, Hesse-Biber (2010) suggests, that the task of the qualitative data is to demonstrate quantitative results or to assist with the building of more robust quantitative measures, such as survey research questions.

Hesse-Biber (2010) however, advocates assigning a more dominant role to qualitative data in mixed methods research, arguing that qualitative aspects of research tend to be more open to new information than quantitative aspects because qualitative methods are less focused on hypothesis testing and are more interested in the development of theory. In relation to the current study, the researcher conceptualised the qualitative data as the primary database, assigning more weight to the qualitative data and regarding the mixing of the qualitative and quantitative data in the interpretation and concluding phases of the study as leading to the development a more comprehensive understanding of the research problem. This process is referred to by Creswell (2009) as embedding a secondary form of data (the quantitative data in the current study) within a study that has a different form of data as the primary database. Conceptualising the data in this way seemed to the researcher as most consistent with constructivist grounded theory method epistemology.

The integration and interpretation of the findings of the research will be explored in much more detail in subsequent chapters, but it may be useful to indicate here the ways in which the qualitative and quantitative data were integrated in the current study. Making the case for mixed methods research design, Creswell and Plano-Clarke (2007) and Hesse-Biber (2010) suggest that collecting and integrating quantitative and qualitative data in the same research project can enhance the validity and reliability of the results of the study and facilitates a more robust understanding of results by triangulating the results. This is a process whereby the researcher can investigate whether results of the qualitative and quantitative aspects of the research were in agreement or converged or indeed whether
there were any surprising or divergent findings in the qualitative or quantitative elements. By implementing both qualitative and quantitative components of the current study, this researcher was in a position to both generate and test theory that was grounded in the perspectives of the practitioners who took part in the study and to enhance the validity and reliability of the findings.

The application of this process in the current study will be illustrated by using one of the findings of the study as an example. As shall be discussed in more detail in the relevant chapters, both qualitative and quantitative phases of the study indicated that practitioner self-efficacy was positively affected by participation in the Non-Violent Resistance Two Day Training Programme. The positive self-efficacy quantitative finding emerged from independently completed questionnaires, confirming the qualitative finding that may have been influenced by interviewees responding to the researcher in ways which they hoped would be positively regarded by the interviewer who, they knew, adapted Non-Violent Resistance Programme and had facilitated the training. The qualitative aspect of the study also provided richer insights than the quantitative questionnaires into the development of practitioner self-efficacy through highlighting the significance of factors in addition to participation in the training programme such as the development of support networks for both practitioners (institutional and peer support) and parents (the support network as envisaged within the Non-Violent Resistance programme).

5.3.3 Sample Selection
An additional advantage of adopting a mixed methods strategies as distinct from relying exclusively on a quantitative or qualitative approach in research design is that a mixed methods design provides the researcher with the option of having access to a larger population that might otherwise prove challenging to access (Hesse-Biber, 2010). For example and as explained in further detail later in this chapter, the quantitative questionnaires distributed to all participants during the study included a detachable slip whereby participants could indicate their willingness to be included in the qualitative interviews concerning child to parent violence and Non Violent Resistance. The researcher was also in a position to describe the interview purpose and process to all participants in the quantitative phase and respond to any questions they might have in relation to the
subsequent qualitative interviews. This strategy enabled access to both a wider range of potential interviewees and to the perspectives of practitioners and managers in both statutory and voluntary agencies which might otherwise have proved difficult to access for the purposes of qualitative data collection.

The introduction chapter outlined the processes by which the problem of child to parent violence and the need for interventions such as the Non Violent Resistance Programme (Omer 2004; Weinblatt & Omer, 2008) came to the attention of this researcher in Dublin initially in 2008-9. In summary, when requested in 2010 by the manager of a child and family service in Dublin to provide training for practitioners who were encountering child to parent violence in their practice, the researcher was in a position to respond positively by proposing that he could explore the possibility of developing and delivering a Non Violent Resistance Training Programme for Practitioners and by suggesting that he develop with representatives from the agency a pilot training and research project (which evolved into the current study). The researcher entered into discussions with practitioners and with colleagues about the development of a research study focusing on the design and delivery of the Non Violent Resistance training programme for practitioners and on exploring practitioners’ perceptions of the problem of child to parent violence and of the training programme. During the development of the pilot programme, the researcher was also approached by senior practitioners in a child protection service and separately by a senior practitioner and manager in a family support service in the west of Ireland with requests for the provision of training and with openness for participation in research. The researcher outlined his proposals for a training and research programme as described above and the managers and practitioners from these additional agencies expressed an active interest in both the research and the training programme which the researcher would develop, implement and report. In this sense, the sample from each of the areas in which the research took place was a self-selecting group and this action research constructivist grounded theory study was composed of practitioners and managers from a variety of disciplines including social work, family support, social care and psychotherapy.

Data collection for this study took place in two phases; the first phase involved the collection of quantitative data at the beginning of Day 1, the end of Day 2 and 3-4 months
following participation in the Non Violent Resistance Training Programme for Practitioners (Follow-Up). There was no follow up data collection for the comparison group, for reasons described later in this chapter. The second phase of gathering data involved the collection of qualitative data from participants recruited from among the practitioners who had attended the Non Violent Resistance Training Programme in the three different sites who had volunteered for participation in the qualitative interviews. These interviews took place up to 3 months following the interviewee’s attendance at one of sites of the training programme.

5.3.4 Criteria for Participation in the Study.
Research participants were invited by the researcher (who was also the training facilitator) to take part in the research based on the following criteria. Practitioners and managers in any of the agencies in which the research took place could be considered for inclusion in the study on the basis that he/ she:

a) had a professional qualification in a relevant discipline (e.g. social work, psychotherapy, social care, psychology);

b) was currently employed in an agency in Ireland that worked with children and families in a social work or health/social care context;

c) had registered for participation in the two day training programme on Non Violent Resistance;

d) had read an information for participant information sheet developed as part of the research study;

e) had indicated a willingness to participate in the research by completing and returning to the researcher the questionnaires distributed at the beginning, end and follow up period of the Non Violent Resistance training programme.

Further selection criteria applied to participants who were invited to volunteer to take part in the research interviews as part of the qualitative aspect of this mixed methods study. Practitioners and managers in any of the agencies in which the research took place could be considered for inclusion in the qualitative aspects of the study where, in addition to meeting the criteria outlined above, she/he:
f) indicated a willingness to be considered for participation in the research interviews by returning to the researcher a signed contact information slip;

g) had read an information sheet for interview participants designed as part of the study and distributed immediately before the research interview was scheduled to take place;

h) had signed a consent form indicating their agreement to take part in the study and their comprehension of what participation in the study entailed.

Reflecting an appreciation of the multiple stories about child to parent violence and responses to this problem that may be told by different individuals enacting different roles in different types of agencies, the selection inclusion criteria for the qualitative interviews also included the perspectives of interviewees from a range of disciplines and of those in management as well as practitioners in the different services in which the research took place. Consistent with grounded theory methodologies, the researcher decided to conduct no further interviews when the data gathered reached theoretical saturation – in other words, when interviews conducted as part of the research began to yield no further codes or categories relevant to the research study.

Exclusion criteria also applied to the current study. The exclusion criteria included individuals engaged in professional training (such as, for example, student social workers) and/or practitioners in the services in which the research had taken place but who had not participated in the Non Violent Resistance training.

5.3.5. Developing the Non Violent Resistance Training Programme for Practitioners

Humphrey (2013: 572) describes insider research as research carried out by individuals who are already members of the community or organisation under investigation by virtue of employment, education, social networks or political engagements. As a social worker and psychotherapist exploring the perceptions of social workers and allied practitioners relating to child to parent violence and to the Non Violent Resistance training programme which he had developed and facilitated, the researcher was very much an insider in the current study. Questions relating to insider research will be further explored in the section on ethics in this
chapter; however, in order to highlight the insider position of the researcher in this study, the term researcher/training facilitator will be used throughout the following sections.

The current study focuses on an exploration of child to parent violence and the perceptions of practitioners in relation both to this problem and to the Non Violent Resistance Programme; it was also developed as a response to requests for training from practitioners. It was necessary then for the researcher/training facilitator to develop a training programme on Non Violent Resistance and incorporate the training programme as an integral part of the research. The development of training programme involved consultation with three experts who were selected due to their extensive experience in the area of post-qualifying training of social workers and/or other health and social care professionals. Each of these experts had a background in social work practice together with research and practice experience relating to working with violence in families. One of the experts had experience in developing, delivering and researching evidence-based training programme for practitioners for health and social care practitioners working with parents attending courses in parenting skills and parent-child relationship skills development.

The development phase of the training programme also included a review of literature relevant to post-qualifying training in health and social care practice suggested by these experts, an analysis of these titles and, where relevant, of abstracts/introductions of the publications cited in the suggested literature and an analysis of literature that could be useful in developing the Non Violent Resistance training programme.

Although there does not appear to be a significant body of literature on evaluation of interdisciplinary training programmes, it seems that the design of practitioner training programmes should focus on four principles – the concepts that will be introduced; the knowledge, skills and values that will be developed; the opportunity to practice skills as part of the training and the opportunity to provide feedback after the training (Devaney & McGregor, 2015). These principles were embodied by the researcher/training facilitator in the design of the training programme in Non-Violent Resistance developed by the researcher/training facilitator as part of the current study, as were concepts and strategies adopted from influential sources for developing the Non Violent Resistance training

Recognising the relevance of contexts and conversations in the creation of knowledge and consistent with the partnership principles of action research (Bradbury & Reason, 2003), the researcher/training facilitator also conducted semi-structured interviews with key practitioners and service managers in each of the agencies in advance of developing and facilitating the Non-Violent Resistance training programme for that specific site (rather than arrive at a training venue with a ‘pre-packed’ programme with which participants had no prior involvement). This provided the researcher with the opportunity to explore the training needs and priorities of practitioners within each of the agencies in relation to child to parent violence.

The current study and the pilot training programme which was an integral part of the research emerged then as a response to problems encountered in practice and to requests from practitioners for training. The pilot programme consisted of two consecutive days, including managers and practitioners from a range of disciplines working on four different teams in a child and family agency in Dublin. Representative practitioners and managers from the agency and the researcher/training facilitator agreed that the aim of the two day course in Non Violent Resistance was to improve practitioners’ self-efficacy in responding to child to parent violence and there were five explicitly articulated objectives:

1. To recognise the hidden nature and family dynamics of child to parent violence,
2. To enhance practitioners’ knowledge in relation to working with parents where child to parent violence may be taking place at home,
3. To enhance practitioners’ skills for recognising, engaging and intervening with parents where child to parent violence takes place at home,
4. To increase practitioners’ self-efficacy (confidence and competence) in responding to child to parent violence,
5. To invite practitioners to take part in a research study exploring the perceptions of practitioners relating to child to parent violence and the Non Violent Resistance Programme.
Day One of the Non Violent Resistance Programme for Practitioners developed by the researcher/training facilitator in collaboration with representatives from the agency and delivered by the researcher/training facilitator initially focused on awareness-raising of the complexities living with family and child to parent violence, practitioner challenges in identifying and exploring child to parent violence, raising awareness about child to parent violence and an introduction to some of the key concepts of the adapted Non Violent Resistance Programme.

Day Two of the course initially involved skills training, focusing on developing intervention skills based on the integration of themes from the Non Violent Resistance Programme (Omer, 2004; Weinblatt & Omer, 2008) and solution focused strengths-based therapeutic skills (Yee Lee et al, 2003; Sharry 2004, 2007).

5.3.6 Solution Focused Strengths-Based Therapy and the Current Study

Based on a systems perspective and on social constructionism, solution focused strengths-based therapy (hereafter, SFT) searches for solutions to problems while giving minimal attention to defining or understanding the problem in depth (Yee Lee, 1997). Within an SFT framework, intervention becomes a process through which the practitioner and the client co-construct new ways of thinking and acting that are conducive to the resolution of the problem (Yee Lee, 1997; Sharry, 2004). The practitioner does not focus on establishing a comprehensive understanding of the history of the problem but uses specific SFT strategies such as exception questions, outcome questions, coping questions, scaling questions and relationship questions with the aim of helping clients identify clear goals and solutions for their problems. As a relatively short term intervention approach and with its emphasis on strengths and resources, on accountability and non-blame in the context of violence within intimate relationships (Yee Lee et al, 2003; Milner & Singleton, 2008), SFT resonates with the aims and themes of the non-violence resistance approach as outlined particularly in Omer (2004).

Although there is no direct evidence of the effectiveness of SFT in preventing child to parent violence, the training course developed and facilitated by the researcher/training facilitator
as part of the current study included skills based training in solution focused therapy as this approach has been found to be useful in related areas such as parenting skills development (Sharry 2004; Nelson & Thomas, 2007) and violence in intimate relationships (Yee Lee et al 2003; Nelson & Thomas, 2007; Milner & Singleton, 2008) and seemed to hold promising potential for developing responses to child to parent violence. The researcher/ training facilitator also decided to incorporate SFT skills training into the Non-Violent Resistance training programme for practitioners as SFT seemed to encapsulate perspectives on the development of knowledge and of truths and in relation to change that fit with constructivist grounded theory epistemology.

5.3.7 Development Stages of the Non Violent Resistance Programme for Practitioners.
Consistent with the partnership principles of action research (Bradbury & Reason, 2003) and with constructivist grounded theory epistemologies, the development of the pilot and subsequent two day training programmes emerged through the following (non-linear) process:

a) Engagement by the researcher/ training facilitator in a narrative review of literature;

b) Consultation by the researcher/ training facilitator with practitioners and managers in a voluntary service working with children and families in Dublin, starting in June 2011, who had initially requested training in relation to responding to child to parent violence and who consented to be involved in the pilot stages of the research study;

c) Consultation by the researcher/ training facilitator with the Graduate Research Committee (the research project panel of supervisors at NUI Galway), with three experts as described above, including Dr Jonathan Scourfield on the 18th of November 2011 who had, with colleagues, designed, delivered and researched a training programme for child protection social workers in Wales with the aim of increasing social workers’ self-efficacy and the engagement of fathers. (See Scourfield et al, 2011 and Maxwell et al, 2012).

d) The researcher/ training facilitator also drew on extensive previous practice experience of delivering training to parents and to practitioners in social work and other health and social care disciplines.
e) During the development of the training programme for each of the sites in which the research took place, key practitioners in each of the agencies that had requested training were identified and were involved with the researcher/training facilitator in the tailoring of the two training days to the interests and needs of each specific area/team in relation to the issue of child to parent violence.

f) Completed training evaluation questionnaires were reviewed by the researcher/training facilitator after the second day of each training programme to identify which elements of the training satisfied the participants, whether there was something missing from the training and whether any element of the training need to adjusted or removed.

5.3.8. Developing the Qualitative Phase of the Research.

Individual semi-structured face to face interviews were chosen by the researcher/training facilitator as more appropriate than focus group interviews for the gathering of qualitative data. Individual interviews could facilitate a more meaningful exploration of interviewees’ perspectives on their knowledge, skills and values; such interviews might also enable the expression of expression of any fears or limitations that individual practitioners might have, were these to exist. Individual interviews also enable the researcher to modify or to explore in more detail particular lines of inquiry with each individual interviewee, allowing the expression of each individual interviewee’s particular framework of meaning.

5.3.9 Participant recruitment and demographics for the Qualitative Data

At the start of Day 1 and at the end of Day 2 of the two day training programme on Non Violent Resistance which was facilitated by the researcher/training facilitator, each participant received a copy of an information sheet about the study inviting them to consider taking part and a questionnaire (as part of the quantitative element of the study). At the end of Day 2, the questionnaire included a detachable reply sheet of paper which could be separated from the questionnaire and on which the participant could include their name, agency and contact details if they were interested in inclusion in a group of people from which interviewees for the study would be randomly chosen. Participants in the both the qualitative and quantitative components of the study were drawn from the practitioners
who attended the two day training programme in Non Violent Resistance for Child to Parent Violence, facilitated by the researcher/training facilitator at 3 different sites (1 in Dublin – the pilot programme - and 2 in the west of Ireland) on 3 different occasions.

Following the conclusion of the training aspect of this study, a list of potential interviewees for the qualitative study were compiled from all of those who had volunteered from the 3 different sites at which the training had been facilitated; 20 participants were chosen, contacted by telephone and invited by the researcher/training facilitator to take part in an interview. Following verbal consent to take part, a date for the interview was then arranged. When the interviewee and the researcher/training facilitator met the interviewee was given an information sheet about the study to consider. After the interviewee had read the information sheet and indicated her/his willingness to take part in a recorded interview for the study, she/he was asked to sign a consent form and the interview took place there and then.

The researcher/training facilitator aimed to recruit interviews in total 20 interviewees from 3 different agency contexts for the qualitative aspect of the research. This number was regarded as a manageable amount for this type of research project and it would also provide sufficient data to allow meaningful conclusions to emerge from different practitioner contexts (i.e. voluntary and statutory practice contexts). It was also deemed likely that theoretical saturation would have been achieved following this number of interviews; it was decided that if this was not the case, then further interview participants would be recruited. All 20 agreed to take part. However one of the interviewees was unable to take part in the interviews on date scheduled and it was not possible to arrange a further appointment date during the timescale of the data collection period of the study, resulting in an interview sample of 19.
<table>
<thead>
<tr>
<th>Role (Gender)</th>
<th>Agency Context</th>
<th>Location</th>
<th>Interviewee Pseudonym</th>
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</tr>
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<tr>
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<td>Dublin Team 3</td>
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<tr>
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<td>Social Worker (M)</td>
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Demographic information in relation to the qualitative research participants is outlined on table 5.2 above which illustrates that 13 of the interviewees were female and 6 were male. The interviewees were drawn from a range of services and teams as outlined in the table below and were drawn from groups of practitioners who had attended the training in different venues at different times. 12 of the interviewees were employed as family workers on 4 different teams in a voluntary child and family support agency in Dublin; a further 3 individuals in this group of interviewees were managers on different teams within that service who also worked with parents and children as part of their management duties. 1 of the interviewees was a practitioner with a child and adolescent mental health team in the West of Ireland while a further 3 of the interviewees worked in the then Health Service Executive’s national statutory child and family agency (which includes the child protection and welfare service) in the West of Ireland.

5.3.10 Qualitative data collection
The qualitative data was gathered through semi-structured interviews which were scheduled to take place several weeks following each individual interviewee’s participation in the Non Violent Resistance Training for Practitioners in a private office at each participant’s place of work to minimise disruption and inconvenience for the participants. The 19 semi-structured interviews were carried out by the researcher/training facilitator and recorded with a Dictaphone with the consent of the interviewee. The interviews were guided by a list of questions to ensure that the same key themes were addressed in each individual interview. Each interview lasted between 20 and 40 minutes. The interviews were later fully transcribed (for which funding was received from the Millennium Fund at NUI Galway). Each transcript was assigned a number code and a pseudonym, as noted in the table above. The written transcript was compared with the audio recording for accuracy and clarity; any information shared during an interview that could identify an agency, a practitioner or a client was removed to ensure the data remained anonymous.
Each interview consisted of

a) 2 questions about assessing, engaging and intervening in the context of child to parent violence;

b) 4 questions relating to practitioner impressions and experiences of discussing or implementing Non Violent Resistance Programme in practice and

c) 2 questions about their experience of the participation in the training programme over the course of the two days.

Participants were also invited to make suggestions about the strengths or limitations of the Non Violent Resistance programme and to comment on whether they would like to see something added or changed in the training programme. The question guide used during the qualitative interviews is included in the appendices.

5.3.11. Developing the Quantitative Phase of the Research

As a response to practitioner concerns about the problem of child to parent violence expressed during the initial consultation period described above, the lack of any training programme on responding to child to parent violence in Ireland and the gaps in the literature identified earlier, the development of the training programme for practitioners in Non-Violent Resistance incorporated the aims of increasing practitioners’ self-efficacy (perceived confidence and competence) in responding to child to parent violence. This also led to the development of the quantitative aspect of this mixed method action research study – the outcome questionnaires - that could be implemented alongside the training programme for the Non Violent Resistance Response for practitioners. The aim of these outcome questionnaires was to measure and track changes in the knowledge, skills and confidence of practitioners in relation to assessing and responding to child to parent violence and to provide data for integration with the qualitative data that would emerge later from the interviews with practitioners.

Dizon et al (2012) conducted a systematic literature review to identify the effectiveness of evidence based practice training programme for groups of allied health professionals including for social workers. The authors found that there was limited research relating to the training of allied health professionals in evidence based practice and learning outcomes.
From the limited evidence base (1 randomised controlled trial and 2 before and after studies), Dizon et al (2012) argue that there is consistent evidence that training significantly influenced knowledge, skills and attitudes, regardless of the disciplines of the practitioners. However, the authors note that the limited research evidence cannot provide the basis for recommendations for the components of training for allied health professionals to significantly improve learning outcomes.

In relation to research methodologies on the effectiveness of evidence based training programmes, Dizon et al (2012) remark that although randomised controlled trials (RCTs) might be regarded as the ideal method for such investigations, there are difficulties in conducting RCTs in this field such as issues relating to feasibility, contamination of participants assigned to groups and funding. Drawing attention to issues that relate specifically to action research studies (such as the current one), Tripp (2005) indicates an important ethical difficulty in conducting RCTs. A key principle of action research is that no researcher should engage in any activity that disadvantages another group or participant without their knowledge or consent and, Tripp (2005) contends, since RCTs include participants that will not benefit from their participation in the study, these participants are therefore disadvantaged. Cognisant of such limitations, the current study did not incorporate an RCT but rather, as described later in this chapter, a comparison group of participants was recruited who then had access to the training (intervention) following the collection of the quantitative data.

In their systematic review of the literature, Dizon et al (2012) identify before and after studies in their review and excluded lower-hierarchy designs (such as observational studies) as the former (pre-post studies) would but the latter would not provide evidence for effectiveness of training of allied health professionals. This provided this researcher with a clear rationale for the choice of a pre- and post- design for the collection of quantitative data as a means of measuring practitioners’ perceptions of the impact, if any, of participation in the Non Violent Resistance Training on self-efficacy in relation to responding to child to parent violence, one of the central questions of the current study. It was hypothesised that self-efficacy questionnaires completed at the start of, the end of and three to four months following participation in the training could measure and track
changes in the knowledge, skills and confidence of practitioners in relation to assessing and responding to child to parent violence. This quantitative information could also provide data for integration with the qualitative data that would emerge later from the interviews with practitioners.

Of particular interest to the type of measures relevant to the current study, Scourfield et al (2011) describe a two day training course for practitioners which was piloted in two Welsh local authority areas; that study employed measures of practitioner awareness and perceived self-efficacy in relation to child protection social workers’ engagement of fathers; since the current study included aims to explore what, if any was the effect of participation in the Non Violent Resistance training on practitioner self-efficacy, it seemed that the measures described by Scourfield et al (2011) could be usefully adapted for the current study.

Following consultation with Jonathan Scourfield and with the Graduate Research Committee for the current research project, a quantitative questionnaire was developed to measure self-efficacy (knowledge, skills, values and team culture). This last factor was included in recognition of the structural factors that may be at play in the creation of knowledge and discourses (Allen, 2011); it was hypothesised that the working environment and team culture could be strongly related to perceived self-efficacy in responding to child to parent violence. The scales used then in the current study were adapted from the self-efficacy scales developed and described by Scourfield et al (2011) which were adaptations of the scales used by Holden et al (2002) in the Social Worker Self Efficacy Scale, measuring social worker self-efficacy across a range of social work tasks. Questions relating to the reliability and internal consistencies in the scales used in the current study are discussed explored further in section 5.3.13 below.

Self-efficacy can be defined as an individual person’s set of beliefs about their ability to perform (Bandura, 1994). Self-efficacy influences an individual’s feelings, thinking, motivation and behaviour and can be evaluated, for example, in terms of changes in knowledge, skills and confidence. There are four main sources of self-efficacy – past performance (in relation to a skill/ task), vicarious experience (learning through others),
social persuasion (conscious efforts by others to instil a strong self-belief) and a person’s physiological and emotional state. These four factors inter-relate to affect an individual’s sense of ability and competence. Individuals are likely to engage in activities to the extent that they perceive themselves to be competent in those activities. Bandura (2006) recognises the limitations of self-efficacy measurements, noting that it can be very difficult to predict an individual’s self-efficacy in a given situation by using general measuring tools; a further limitation of self-efficacy scales is that changes in relation to, for example, confidence may not correspond to any significant change in practice (Scourfield et al, 2012).

Taking such limitations into account for the current study, it was hypothesised that self-efficacy is best assessed by asking a series of questions that invites an individual to rate their perceived ability to be effective in different tasks and scenarios.

Proposing that there is substantial empirical support for the use of self-efficacy measures as an educational outcome in areas related to social work, Holden et al (2003) report that self-efficacy ratings provide a relatively reliable predictor of future behaviours both within and beyond the field of education. For example, Holden et al (2003) refer to the meta-analysis of Stajkovic and Luthans (1998) which investigated the relationship between self-efficacy estimates and work related performances, finding that in most of the 109 studies examined, there was a statistically significant positive correlation between self-efficacy and performance. Such findings, Holden et al (2003) argue lend weight to the usefulness of measuring self-efficacy in professional education and training. Holden et al (2003) also cite a review of studies by Larson and Daniels (1998) examining the use of self-efficacy measures in the education of counsellors which concluded that self-efficacy among counsellors is positively correlated to performance as measured by trained raters. Holden et al (2003) point out however that self-efficacy measurements are not perfect predictors of behaviours or outcomes of education/ training interventions, though neither, the authors note, are other self-report measures of cognition, affect or behaviour nor the ratings by others of the performance of trainees. Notwithstanding such limitations, Scourfield et al (2011), as noted earlier in this chapter, employed measures of practitioner awareness and perceived self-efficacy in relation to child protection social workers’ engagement of fathers; based on the same training and research project, Maxwell et al (2012) describe the benefits and challenges of providing awareness raising and skills training to practitioners in relation to
working with men and fathers, particularly where there are child protection and welfare concerns. The researcher/training facilitator in the current study was intrigued by the findings of the Scourfield et al. (2011; 2012) study relating to the effect of a training programme for social workers and by what similar self-efficacy measures might indicate in relation to the Non Violent Resistance Programme for Practitioners developed as an integral part of the current study.

The quantitative aspect of the research data collection was limited to pre-post testing and practitioner self-report. Self-report measures, such as interviews and questionnaires seek information directly from individual participants; one of the advantages of availing of self-report measures is that the researcher has access to the individual participant’s perspective while one of the disadvantages of such measures are factors such as potential validity problems, related to social desirability and/or the potential for (inadvertent or deliberate) self-deception or deception of the researcher by the participant (Barker et al., 2002). For the purposes of the current study, self-report measures were preferred to data obtained through observation as one of the central aims of this exploratory study was to access practitioners’ perceptions of engaging with, assessing and intervening with child to parent violence. Additionally, the current action research study aimed to develop a grounded theory founded on the perceptions of practitioners living with the research problem of child to parent violence, a task which could not be accomplished through reliance on methods such as observational data. However, all measurement methods have their limits (Barker et al., 2002) and the potential limitations of the data were considered in the data analysis and interpretation stages.

A further element of the quantitative element of this mixed methods study involved the recruitment of a separate and independent Comparison Group of child and family practitioners. Although having characteristics similar to the research participants group (e.g. membership of a group of qualified practitioners encountering child to parent violence in their practice), the individuals in the Comparison Group did not have access to the research intervention (the Non Violent Resistance Training Programme) in advance of their completion of the qualitative measures. The rationale for recruiting the Comparison Group was to examine whether significant changes in scores on different scales would take place in
the absence of participation in the NVR training programme; in other words, the involvement of a Comparison Group in the current study would, it was hypothesised, enable the researcher to explore whether participation in the Non Violent Resistance Training Programme could have any determining influence on measures of practitioner self-efficacy, that were not likely due to factors such as chance. If the data from the participants in the Comparison group illustrated significant differences in measures of practitioner perceived self-efficacy across time (and in advance of their participation in the training), then any significant changes in practitioner perceived self-efficacy scores among participants in the Training Group could not be associated with their participation in the training.

The Comparison Group was recruited from a group composed of child and family practitioners in the west of Ireland who had requested training in the Non Violent Resistance Programme and who had consented to take part in the research. In the current study, this group comprised a Wait-List Control Group. Questionnaire 1 was distributed 3 months in advance of the training (time 1- Comparison Group) to all practitioners who had joined a waiting list for Non Violent Resistance training scheduled to take place in March 2013. Completed copies of Questionnaire 1 were returned to the researcher by respondents in the Comparison Group between 3 months and the day before the start of Day 1 of the NVR training. At the start of Day 1, Questionnaire 2 was distributed to and collected from all practitioners in the group of 19 practitioners who attended the start of the first day of the Non Violent Resistance training (time 2- Comparison Group). Among the 19 participants in the training, there were 15 respondents, all of whom were female. For analytical purposes, it was decided to include in the Comparison Group the responses of those participants who had completed questionnaires across these two time periods. One respondent’s data was excluded from the quantitative analysis as that respondent had not completed questionnaire 2. Consequently, the Comparison Group included all 14 respondents who completed and returned questionnaires at Times 1 and 2.

5.3.12 Measures used to assess outcomes in the training
All participants in the Training and in the Comparison Groups were invited to respond to questions relating to their perceptions in relation to confidence, knowledge and understanding and skills levels in relation to responding to child to parent violence. As part
of the current study a number of scales were employed from which respondents’ scores were derived at times 1 (pre-), 2 (post-) and 3 (3 month follow-up) for the Training Group and at time 1 (3 months pre-) and 2 (pre-training) for the Comparison Group. These were as follows:

1) Practitioner Confidence Levels (PCS), examining practitioner confidence levels when working with parents experiencing child to parent violence. This scale was a 12 item, 5 point scale ranging from no confidence to very confident.

2) Practitioner Knowledge and Understanding (PKU), investigating practitioner knowledge and understanding about child to parent violence and non-violent resistance. This was a 5 item, 6 point scale with a range from strongly disagree to strongly agree.

3) Practitioner Skills (Skills) examining practitioner skills level in relation to responding to child to parent violence. This scale was also a 5 item, 6 point scale which had a range from strongly disagree to strongly agree.

In addition, 2 scales were administered through questionnaires at Times 1 and 3 only for the respondents in the Training Group, as these were not likely to have changed in the short interval between day 1 and day 2 of the training but might be expected to change in the interval between the end of the day 2 of the training and the follow up period, three to four months later. These two scales were also administered at both Times 1 and 2 for the Comparison Group.

4) Practitioner and Agency Context (PAC), exploring features of agency culture in relation to child to parent violence and practitioner support. This was a 12 item, 6 point scale ranging from strongly disagree to strongly agree.

5) Workload (WL), investigating the caseload carried by practitioners and the amount of families with which practitioners were involved. This section was composed of 5 items, all of which (with one exception) invited an open numeric response. 1 item (question 5) invited respondents to indicate a choice between no parents, some parents or all parents.

The scales for measuring Practitioner and Agency Context (PAC), Practitioner Confidence (PCS), Practitioner Knowledge and Understanding (PKU), and Practitioner Skill (Skill) were adapted from material used by Scourfield et al (2011; 2012). Seeking a range of responses to each question and in keeping with constructivist approaches to research, the questions were generally framed using open Likert scales with a range of options available to respondents,
as opposed to simple closed questions. Each questionnaire also included questions at the beginning to assist with coding, such as initial of first and second name, month and year of birth and practice context.

5.3.13 Outcome Variables – Analytic Strategy and the Reliability of Measures

The data that emerged from the outcome questionnaires was analysed with the Statistical Package for Social Scientists (SPSS, Version 21) and the data was subjected to a range of statistical analyses. Pallant (2011: 213) advises that non-parametric tests are more suitable when the assumptions for parametric tests are not met in the data, when sample sizes are not randomly selected or where sample sizes are very small. But the disadvantages of non-parametric tests to which Pallant (2011) refers are that they tend to be less sensitive than parametric tests and may therefore fail to identify differences between groups that actually exist. The sample sizes for detailed analysis were modest and where the assumptions for parametric tests were not met, the non-parametric alternatives were employed. Where assumptions for conducting parametric tests were met, then such tests were employed. Pallant (2011: 204) clarifies that parametric tests make a number of assumptions about the population from which the data is drawn (e.g. normally distributed scores) and the nature of the data (interval level scaling).

The reliability of a scale indicates the extent to which the scale accurately measures what it purports to measure. A common way of assessing this is to determine the extent to which the items in the scale hone in on one construct. Practically, this is evaluated by using an internal consistency calculation – the Cronbach’s alpha co-efficient statistic (Pallant, 2011: 6, 98-101). This statistic provides an indication of the average correlation among all the items that make up a scale. Values can range from 0 to 1 and ideally, the Cronbach alpha co-efficient of a scale should be above 0.7.

None of the items on any of the scales in the current study needed to be reversed as none of the items were negatively worded. The scores in table 5.3 below relate to the Training Group responses at Time 1.
Table 5.3: Reliability of Measures Scores

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Cronbach $\alpha$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner &amp; Agency Context (PAC)</td>
<td>52.73</td>
<td>7.88</td>
<td>0.80</td>
</tr>
<tr>
<td>Practitioner Confidence (PCS)</td>
<td>41.82</td>
<td>5.86</td>
<td>0.88</td>
</tr>
<tr>
<td>Knowledge &amp; Understanding (KUS)</td>
<td>19.27</td>
<td>4.22</td>
<td>0.76</td>
</tr>
<tr>
<td>Practitioner Skills (Skills)</td>
<td>19.22</td>
<td>4.54</td>
<td>0.87</td>
</tr>
</tbody>
</table>

On the basis of the scores of the psychological variables on the Cronbach alpha co-efficient statistic, it can be concluded that all the psychological measures employed throughout the course of the quantitative phase of the current study are reliable and have good internal consistency.

5.3.14. Evaluating the Possibility of Time-Effects on Change

Due to the limitations in the number of participants who completed the questionnaires described earlier in this chapter, it was not possible to run complex between-within analyses (e.g. general linear models). As such, the primary hypothesis underpinning the design of the quantitative questionnaires was tested using the measures as described in chapter 7. Before testing the primary quantitative hypothesis, it was first necessary to assess if the responses of the Comparison Group (which did not receive the training in advance of completing questionnaires 1 and 2) remained consistent over time – i.e. to exclude the possibility of time-effects on changes in relation to the measures when also applied to the quantitative data from the Training Group.

Comparisons were made in relation to Comparison Group scores on the Practitioner & Agency Context Scale, Practitioner Confidence Scale (PCS) and the Practitioner Knowledge & Understanding Scale (KUS). A series of paired samples (repeated measures/within subjects) t-tests were used to test for differences. These results were non-significant, suggesting that any changes that occurred over time were due to chance – that is, that the comparison group scores did not change significantly from Time 1 (approximately 3 months prior to the
training) to Time 2 (start of Day 1 of the training) and there were no time-effects evident (PAC = t (12) = .24, p=ns; PCS= t (13) = .038, p=ns; KUS = t (13) = .87, p=ns; SKILLS = t=(13) = .82, p=ns).

The table in the following section illustrates the different stages during which the qualitative and quantitative data collection took place, aligning the different stages with the research objectives.

5.3.15. The Fieldwork Schedule

The research fieldwork for the current study was completed in a number of stages as outlined in the table below:

Table 5.4 the Fieldwork Schedule

<table>
<thead>
<tr>
<th>Stage &amp; Date.</th>
<th>Data Collection</th>
<th>To fulfil study objective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 1:</strong> Development of NVR training programme. June – October 2011</td>
<td>The researcher carried out a narrative review of the literature and consulted with three experts and with management &amp; key interested practitioners in the agency that had initially requested the training.</td>
<td>a-c</td>
</tr>
<tr>
<td><strong>Stage 2:</strong> Delivery of the Pilot NVR training programme. 21-22 November 2011.</td>
<td>The two day pilot programme of Non Violent Resistance for Practitioners was delivered to 30 practitioners from 4 teams in one child and family service in Dublin. Questionnaire 1 was distributed at the beginning of Day 1 and Questionnaire 2 was distributed at the end of Day 2 of the training. Questionnaire 3 was distributed 3 months after the training. Interviews were conducted 4 months after the training.</td>
<td>b-c b-e</td>
</tr>
</tbody>
</table>
| Stage 3: Delivery of the NVR training programme. 28th November and 5th December 2011. | The two day programme of Non Violent Resistance for Practitioners was delivered to 22 practitioners from a statutory child protection service in the West of Ireland. Questionnaire 1 was distributed at the beginning of Day 1 and Questionnaire 2 was distributed at the end of Day 2 of the training. Questionnaire 3 was distributed 3 months after the training. Interviews were conducted 4 months after the training. | b-c  
| Stage 4: Delivery of the NVR training programme. 19-20 January 2012. | The two day programme of Non Violent Resistance for Practitioners was delivered to 25 practitioners from a statutory and voluntary services working with children and family in a different area of the West of Ireland to those involved in stage 3. Questionnaire 1 was distributed at the beginning of Day 1 and Questionnaire 2 was distributed at the end of Day 2 of the training. Questionnaire 3 was distributed 3 months after the training. Interviews were conducted 5 months after the training. | b-c  
| Stage 5: Comparison Group of Practitioners. Between 1st December 2012 & 12th March 2013. | The comparison group was composed of a range of practitioners in another region of the west of Ireland drawn from both voluntary and statutory services who had requested training in the Non Violent Resistance Programme for Practitioners. Questionnaire 1 was distributed to this group from the 1st of December 2012. Completion and return dates for questionnaire 1 – which unlike the previous cohorts – was completed individually and before the participants assembled for the training varied from 10th December 2012 to 12th March 2013. Questionnaire 2 was distributed to this group and completed at the start of the first day of the training on 12th of March 2013. There were 19 participants for the training on the 12th and 19th of March 2013. | b-d |
5.4. Implementing the Study

The following sections describe the process of carrying out the research, which included ethical considerations, piloting the study and data collection and management. The methods of data analysis are explored below and illustrative examples of the qualitative data analysis and conceptualisation processes are provided.

5.4.1. Ethical Considerations.

Social work practitioners, educators and researchers in Ireland are bound by the CORU Code of Professional Conduct and Ethics for Social Workers which obliges social workers to conduct research ethically, to preserve participants’ anonymity and to explain to potential participants the aims and methods of the proposed research (CORU, 2011). Although referring to social work practice and education, the assertion in Taylor and White (2006) that social workers need to be able to make sound decisions that bear the weight of retrospective and external scrutiny can also apply to social work research projects such as the current study. The principles that can serve as an ethical mirror for research design and implementation derive from the core values of social work, including respect for human rights and social justice, and a commitment to empowering individuals, groups and communities to develop their full potential and well-being (CORU 2011). The current action research study was designed and implemented according to these ethical standards and in practice required the researcher to respect the importance of informed consent, of the freedom of potential participants to decline to participate without negative consequences (such as for example, exclusion from the training) and of the need to protect anonymity and confidentiality.

Before the data collection phase of the current study commenced, the researcher sought and obtained full ethical approval from the National University of Ireland, Galway through the University’s Research Ethics Committee (REC) which aims to safeguard the health, rights and welfare of potential research participants. The application for ethical approval from the REC required the submission of specific and detailed information in relation to the aims and objectives of the current study, procedures to ensure participant confidentiality, participant information and consent forms, an outline of the data collection and analysis methods that
would be used and information relating to the storage of data and the protection of participants anonymity.

The current study is also fully compliant with the Data Protection Act (1988) and Data Protection Amendment Act (2003) in the Republic of Ireland relating to the information individuals are given about the collection, use, storage and freedom to remove any information concerning any individual that may be held on any paper, electronic or image files. The Acts also require that the data anyone holds relating to any individual is factually correct, only available to those who should have it and only used for the stated purpose.

Taking place within a post-modern constructivist grounded theory and action research framework, the current study approached research with a view to carrying out research ‘with’ rather than ‘on’ the research participants. During the design and implementation stages of the research, particularly in relation to the qualitative phase, the focus of research was on a process of the researcher and the participant creating knowledge and meaning together, through dialogue and reflection.

The current study also reflects a consciousness of feminist interviewing processes that share an ethical concern with questions about the authority and power of the researcher and the uncomfortable position of getting data from participants as a means to an end (Scerri et al, 2012). Some of the ways of addressing the hierarchical relationships between the researcher and the participant include the researcher making explicit his/ her own position (cultural and social background, personal and professional assumptions), a stance that explicitly expresses the position that knowledge is co-created and a commitment that the position of the researcher is one way among many others that represent valid perspectives on a specific theme.

From the initial stages of the current study, the researcher acknowledged his role in the process of knowledge production, made explicit to the Graduate Research Committee and to research participants his rationale and biases and engaged in self-reflective exercises about his own perceptions and biases. In their discussion of standardisation processes in child protection systems in England and Ireland, Featherstone et al (2012) consider the
factors involved in human decision-making and in the sharing and interpretation of information. The generation of hypotheses, the authors suggest, is influenced by the cognitive capacities of each individual, such as the pre-existing information the individual can access through memory, by personal commitment to an already existing hypothesis and the related tendency to seek out evidence that confirms a hypothesis to which an individual has already committed (See also Taylor & White, 2006). Since the processes of the interpretation of information and the development of hypotheses are further influenced by psychological and sociological dimensions in society, Featherstone et al (2012) suggest that what is required is the creation of space, time, argumentative flexibility, analytic ability and relationships that facilitate the exploration and interpretation of what is observed.

In a similar manner in which the factors described above play a significant role in child protection practice, it could also be argued that they are important characteristics to consider from an ethical perspective in research design, data collection and analysis. The intent of the researcher was to lift the veil of silence that surrounds child to parent violence and to create a space in which practitioners could freely express their perceptions of child to parent violence and of the non-violence response intervention. By making explicit to and discussing with research participants his perspectives as a social worker and psychotherapist, his rationale and a self-critical stance in relation to his biases and perceptions, the researcher hoped to privilege the ways in which practitioners understand and respond to child to parent violence.

As described earlier, the participants were recruited from groups of practitioners in each of the settings in which the training took place who had volunteered for possible inclusion in the research interviews. When taking steps to contact and engage with potential participants for the qualitative data collection phase of the research, the researcher aimed to facilitate constructive and non-exploitative relationships (IASW Code of Ethics, 2007) by providing potential participants with the opportunity to reflect on what their participation in the research interviews might mean, facilitating informed consent and by giving participants more control over what they would chose to say during the interview. The potential participants were sent the interview participant information sheet, contacted by phone and informed about the questions that would be asked during the interview. As noted earlier,
the interviews were scheduled to take place in a private office at the participants’ place of work and at a time of their choosing to minimise inconvenience and disruption for the participant. Participants also had an opportunity to raise any concerns or questions with the researcher before the signing of the consent for interview form and the commencement of the interview.

5.4.2. Grounded theory, action research and the question of researcher subjectivity/positionality

An exploration of the ethical questions relating to the current study leads to an interest in the role of the researcher and the question of whether the reader can trust the researcher’s activity in the collection, interpretation and presentation of data and of the findings of the research. Grounded theory methods are concerned with meaning construction (Urquhart, 2002) through a process of coding whereby the data is analysed and transformed into categories. During an earlier discussion of epistemologies in this chapter, one paradox that lies at the heart of constructivist grounded theory was identified and resolved by Bryant (2009) through an emphasis not on the search for truth but on the usefulness of concepts in developing understanding and sustaining on-going conversations about the research question. Urquhart (2002:44) points out an additional paradox within grounded theory as a method for both analysing data and generating theory - it is an inductive method, founded on a subjective process (the coding of data) that sometimes claims to be an unbiased method for generating theory.

This could raise questions about researcher subjectivity as coding could be regarded as an inherently subjective process. An important question about this method is whether two researchers, given the same data and the same research problem, would come up with the same categories for their data (Urquhart, 2002: 48). They may or may not, but this should not present a problem since grounded theory methods can be located in any paradigm as a way of analysing data on the basis that the researcher clearly articulates his/her perspectives in relation to their own philosophy, training and research interests as this enables the reader to make an informed judgement about the researcher’s analyses (Urquhart, 2002; Bryant, 2009). This approach was adopted by the researcher in the current
action research study from the initial stages of consulting with practitioners and managers and right throughout the training and research process.

Corbin and Strauss (2008) provide a helpful example of the ways in which a researcher can clearly articulate their position and bring an awareness of pre-existing assumptions to the task of analysing data, enabling the researcher to take steps aimed at avoiding imposing meaning on the data. The assumptions, biases and beliefs of the researcher are not necessarily negative factors in the research and analysis process; as noted in Corbin and Strauss (2008: 70), each individual (the researcher and the participants) are products of their cultures, the times they in which they live, their genders, experiences and training. But from a grounded theory method perspective, the point is to recognise when personal assumptions beliefs and biases are intruding in the analysis by, for example, imposing meaning on the data.

Describing a project with which she was engaged and which she uses for illustrative purposes in the book, Corbin states, “What makes this project a grounded theory study rather than say a phenomenological study is my background and training as a grounded theorist. I analyse and interpret data differently...My background and training also make me look at context (structure) and process (action/ interaction) and lead me to go beyond description to develop a theoretical explanation”(Corbin & Strauss, 2008: 162). In relation to the current study, the researcher’s background in social work and systemic psychotherapy leads him to have an interest in the contexts within which problems emerge (structure), the relationships involved in the development and resolution of the problem (process) and in the influence of structure and process on the ways in which the problem is described and understood.

Insider research may be described, as noted earlier, as research conducted by individuals who are already members of the organisation or community they are seeking to investigate as a result of education, employment, social networks or political engagements (Humphrey, 2013). This researcher occupied a complex position in relation to the processes involved in the current study. As a qualified and practice experienced social worker and family therapist, he occupied an insider position, involving in action research individuals with
whom he shared practice experience and dilemmas; some of the participants in the research also shared the same gender and practice contexts as the researcher. Yet, as an individual conducting research as an educator and researcher in social work and sociology, the researcher was also an outsider, insofar as he was not nor never had been a member of any of the organisations whose practitioners took part in the study. As Herr and Anderson (2015: 39-40) note, “it is often no simple matter to define one’s position....Researchers will have to figure out the nuances of how they position themselves with regard to their setting and participants”.

Adopting a theoretical approach similar to that incorporated in the current study Fern (2012) describes a constructivist grounded theory and action research project investigating social workers perceptions of childhood in Iceland. Fern (2012) proposes that the social work researcher needs to become attentive to the insider/ outsider position in attempting to explore the perceptions and understandings of those with whom the researcher shares many characteristics (see also Herr & Anderson, 2015; Redman-MacLauren & Mills, 2015). Working within constructivist grounded theory and action research frameworks, this researcher was conscious of the roles personal experience, inter- and intra-personal dialogue can play in the co-construction of knowledge (Bradbury & Reason, 2003; Redman-MacLaren & Mills, 2015). Such perspectives informed his decision to explicitly state at the beginning of engagement with each agency that took part in the study and with each different group of participants that although he was a social worker and psychotherapist delivering the training and conducting the research, it was the practitioners themselves who were the experts; it was they who were in a position to inform the researcher about their encounters with child to parent violence and about their perceptions of the Non Violent Resistance Training Programme. He clarified from the outset that it was the practitioners’ conceptualisations of child to parent violence that would lie at the heart of the findings of the research and that would be highlighted when the findings of the study were more broadly disseminated.

The researcher was aware of advantages that may be associated with his insider position in relation to the research, such as those described by Ferns (2012). Access to research participants can be facilitated more easily when the researcher occupies an insider position
due to similar education, experiences, and professional networks. Additionally, responses from participants in qualitative interviews may be influenced by factors such as participants reporting what they expect the researcher wants to hear and by their intentions to protect their practices from unfavourable evaluations; however, in a process similar to that described by Ferns (2012; 169), the chances of such factors playing a determining role in what the participants stated were minimised by this researcher’s approach from an insider perspective, as a social worker with considerable practice –based experience and with a sympathetic understanding of the context of the research participants.

A further advantage of occupying an insider position in relation to the current study is reflected in Scerri et al (2012) recognition that as trained interviewers with experience in listening, following feedback, clarifying meaning and helping respondents manage emotion, clinicians and practitioners have an advantage as researchers as their experience in practice may equip them with skills that are relevant to exploring sensitive topics. But particularly during the qualitative data collection interviews, this researcher also adopted a principle of avoiding a misuse of these skills to encourage participant self-disclosure in relation to issues for which they had not given consent.

Yet there were occasions when this researcher found himself confronted with professional dilemmas due to the fact that he was occupying a number of positions all at once – the position of training facilitator, researcher and social worker, resonating with the experiences described by Humphrey (2013). These roles could be creatively combined: for example, when the researcher was asked by a research participant during the qualitative interviews what he thought might be a way to address a problem of family violence while applying the principles of non-violent resistance, the researcher responded with a suggestion that the dilemma could be discussed after the interview had ended. This represented the researcher’s intention to minimise the impact of his understandings of the problem on the participant’s contribution to the recorded research interviews, while also responding positively to a request for a discussion on themes related to the training he had facilitated for the research participants. On other occasions they clashed, such as when, for example, the researcher had informal conversations with participants at unrelated events after the Non Violent Resistance training but before the research interviews took place. It was then
that the researcher was conscious of a direct conflict between his role as a researcher interested in other practitioners’ perceptions of child to parent violence and his role and experiences as a trainer, particularly in the later stages of the current study. As Humphrey (2013: 578) notes, one of the most difficult things for insider researchers is to be mindful of the primary role she/he occupies at any given time and to treat information in accordance with whether it emerged from an explicit and conscious research event (e.g. research-related training or interview event) or an informal encounter in everyday life (such as meeting a research participant at a later unrelated seminar), since such parameters or contexts have an impact on what may or may not be done with the data.

5.4.3 Piloting the study

The training course in Non Violent Resistance as a Response to Child to Parent Violence was piloted with practitioners in a voluntary child and family service in Dublin on the 21st and 22nd of November 2011.

The outcome (self-efficacy) questionnaires were distributed to all participants during the pilot phase and during subsequent training courses delivered throughout the study in the following manner.

At the start of Day 1, each individual attending the Non Violent Resistance Training Programme for Practitioners was given a Research Information Sheet and Questionnaire 1, which, in addition to the above, also included a detachable slip inviting practitioners to have her/his name included in the selection process for the qualitative interviews. At the end of Day 2, each individual attending the training was given Questionnaire 2 which contained all the core elements of Questionnaire 1 described above but did not include questions relating to Practitioner and Agency Context as it was deemed unlikely that these factors would have changed over the two day training period and the interval between completing Questionnaire 1 at the start of Day 1 and Questionnaire 2 at the end of Day 2. Questionnaire 2 however did include a Training Feedback Form composed of 4 Likert Scaling Questions relating to, for example, satisfaction with the training course and intent to use the knowledge and skills developed over the course of the training.
The third and final questionnaire was posted and emailed to the place of work of all individuals who had attended the training three months following completion of the two day training programme. This last questionnaire also included the core elements of Questionnaires 1 and 2 together with questions relating to Practitioner and Agency Context and to Caseload as it was hypothesised that these factors could have changed during the interval between the completion of Questionnaire 2 at the end of Day 2 and the completion of Questionnaire 3.

For the pilot phase of the study, thirty individuals attended both days of the Non Violent Resistance Training Programme for Practitioners. Following the pilot phase, the questionnaires were amended and the training programme adapted so that, for example, awareness-raising and skills development/practice were integrated throughout the two days of the training. Attendance certificates were also subsequently developed and distributed to individuals who had attended the pilot and all further training programmes delivered as part of the study.

The subsequent 2 day training programmes took place in two urban areas in the West of Ireland. The first training programme in the West took place on the 28th of November 2011 (22 participants) and 5th of December 2011 (20 participants) involving practitioners from a statutory child and family protection and welfare service. The second Non Violent Resistance training programme in the West of Ireland involved 25 participants from a combination of statutory and voluntary agencies working with children and families, on the 19th and 20th of January 2012.

The Non Violent Resistance Training was scheduled to take place for the comparison group on the 12th and 19th of March 2013. Questionnaire 1 was distributed to this group in December 2012. Completion and return dates for questionnaire 1 – which unlike the previous cohorts – was completed individually and before the participants gathered together for the training varied from 10th December 2012 to 12th March 2013. Questionnaire 2 was distributed to this group and completed at the start of the first day of the training on 12th of March 2013. There were 19 participants for each day of the training on the 12th and 19th of March 2013.
Samples of the questionnaires used during the study are available in the appendices.

5.4.4 Managing the Data.
Completed copies of questionnaire 1 were returned to the researcher during the morning of the first day of training and stored securely for the remainder of the training programme. Completed copies of questionnaire 2 were collected from the empty seats of the participants at the end of the second day of the Non Violent Resistance Programme. These questionnaires were then stored in a secure compartment in the researcher’s private office at the National University of Ireland, Galway. Completed copies of questionnaire 3 were returned to the researcher either by post (and any identifying information such as a signed compliment slip was then destroyed) or by email. Any emails that accompanied electronic copies of questionnaire 3 were deleted. Hard copies of questionnaire 3 were also stored in a secure compartment at the researcher’s private office. During the qualitative phase of the study, all interviews were recorded with interviewee consent on an electronic Dictaphone; the sound files were transferred to a single memory stick and were subsequently confidentially transcribed. The recordings and transcripts of the interviews were also stored in a secure compartment in the researcher’s private office.

5.5 Methods of Data Analysis

5.5.1. Analysing the qualitative data.
Bryant and Charmaz (2007) describe the grounded theory method of theorising as involving the development of abstract concepts and describing the relationships between them. The grounded theory develops as researchers engage in an iterative process of going back and forth between progressively more focused data and work on successively more abstract categorisations of them. The work of analysing the data and theorising involves the two main analytic strategies described in Corbin and Strauss (2008: 69) – asking questions of the data and making constant comparisons between incidents, codes and categories.

Corbin and Strauss (2008) explain the constant comparison process in this way: “As the researcher moves along with analysis, each incident in the data is compared with other incidents for similarities and differences. Incidents found to be conceptually similar are
grouped together under a higher level descriptive concept such as ‘flight’. This type of comparison is essential to all analysis because it allows the researcher to differentiate one category/ theme from another and to identify properties and dimensions specific to that theme.” (Corbin & Strauss, 2008: 73). This process of constant comparative analysis is common to the literature on the three main variants of grounded theory methods (e.g. Glaser, 1992; Bryant & Charmaz, 2007; Corbin & Strauss, 2008) and it is a process that continues until a grounded theory is fully developed.

The method of constant comparison, Urquhart (2002) proposes, ensures rigour in the research as it facilitates the researcher in developing a deeper understanding of the data and in ‘grounding’ the theory in the data. For any conceptualisation that a researcher chooses to make, the method within grounded theory of constant comparison can provide not just one instance in the data but on repeating instances of that conceptualisation (Urquhart, 2002). Since grounded theory method codes observations at a detailed level through the method of constant comparison, “the concepts produced tend to be more substantial that if one had done a ‘top down’ analysis and picked broad themes from the data” (Urquhart 2002: 48).

An example from the current study illustrates a conceptualisation choice made by the researcher as he employed the grounded theory method of constant comparison. During the analysis of the interviews, it initially appeared to this researcher that child to parent violence could be conceptualised primarily as problem of domestic violence and abuse. This perspective on child to parent violence appealed to the previous experiences and concepts of the researcher as a social work practitioner; some theorists also favour understanding child to parent violence in this way (Wilcox, 2012). As this researcher engaged in the process of constant comparison of incidents in the data, the researcher was challenged to become detached from conceptualising child to parent violence as a form of domestic violence. It became evident that although child to parent violence may be justifiably described as a form of domestic violence in other contexts, such a conceptualisation did not fit with the qualitative data gathered from the participants in this specific study and could not contribute to a grounded theory based on the data gathered during the qualitative phase of the study. Consistent with constructivist grounded theory methods, the researcher then
loosened his hold on a concept that held attraction to him and searched for a conceptualisation that seemed to be more important and useful to the research participants. This approach to conceptualisation in grounded theory methods research also fits with the strategy of staying in uncertainty a little longer described in Taylor and White (2006) which aims to counteract the tendency in practice (and in research) to make judgments too soon and to look only for evidence that supports a previous assumption.

Grounded theory methods are not simply inductive, relying solely on the information contained in the data to generate theory - they involve more than a process of following routine procedures mechanically. Bryant and Charmaz (2007: 25) state that:

>“Grounded theory strategies allow for imaginative engagement with the data that a simple application of a string of procedures precludes...grounded theorists can build on an epistemologically sophisticated view of emergence that allows for possibilities of emergent (but never wholly inductive) categories in the practice of theorising”.

During the course of the current study, the researcher discovered that method of constant comparison and the writing of memos can facilitate a creative and imaginative engagement with the data, as explained in the section that follows. It is worth mentioning here that in the quote above, there is a reference to a process of the ‘emergence’ of categories. Bryant (2009: 23) later refined his perspective and argued strongly for ‘jettisoning’ of the metaphor of emergence, for reasons which shall be become clearer later in this chapter.

### 5.5.2 Memos in Grounded Theory Methods and Insider Research.

In a process similar to that of keeping a diary, the writing of memos or reflective notes are central to grounded theory methods and the researcher in the current study commenced writing and reflecting on memos from the early stages of the research, initially keeping a form of field work diary of observations. Memos in grounded theory research are written records of the researcher’s thinking during the process of research from the very early stages of the study until completion (Birks & Mills, 2011). Corbin and Strauss (2008) recommend that the researcher keep a personal journal as a way of recording the thoughts, actions and feelings that are aroused during the research. This is because an important part of doing analysis in grounded theory methods “is reflecting back on who we are and how we
are shaped and changed by the research. Inevitably we are shaped by as well as shapers of our research.” (Corbin & Strauss 2008: 85).

This type of memo writing benefitted the analytic process by also assisting this researcher to reflect on the role his bias and personal experience may play during the process of gathering, analysing and interpreting data. The writing of memos is also consistent with practices and principles of action research, particularly when the researcher occupies an insider/outside position in relation to the research as discussed earlier in this chapter. Processes such as the recording of decisions, emotions and insights and field notes writing, memo-writing, personal notes are described by Greene (2014) and by Probst and Berenson (2014) as exercises in reflexivity. Although it can have different meanings in different contexts, reflexivity in qualitative research is usually understood as awareness of the influence the researcher has on what is being investigated and, simultaneously, of how the research process affects the researcher (Greene, 2014; Probst and Berenson, 2014). It is, as Probst and Berenson (2014: 814) state, “both a state of mind and a set of actions...informing the research experience as it is taking place, much as awareness of counter-transference informs the therapeutic encounter”. Engaging in such exercises assisted this researcher in developing a daily writing habit, recording small items and in taking opportunities to stop and notice, to re-read and to reflect on what the researcher had already read, activities which also enhanced the process of qualitative data analysis (Corbin & Strauss, 2008).

Further advantages of engaging in memo writing include the creation of an important audit trail of the decision making process for later reflection and the experience that the consistent and persistent writing of memos “…will in time transform your grounded theory findings” (Birks and Mills, 2011: 10)

Memos also play an important role in the grounded theory method of theoretical sampling, a process by which the researcher makes a strategic decision about who or what will provide the most information rich source of data to meet their analytical needs. The writing of memos assists the researcher in mapping out possible sources that might clarify further the properties of a category or code. Theoretical sampling is also used to help focus the researcher’s constant comparative analysis of the data. During this iterative process, it may
become clear that the researcher needs more information to ‘saturate’ categories under development. In other words, the researcher may want to find out more about the conditions that a category may exist under, the dimensions of a category or the relationship between categories which can lead to further interviews, further questions and a return to the literature. Theoretical sampling processes were activated in the current study, for example, as the researcher returned to the literature on child to parent violence, policy and interventions following the completion of analysis of the qualitative data to explore further meanings of the core category.

5.5.3. The analytic process for the qualitative data

Corbin and Strauss (2008) underline the importance of the researcher engaging in a process of asking questions about the data and about the analysis which facilitates the researcher to probe, reflect, develop provisional answers and become deeply acquainted with the data. Acting as a source of encouragement for researchers such as this one who may initially feel somewhat hesitant and uncertain about asking the right questions of the data, Corbin and Strauss (2008) advise the researcher to simply start asking any questions of the data and to bear in mind that while any answers that emerge are provisional, they can assist the researcher in thinking about the problem from the participant’s perspectives and about what ideas the researcher could look for in the data in the interview under analysis and in other interviews.

Table 5.5 below illustrates in a sequential manner the ways in which the constructivist grounded theory methods were applied to the qualitative data in the current study. This process was adapted from Corbin and Strauss (2008: 163f) and from Birks and Mills (2011).

<table>
<thead>
<tr>
<th>Table 5.5 Analytic Process for the Qualitative Data in the Current Grounded Theory Methods Study.</th>
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<tbody>
<tr>
<td>- The researcher reads and reflects on the entire transcript of the interview.</td>
</tr>
<tr>
<td>- Then the researcher divides the transcript into different sections, using natural breaks in the transcript such as a change of topic as a cutting off point. Each section is then examined in detail.</td>
</tr>
<tr>
<td>- The researcher uses a piece of raw data as a springboard for analysis.</td>
</tr>
<tr>
<td>- Whatever occurs to the researcher while analysing the data is recorded as a memo.</td>
</tr>
<tr>
<td>- Each memo is reviewed and labelled with a concept or code. This is a process known as</td>
</tr>
</tbody>
</table>
- The code or concept may be changed several times as the researcher thinks and reflects on the data contained in each quote from each participant.

- The researcher is conscious that any conceptual label reflects the researcher’s interpretation of what is being said and that other researchers using the same data may have their own and contrasting ideas about the meaning of the data.

- Beginning with the first section of the interview, the analysis proceeds as the researcher writes memos, each of which is assigned a date, number and a concept that reflects what the researcher thinks the data is about.

- Under the date, number and title, the researcher inserts the raw data, which is then followed by a written analysis.

- Words or groups of words that seem important and that are taken from verbatim quotes from research participants are known as *in vivo* codes and these are used as labels; groups of related codes are known as categories.

- Memos become more accurate, complex and longer later in the study as the analysis accumulates.

- On occasion, the researcher drafts what Corbin and Strauss (2008) calls a ‘methodological note’ which is used to explain/record analytically what is going on. This strategy is useful, as Corbin and Strauss (2008: 165) note, in assisting the researcher to avoid the mistake of failing to differentiate between different levels of concepts.

- As the researcher identifies concepts from the data, the researcher also makes notes in memos that reflect the mental dialogue taking place between the data and the researcher, as a way of assisting the questioning and interpretation of the data. In these memos the researcher reflects on questions, makes comparisons, makes notes relating to ideas and free-associates. Although as Corbin and Strauss (2008: 169) admit “this system of dialoguing with the data may seem tedious and at times rambling, it is important to the analysis because it stimulates thinking process and directs the inquiry by suggesting further areas for data collection. Most of all, it helps the analyst to get inside the data”.

- For each code and category, the researcher uses the analytical strategies such as, for example, constant comparison, thinking in terms of metaphors, exploring expressed emotion, considering the various meanings of a word and reflecting on ideas.

- As the analysis progresses and becomes more complex, the researcher asks the following questions of the data and of the codes that are identified as perhaps the more important and frequently occurring ones: what is main concern in the data, what explains difference or variance in the data and how is that difference or variance resolved in the data?

- When the analysis of any new data collected yields codes that only fit existing categories, the categories are then regarded by the researcher as being theoretically saturated and it is these substantive codes that the researcher explores further and explains them in terms of their properties and dimensions.

The process of analysis outlined in the above table does not mean that the researcher endlessly interrogates every single piece of data – as Corbin and Strauss (2008: 71) remark, analysing every bit of data is simply not practical. Instead, the researcher needs to use what
Corbin and Strauss (2008) refer to as common sense and intuition about selecting what seems to be important in the data and begin asking questions of and about the data. As the analysis progresses, more questions emerge and the more questions emerge, the deeper the analysis becomes. This, Corbin and Strauss (2008) suggest, assists the researcher in avoiding shallow and uninteresting findings since by following the process just described, a concept becomes more than just a ‘label’ for a piece of data but a whole new set of ideas can emerge about the problem under investigation.

5.5.4 An example of the analytical process
The following section provides more detailed examples of the ways in which the researcher applied grounded theory methods to the analysis of qualitative data, to identifying important categories and developing theory. But first, it is important to return to Bryant’s (2009) advocacy of a rejection of the metaphor of ‘emergence’ in constructivist grounded theory methods. He argues that there must be an unequivocal acknowledgement of the active role of the researcher in identifying concepts and developing theory and that the metaphor of ‘emergence’ obscures this. The researcher in the current study decided that since such a perspective was consistent with his constructivist grounded theory epistemology, he did not employ the metaphor of ‘emergence’ in his analysis of and reflections on the data.

The researcher followed the steps outlined in Table 5.5 in the above section, engaging in a process of constant comparison of incidences of concepts in the data and writing numerous memos to capture ideas and reflect on theories and hypotheses as they were identified within the data. This process of analysis created an extensive pool of memos upon which the researcher further reflected and re-worked in preparation for theory development. The following is an example of a memo drafted in response to an in vivo category identified early in the first interview. Although the term ‘players’ was only used by the first interviewee, other meanings associated with it were used by all the following interviewees in the current study. This concept was then developed into one of the key sub-categories related to the core category of the substantive theory of this constructivist grounded theory method study.
Sample extract from memo records:

‘....Interviewee (Sean): we’d be very thorough in our investigating, you know, exactly how this violence manifests itself, what are the triggers, who’s impacted, who’s affected, who are, who are the players...’.

Reflective memo during initial analysis ‘One phrase that stands out for me in this section is the comment about “who are the players” – a curious choice of phrase where the use of violence is concerned. Is it a kind of game – I thought immediately of soccer, funnily enough, and some violence does take place on the field but in a sense it is violence that is to some extent endorsed and if it goes too far there are sanctions. But if we’re talking about “players”, it begs the question: what are the rules? What are the sanctions if it goes too far (and who defines ‘too far’?). What then is the role of the agency/worker in this game (Referee/ spectator/ supporter– for whom?)’

Further memos based on this and subsequent interview data recorded reflections on who else plays role in child to parent violence, who else is impacted, who plays a role (and how) on the ‘game’ of child to parent violence coming to an end and what are the roles of different members of different members of the different teams (family/ service/ community). These memos, further analysis of interviews and identification of other concepts that seemed to be important to the interviewees led to development of the core category.

The core category was used by the researcher to develop a grounded theory as follows: codes are developed as properties of categories (e.g. what, where, when, how?), these categories (conceptual elements of a theory) in turn becoming properties of the core category and supporting theoretical codes or hypotheses that explain the relationships between categories, their properties and the substantive theory as a whole (Hunter et al, 2011b). This process is demonstrated in Table 5.6. A substantive theory is one that is closely linked to the context in which the research study is grounded (in the current study, child and family practitioners in different research locations in Ireland) but such theories can be developed into formal theories later after the substantive theory has been taken up and used in other contexts, possibly by other researchers (Bryant, 2009).
Table 5.6 the process of theory development in this study

<table>
<thead>
<tr>
<th>Initial/ Open Coding</th>
<th>Memos</th>
<th>Constant comparison</th>
<th>Focused coding</th>
<th>Developing a theoretical model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line by line analysis of each interview and conceptualisation.</td>
<td>Continuous process of recording of reflections, thoughts &amp; questions.</td>
<td>Comparison of incident by incident where the concepts re-occur in the interview(s)</td>
<td>Focusing on a core category and theoretical sampling.</td>
<td>Building a theoretical framework from the data that explains what is happening in the data.</td>
</tr>
</tbody>
</table>

Using the *in vivo* concept of ‘players’ referred to above, Table 7 below illustrates an example of how the researcher developed his thinking from identifying incidents in the data to conceptualisation. A quote from mid-section in the transcript of an interview with Sean a manager/practitioner is open-coded, reflected upon in memos and then compared with other data in this and other interviews to explore differences and similarities in meanings and properties.

As a theoretical concept, the researcher identified its relationship to the developing core category and in this way, the sub-category of ‘players’ contributes to the development of the theoretical model grounded in the data gathered and analysed during the current study. The theory is developed not through a process of validating *a priori* hypotheses but through the process of constant comparison of codes within the qualitative data.
Table 5.7 Moving from data to conceptualisation

<table>
<thead>
<tr>
<th>Initial/ Open Coding</th>
<th>Memos</th>
<th>Constant comparison</th>
<th>Focused coding</th>
<th>Developing a theoretical model</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Players’ as an <em>in vivo</em> category represents the variety of individuals involved in CPV and responding to this problem in this and the other 18 interviews.</td>
<td>An extensive range of memos recorded on identities of the ‘players’, their impacts, their relationships and what this concept might mean in relation to the problem.</td>
<td>Comparing the different ways in which this or a related concept is used by different interviewees in different settings, identifying similarities and differences.</td>
<td>A range of meanings explored under the code attributes.</td>
<td>During the theoretical modelling phase, ‘players’, their roles and their action is identified and developed as sub-code related to the core code.</td>
</tr>
</tbody>
</table>

5.5.5 Collecting and analysing the quantitative data

The following section outlines the process involved in gathering and analysing the quantitative data, the findings of which were collated and integrated with the findings of the qualitative data during the interpretation, theorising and concluding phases of the research. Quantitative data was generated primarily from the outcome questionnaires 1, 2 and 3 developed during the current study.

From November 2011 through January 2012, 3 training programmes in Non Violent Resistance for Practitioners were facilitated over two days each in 3 different locations. A total of 147 people attended one or both days of training, with practitioners drawn from the disciplines of Social Work, Family Support, Child and Adolescent Mental Health, Psychology, Policing and School Completion Practice. Among the 147 who took part in the training, 98 completed Outcome Questionnaires 1 and/or 2. Of these, 64 attendees completed both Questionnaires 1 and 2.
While questionnaires 1 and 2 were distributed and collected at the beginning (Q1) and end (Q2) of the 2 day training programme, questionnaire 3 was distributed by email and post 3 months after to participants who had attended the training. In total, 19 participants completed questionnaire 1, 2 and/or 3. Of these, 5 participants completed questionnaire 1 and 3 only while 2 completed only questionnaires 2 and 3. This yielded a batch of questionnaires 1, 2 and 3 from the research intervention (NVR training) sample of 12 complete sets.

As noted earlier in this chapter, a comparison group was also recruited in a third location in the West of Ireland, including another combination of statutory and voluntary agencies working with children and families in the west of Ireland. The Non Violent Resistance Training was scheduled to take place for this group on the 12th and 19th of March 2013. A total of 19 participants attended each day of the training on the 12th and 19th of March 2013.

5.5.6. Participant Demographics for the Quantitative Data.

One of the aims of the quantitative data collection was to evaluate change across the different time periods. Therefore, it was decided that although all those who attended the training and all those on the Wait-List Control Group were invited to take part in the outcomes evaluation by completing the questionnaires, only those respondents who had completed questionnaires at all relevant time points were included in the analyses (Times 1, 2 & 3 for the Training Group and Times 1 & 2 for the Comparison Group). Consequently, the final Training Group of Respondents included in the analyses was 11 and the final number of respondents included in the analyses in the Comparison Group was 14.

The Statistical Package for the Social Sciences (SPSS version 21) was used to analyse the data with numerical codes assigned to each response participants could choose. The table on next page provides information on gender, agency context, discipline, educational attainment and duration of post qualifying experience of all respondents included in the research groups. It illustrates the differences between the two groups in terms of disciplinary and agency background. Of particular interest are the findings that half of the
Comparison Group was from one agency, a domestic violence response service and that there were no males represented in the Comparison Group.

Table 5.8 Demographic Characteristics of the Participant Groups

<table>
<thead>
<tr>
<th></th>
<th>Training Group (n=11)</th>
<th>Comparison Group (n=14)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>Female -8 (72.2%)</td>
<td>Female – 14 (100%)</td>
</tr>
<tr>
<td></td>
<td>Male-3 (27.3%)</td>
<td>Male -0</td>
</tr>
<tr>
<td><strong>Agency Context</strong></td>
<td>Family Support – 5 (45.5%)</td>
<td>Family Support – 4 (28.6%)</td>
</tr>
<tr>
<td></td>
<td>Child Protection – 2 (18.2%)</td>
<td>Other (D V Agency) – 7 (50%); Other (Not specified) – 3 (21.4%)</td>
</tr>
<tr>
<td></td>
<td>CAMHS – 1 (9.1%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other – 3 (27.3%)</td>
<td></td>
</tr>
<tr>
<td><strong>Discipline</strong></td>
<td>Psychology – 3 (27.3%)</td>
<td>Social Care – 6 (42.9%)</td>
</tr>
<tr>
<td></td>
<td>Social Work - 2 (18.2%)</td>
<td>Family Support – 2 (14.3%)</td>
</tr>
<tr>
<td></td>
<td>Psychotherapy – 2 (18.2%)</td>
<td>Other – 6 (42.9%)</td>
</tr>
<tr>
<td></td>
<td>Family Support – 1 (9.1%)</td>
<td>e.g. play therapy, education.</td>
</tr>
<tr>
<td></td>
<td>Social Care - 1 (9.1%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other – 2 (18.2%)</td>
<td></td>
</tr>
<tr>
<td><strong>Educational Award Level.</strong></td>
<td>Degree – 1 (9.1%)</td>
<td>Degree – 1 (7.1%)</td>
</tr>
<tr>
<td></td>
<td>Degree- 2 (18.2%)</td>
<td>Degree – 4 (28.6%)</td>
</tr>
<tr>
<td></td>
<td>PG Diploma – 1 (9.1%)</td>
<td>PG Certificate – 4 (28.6%)</td>
</tr>
<tr>
<td></td>
<td>Masters – 6 (54.5%)</td>
<td>Masters – 5 (35.7%)</td>
</tr>
<tr>
<td></td>
<td>PhD – 1 (9.1%)</td>
<td></td>
</tr>
<tr>
<td><strong>Post qualifying experience:</strong></td>
<td>2-5 Years – 4 (36.4%)</td>
<td>2-5 Years – 3 (21.4%)</td>
</tr>
<tr>
<td></td>
<td>6-12 Years – 4 (36.4%)</td>
<td>6-12 Years – 3 (21.4%)</td>
</tr>
<tr>
<td></td>
<td>12+ Years – 3 (27.3%)</td>
<td>12+ Years – 8 (57.1%)</td>
</tr>
</tbody>
</table>
5.5.7 Descriptive Statistics: The Training Group V Comparison Group - Participant Caseload Details

5.5.7 (i) The Training Group – Participant Caseload Details.

Further descriptive statistics were gathered from both samples at the start of the first day of the NVR training, prior to the commencement of the training. Among the Training Group, 20% (n=3) of respondents were working with 10 or less families, with 9.1% (n=1) of participants in the sub-group reporting involvement with 25 or more families. The mean number of families for this group was 16. Among the Training Group, 80% (n=8) of respondents reported that there were concerns about violence in the family in between 1 and 3 families with whom they currently worked. The mean number of families where there were concerns about violence among the Intervention Group of practitioners was 3. Prior to commencing the Non Violent Resistance Programme training, a high proportion of the respondents in the Training Group - 90.9% (n=8) - had engaged a parent in a discussion about their experiences of child to parent violence and controlling behaviour directed at them by their child. Among these respondents, 45.5% (n=5) had already had a conversation with parents about parental presence and delayed responses to their child’s behaviour.

5.5.7. (ii) The Comparison Group Participant Caseload Details

Among the respondents in the Comparison (Non-Intervention) Group, 61.5% (n=8) of the sample reported working with 10 or less families, with 14.2% (n=2) of participants in this group reporting that they worked with 20 or more families. The mean number of families for participants in the non-intervention group at time 1 was 13. This was significantly less than the mean number of families for the Intervention Group which was 16.

Among the Comparison Group of respondents, 46.2% (n= 5) reported that there were concerns about violence in the family in between 1 and 3 families in their current caseload. The mean value was 5 families. In their responses to whether they had engaged a parent in a discussion about their experiences of violent and controlling behaviour directed at them by their child, 74.6% (n=11) of the respondents in the Comparison Group indicated that they had prior to the training. Additionally 14.3% (n=2) of respondents in the Comparison Group also reported having a conversation about parental presence and delayed responses to their
child’s behaviour with all of the parents who reported experiences of child to parent violence.

Having discussed the epistemological underpinnings of this constructivist grounded theory and action research study and having explored the strategies and processes employed in collecting and analysing the data, the remaining sections of this chapter consider the limitations of the research and summarise the methodological chapter.

5.6. Limitations of the Current Study.

It is arguable that the absence of substantive verifiable findings represents a limitation of the current study. However, the study did not set out to present substantive and widely applicable findings in relation to the themes of child to parent violence and non-violent resistance. The aim of the current study was to address the following questions: how do child and family practitioners engage with, assess and intervene with child to parent violence; what is the response of child and family practitioners to the adapted Non Violent Resistance Programme; what, if any, is the effect of the 2 day training programme on Non Violent Resistance on practitioner self-efficacy in relation to child to parent violence? These questions were explored through this mixed method study adopting an integrated constructivist grounded theory and action research framework, leading to findings that represent the views and perceptions of the practitioners who took part in the study. The findings that emerge from this study do not claim to speak to the perceptions of child and family practitioners anywhere else in Ireland. However, consistent with the principles of grounded theory and action research methods, the story of the research provided in this account of the perceptions of the participants in this study and the conceptualisations developed through this research should ‘fit’ with/ be recognisable to any reader familiar with contexts similar to those of the participants. While the limited nature of this mixed methods study means that the findings cannot be generalised to a wider population of practitioners, it does however present credible and convincing accounts of the ways in which practitioners in a variety of settings understand and respond to child to parent violence.
As an exploration of the views of participants in relation to the problem under investigation, the current study did not seek out to directly measure the impact of the training on the practice of the participants, though a longitudinal study designed over a much longer time period could yield beneficial insights into the impact of the training on practice and on practitioners changing perceptions in relation to the research questions.

Further limitations apply to the current study: participants in the study were not recruited through a random sampling procedure and a randomised controlled trial design was not adopted for the current study, features that also negatively impact on the generalisability of the findings. A significant limitation of the current study is the modest size of the research samples analysed in the quantitative findings section (as will be explained in chapter 7) and the poor response rate relating to the return of questionnaire 3, which negatively impacts on the ways in which the effects of the training on perceived self-efficacy may be interpreted; it was hoped that the recruitment of the comparison group might mediate this negative factor. Notwithstanding these limitations, the integration of the quantitative data and the qualitative data gathered as part of this study provide interesting and useful insights into the perceptions and experiences of practitioners who took part in the study and contribute towards the development of a grounded theory in relation to child to parent violence and responses to the Non Violent Resistance Programme.

A final limitation of the current study is the reliance on the perceptions and experiences of practitioner participants only - the findings are based only on the reported views of practitioners, which are necessarily subjective and lack the benefit of other datasets that might be derived from, for example, parents who have experienced and children who have used child to parent violence. The inclusion of such data could lend greater weight to any investigation of the problem of child to parent violence and to a much deeper and richer grounded theory.
5.7 Conclusion

The goal of the current study was to explore the perceptions of practitioners in relation to child to parent violence and the effect, if any, of a training programme in Non-Violent Resistance. Influenced by constructivist grounded theory epistemology and by solution focused practices, the researcher sought a methodology that acknowledged the co-construction of meaning which privileges the voice of the research participants and develops theories grounded on the data. At the same time, the constructivist grounded theory and action research methods adopted throughout the current study also recognised and attempted to mitigate the role of the researcher in representing the perceptions and experiences of research participants concerning the problem under review. The rationale for adopting integrated constructivist grounded theory and action research methods together with mixed methods strategies for data collection was described in this chapter which also aimed to make transparent to the reader the reasons for choices made in terms of theoretical considerations and research design, implementation and analysis. It is also hoped that at the end of this chapter the reader has been presented with a clear understanding of the ways in which the researcher, as Charmaz (2000a) put it, gathered detailed and full data and ‘grappled’ with it.

In the following chapters, the results of the research are presented, commencing with the results from the analysis and interpretation of the qualitative data.
Chapter 6: The Findings - Qualitative Data

6.1 Introduction

Beginning with a focus on the aims of the research and the core category that emerged through the analysis of the qualitative data, this chapter presents the qualitative findings of the current study. The responses of respondents to the research questions are described, supported by direct quotations from practitioners who took part in the qualitative interviews. The chapter concludes with an overall summary of the findings from the qualitative elements of this constructivist mixed methods study, which will be further discussed and integrated with the findings from the quantitative aspect of the study in chapter 8.

The aim of the current study was to add to the emerging and small body of literature on the perspectives of practitioners in relation to child to parent violence by exploring the perceptions of child and family services practitioners in Ireland about child to parent violence and their perceptions of a practitioner training course based on the Non Violent Resistance framework (Omer 2004; Weinblatt & Omer 2008) developed as one response to the problem of child to parent violence. 19 practitioners from three different agency contexts in Ireland were interviewed and the transcripts of the interviews were analysed according to the principles and practices of grounded theory (Corbin & Strauss 2008).

Support is the core category in the findings and this was related to two sub-categories: the in vivo category of ‘players’ and the category of empowerment. The presence or absence of support explains variance or difference in the interview data. The presence or absence of support determines how and whether the research problem of child to parent violence is resolved. As used by interview participants, the sub-category of ‘Players’ can refer to anyone with an interest in the life of the family including the parent, the child, extended family members, practitioners and managers; this category can also refer to any factor that contributes to the emergence or prevention of violence. Empowerment has two key meanings within the data: it can be understood as the ability to act as a parent in the family and can also be regarded by the participants in the study as a practitioner’s ability to offer useful skills to parents.
6.2 Qualitative Research – Participant Demographics

The interviewees for the qualitative data collection interviews were recruited from the participants in the 2 day training course in Non-Violent Resistance which was facilitated by the researcher in 3 different locations in Ireland. The selection process for participants in the qualitative interviews for the study is described in detail in the Methodology chapter. Those who had attended the training and who had subsequently volunteered included participants in Dublin and in the west of Ireland who were employed in the voluntary child and family support (n=15) or child and adolescent mental health sectors (n=1). The interview participants in the second location in the west of Ireland were employed in the statutory child protection and welfare sector (n=3).

The researcher aimed to recruit interviews in total 20 interviewees from 3 different agency contexts for the qualitative aspect of the research. This number was regarded as a manageable amount for this type of research project and it would also provide sufficient data for the identification of meaningful conclusions. It was also deemed likely that theoretical saturation would have been achieved following this number of interviews; however, had this not been the case, further interview participants would have been recruited. For reader convenience, the demographic information in relation to the qualitative research participants is re-presented on table 6.1 on the following page.
<table>
<thead>
<tr>
<th>Role (Gender)</th>
<th>Agency Context</th>
<th>Location</th>
<th>Interviewee Pseudonym</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Worker (F)</td>
<td>Voluntary Service</td>
<td>Dublin Team 1</td>
<td>Ellen</td>
</tr>
<tr>
<td>Manager (M)</td>
<td>Voluntary Service</td>
<td>Dublin Team 1</td>
<td>Sean</td>
</tr>
<tr>
<td>Family Worker (F)</td>
<td>Voluntary Service</td>
<td>Dublin Team 1</td>
<td>Ella</td>
</tr>
<tr>
<td>Family Worker (M)</td>
<td>Voluntary Service</td>
<td>Dublin Team 2</td>
<td>Adam</td>
</tr>
<tr>
<td>Family Worker (F)</td>
<td>Voluntary Service</td>
<td>Dublin Team 2</td>
<td>Samantha</td>
</tr>
<tr>
<td>Family Worker (F)</td>
<td>Voluntary Service</td>
<td>Dublin Team 2</td>
<td>Carrie</td>
</tr>
<tr>
<td>Manager (M)</td>
<td>Voluntary Service</td>
<td>Dublin Team 3</td>
<td>Luke</td>
</tr>
<tr>
<td>Family Worker (F)</td>
<td>Voluntary Service</td>
<td>Dublin Team 3</td>
<td>Susan</td>
</tr>
<tr>
<td>Family Worker (F)</td>
<td>Voluntary Service</td>
<td>Dublin Team 3</td>
<td>Niamh</td>
</tr>
<tr>
<td>Family Worker (M)</td>
<td>Voluntary Service</td>
<td>Dublin Team 4</td>
<td>Adam</td>
</tr>
<tr>
<td>Family Worker (F)</td>
<td>Voluntary Service</td>
<td>Dublin Team 4</td>
<td>Maeve</td>
</tr>
<tr>
<td>Family Worker (F)</td>
<td>Voluntary Service</td>
<td>Dublin Team 4</td>
<td>Ruth</td>
</tr>
<tr>
<td>Family Worker (F)</td>
<td>Voluntary Service</td>
<td>Dublin Team 4</td>
<td>Patricia</td>
</tr>
<tr>
<td>Manager (M)</td>
<td>Voluntary Service</td>
<td>Dublin Team 4</td>
<td>Patrick</td>
</tr>
<tr>
<td>Family Support (F)</td>
<td>Voluntary Service</td>
<td>West of Ireland</td>
<td>Emma</td>
</tr>
<tr>
<td>Clinical Psychology (F)</td>
<td>HSE/ Statutory Service</td>
<td>West of Ireland</td>
<td>Aoife</td>
</tr>
<tr>
<td>Social Worker (F)</td>
<td>HSE/ Statutory Service</td>
<td>West of Ireland</td>
<td>Kate</td>
</tr>
<tr>
<td>Social Worker (F)</td>
<td>HSE/ Statutory Service</td>
<td>West of Ireland</td>
<td>Ciara</td>
</tr>
<tr>
<td>Social Worker (M)</td>
<td>HSE/ Statutory Service</td>
<td>West of Ireland</td>
<td>Clan</td>
</tr>
</tbody>
</table>
As illustrated in the table above, 13 of the interviewees were female and 6 were male. 12 of the interviewees were employed as family workers on 4 different teams in a voluntary child and family support agency in Dublin; a further 3 individuals in this group of interviewees were managers on different teams within that service who also worked with parents and children as part of their management duties. 1 of the interviewees was a practitioner with a child and adolescent mental health team in the West of Ireland while a further 3 of the interviewees worked in the then Health Service Executive’s national statutory child and family agency (which includes the child protection and welfare service) in the West of Ireland.

6.3 Qualitative Findings.
The qualitative data collection and analytic processes are described in further detail in the Methodology chapter. This section presents the qualitative findings first in summary and relates them to the research questions in the tables below and proceeds then to explore the data in further detail.

Tables 6.2-6.5: Summary of the Qualitative Research Findings

Table 6.2: Question 1.

<table>
<thead>
<tr>
<th>Research Question.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How do child and family practitioners engage with, assess and intervene with child to parent violence?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Qualitative Findings.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child to parent violence is conceptualised by practitioners who took part in the study as a complex problem, presenting them with challenges in engagement, assessment and intervention. These challenges include the embarrassment, shame and stigma felt by parents experiencing child to parent violence, the potential for minimisation due to embarrassment, shame or lack of recognition of the problem by parents or challenges related to whether involvement with the service was on a mandatory (child protection) or voluntary basis. Further challenges recognised by interviewees included the existence, in some cases, of complicating factors such as problems at school, the threat of homelessness or mental health difficulties, of problems with alcohol or drug misuse or, as referred to by one interviewee, an adolescent’s need to project a tough image in order to deal with the experiences of family problems at home or in response to perceived community expectations that boys in particular should be ‘tough’ and ‘be a man’</td>
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Findings of the Qualitative Research in relation to Question 1 (contd.)

Practitioners interviewed as part of the study adopted a systemic approach to assessment and intervention, exploring the perceptions of family members, including the child, in relation to the problem and aiming to work in partnership with other agencies.

Interviewees (from both voluntary and statutory settings) understood their role as including naming child to parent violence as a problem and as supporting parents by listening to them and providing them with useful skills, some of which they drew from the Non Violent Resistance Programme.

Some of the interviewees explicitly referred to the need for parents to change their own behaviour when they respond to their child, since some parents were regarded as ‘triggering’ the abusive and violent behaviour of their child. However, there was never any suggestion of parents being understood as being the cause of or responsible for child to parent violence.

Some practitioners who took part in the study spoke about being uncertain about how best to respond or to being unable to respond to the problem of child to parent violence in advance of the training in Non-Violent Resistance.

Although some interviewees referred to the possible influence of experiences of domestic violence and/or abuse in the emergence of child to parent violence, no practitioner in the study referred to the child using child to parent violence as an ‘abuser’ or ‘perpetrator’ or to the parents as ‘victims’ of child to parent violence. Interviewees regarded child to parent violence as a family and relationship problem; none expressed a belief that the problem is related to issues of power and control.

Table 6.3: Question 2.

Research Question.

2. What is the response of child and family practitioners to the adapted Non Violent Resistance Programme?

Findings of the Qualitative Research.

Practitioners involved in the study responded positively to the Non Violent Resistance Programme. The model was regarded by interviewees from a variety of disciplines in child and family practice as building upon their previous training and as fitting with their ethos and values. Some interviewees referred to the positive elements of the NVR programme as being its structured, brief, solution focused and strengths-based approach to the problem.

Some interviewees who had used Non Violent Resistance in practice in the interval between participation in the training and the research interviews reported a positive response from parents.
Table 6.4: Question 3.

Research Question.
3. What, if any, is the effect of the 2 day training programme on Non Violent Resistance on practitioner self-efficacy in relation to child to parent violence?

Findings of the Qualitative Research.
Some interviewees reported that the NVR Programme for Practitioners provided them with a structured and positive response to the problem of child to parent violence, building on their previously existing knowledge and skill. With one exception, all of the interview participants who had encountered child to parent violence in the interval between the training and the interviews had used the NVR approach in their work with families. The individual who had not used the NVR approach stated that in her view, intervening with families in which there was violence was not part of her role and would refer such families to a specialist service within her employing agency.

Table 6.5: Grounded theory core and sub-categories.

What is the core category grounded in the experiences and perceptions of the qualitative research participants?

Findings of the Qualitative Research.
Core category: ‘Support’. The research participants’ main concern was how to support parents in resolving the problem of child to parent violence and how to get the support they needed. The presence or absence of support determines how and whether the problem of child to parent violence is resolved in families.

In addition to the core category of ‘support’, the in vivo sub category of ‘players’ emerged, referring to anyone with an interest in the life of the family including the parent, the child, extended family members, practitioners and managers; this category can also refer to anyone who contributes to the emergence or prevention of violence. Within the data, empowerment has two key meanings: the ability to act as a parent in the family and a practitioner’s ability to offer useful skills to parents.

The Non Violent Resistance Programme is perceived by research participants as providing practitioners and parents with the types of support to effectively respond to the problem of child to parent violence.
The following sections of this chapter analyse the qualitative findings in greater depth. The findings from the qualitative data will be integrated with the quantitative findings in the Integration and Discussion of Findings chapter.

6.3.1 Theoretical Coding – Results: the Core Category ‘Support’.

As can be seen from the tables above, the quality of the data derived from interviewees in Dublin and the west of Ireland was comprehensive, rich and led to the identification of categories that occurred throughout the research. The researcher took the data from categorical identification and analysis to a level of abstraction that identified the relationships between the categories which led to a final refinement of an overarching category of ‘Support’.

The core category ‘support’ reflected the goals of the interviewees to achieve the desired outcome from their interactions with parents and families – to provide a level of support to parents so that parents themselves could develop the ability to end child to parent violence at home. A closely related goal was identifying and securing the kinds of support that practitioners themselves needed to assist parents in resolving the problem of child to parent violence. The presence or absence of support accounts for any variance in the data; from the perspectives of the interviewees, the presence or absence of support determines how and whether the problem of child to parent violence is resolved in families.

‘Support’ is comprised of a number of sub-categories which identify the process of intervention and interaction that enable the resolution of the problem of child to parent violence. ‘Players’ -which was an in vivo category specifically named in the data- and empowerment were identified as important and related sub-categories. The names attributed to the quotations that follow are not the interviewees’ real names but are the assigned pseudonyms for individual participant sources of the data.
6.3.2 How do practitioners engage with and assess child to parent violence?

“You would assess the level by saying ‘how often does it happen?’ You might be asking a parent about it, what effects has it had. I mean in that case I was thinking about, it had a very direct effect because the child had been violent at school and was excluded from school and then was violent at home......He was asked to stay home on health and safety grounds. It became a health and safety problem for his mother. So whilst it moved, might have moved site, the difficulties kind of was still there......I would feel it’s quite hard to get a completely accurate picture because am I would am suspect that we know, the most, 30% of what’s going on in the family at any one time” (Cian, a practitioner with the statutory child and family agency, Tusla). Note: during the course of the current study, the statutory child protection and welfare services in Ireland were reconfigured under the Child and Family Agency Act (2013), removing the statutory service from the jurisdiction of the HSE and incorporating these services into the newly created Tusla, the National Child and Family Agency.

Interviewees reflected an understanding of assessment as a complex, on-going and evolving process, identifying the different factors that can make it difficult for parents to describe their experiences of child to parent violence and access support from services and family members. Interviewees frequently refer to the embarrassment and shame parents feel as a consequence of being a target of aggression and violence from their son or daughter. Practitioners provide support to help parents overcome such barriers and access the support they need to bring child to parent violence to an end: Ellen, for example, identifies the embarrassment, minimisation and self-blame that can prevent parents from talking about child to parent violence during the initial assessment period:

“Quite often, it (CPV) isn’t something that would be identified at referral. It would be something a parent might disclose to you later on, because they are too embarrassed. ..But again, it’s difficult, like parents, again in my experience the parents would tend to minimise it really and they would take a period of time before they will actually really – maybe verbal abuse wouldn’t even be considered an issue like. And you know, they’ll minimise it ‘well it wasn’t that bad’ or ‘I shouldn’t have done this or I shouldn’t have, I aggravated the situation. If, you know I just left it’...”
Adam, a manager in a voluntary child and family support service also refers to the embarrassment that can prevent parents from speaking about their experiences of child to parent violence. Referring to his work with a father whose adolescent son had been targeting both parents, Adam states:

“I think Dad would say a big thing for him and a big change for him was the air of secrecy. He would never have told his brothers, he would never have told anyone outside of the family for fear of embarrassment”.

All interviewees refer to parents’ need for support to overcome obstacles to speaking about their experiences of child to parent violence, such as embarrassment, minimisation and shame. For some parents, these kinds of obstacles to talking about and responding to the problem of child to parent violence are complicated by living with additional concerns such as accommodation and/ or school problems, mental health problems and/ or drug/ alcohol abuse problems. Similar to the perspectives of women who have had experiences of domestic violence from an intimate partner, some parents experiencing child to parent violence do not recognise verbal abuse as abusive and do not regard bruising as the worst kind of injury. For example, a practitioner in a voluntary child and family support service, Ellen, describes one mother’s perspective:

“I mean this mum, earlier in our work, she came in with a black eye, do you know? And would get, you know for her like she would say ‘well actually there’s things like the spitting is worse than getting a punch’, like, you know?”

A practitioner with Tusla, Kate describes some additional barriers to parents accessing support from a service and later implementing the NVR programme. Kate refers to the range of complicating factors with which a family may be living:

“If the parent’s insight was very low or capability was very low or complicated by addictions or mental health...that would make it next to impossible or very difficult for them to actually enact the approach or start using the approach; you know too much stuff going on themselves...”
Describing one of the young people with whom she works, Ciara, a practitioner with the statutory child and family agency Tusla, provides another insight into the array of factors correlated with child to parent violence:

“he’s a nice lad, hasn’t been attending school, doesn’t really mix well with his peers, his mother would have mental health issues. He’s so angry with his mother that there was an aggressive incident last week where he held a knife up against her”.

Many practitioners who took part in the study share a similar conceptualisation of child to parent violence as taking place in the context of a range of other family difficulties and that child to parent violence could be one way of a child dealing with family or individual difficulties. For example, Carrie, a practitioner with a voluntary child to family service states that

“you’d often find that there’s triggers in the house and that, you know a parent might tell you ‘oh it’s the child, they’re, they’re out of control, they’re doing this’. But then if it’s a teenager and you get them in, you can often find that, you know, it’s, it’s always a family problem, it’s, it’s not the child’s problem. You know the, the, the violence might be the manifestation of a bigger, a bigger issue. There might be drinking in the house or there you know, there might be triggers am there and that’s how the child is, is reacting. So I guess I would be trying to look at all that and then how, how do we, how do we manage this from here I suppose”.

Ciara and Carrie reflect a common belief among interviewees that it is important to develop a relationship with the child or young person using child to parent violence to hear their perspectives.

“Players” is a sub category to which will be explored further, but it is important to clarify however that even though many practitioners describe the importance of involving many people (‘players’ – see below) and hearing different perspectives on the problem, there is never any suggestion in the interviews that child to parent violence is an acceptable or excusable response to individual or family difficulties.
Some practitioners who took part in the study described the impact that experiences of living with child to parent violence can have on parents, referring to a sense of hopelessness and helplessness that can make engagement and intervention with parents even more difficult. For example, Aoife, a practitioner with a CAMHS team describes a parent’s initial ambivalence and upset when it was suggested to her that she attend the voluntary service for a parents group programme for parents living with child to parent violence because she felt “at the end of her tether”:

“So for her, maybe just getting her to the initial session and I think giving her the, the additional support that she needed - she was somebody who was really at the end of their tether. And that seems to have had a, you know, different effects, for different people. Am, that we’ve noticed as well, I think some of our, some of our more ambivalent parents can maybe feel very helpless or hopeless about the situation and not see how their own, how a change in their own behaviour could influence anything at all”.

A practitioner with Tusla, Cian, describes the different priorities that agency may have which may obscure the realities of child to parent violence – in this case a focus on the protection and welfare of children which, as highlighted in the domestic violence literature, can lead to a neglect of the needs of mothers for protection and safety; he also refers to the lack of trust and openness that can exist between parents and practitioners in the statutory child and family agency;

“the concerns we would have would be different to the aggression (of children towards parents), they’d be about supervision of the children...and I would feel there is a lot of minimising going on, on a long term basis and there’s a lot of the parent not wanting you to know absolutely everything about the family. And not being open and forthcoming, only telling you as much as she feels she needs to tell”.

Kate, also a practitioner with Tusla, takes a somewhat different perspective on the priorities for the statutory child and family agency. Kate recognises that parents may not be completely open in their interaction with practitioners from Tusla but she also states that the aim of her intervention is to prevent violence and to help improve well-being for everyone on the family, especially the child. Although not clearly articulated, it could be
suggested that from Kate’s perspective, child to parent violence is detrimental to the well-being of all the children in the family as well.

Sean, a manager in a voluntary child and family support service recognises the complex dynamics involved when working with clients referred to the team by Tusla and remarks that parents who attend the service following a referral from Tusla can find it difficult to trust any practitioners:

“they tend to have more difficulty talking about it and often they minimise it or not really be so forthcoming in talking about how difficult the problem is for them – maybe a little bit more suspicious of (child protection and welfare social worker) being involved in, in all that. So that’s a huge obstacle”.

In response, practitioners try to support and re-assure parents, to create a safe and secure environment so that they can talk openly, as Sean describes it:

“we work hard at trying to engage them, letting them know that we’re, you know, willing and ready to work with them...as we engage with families they trust us. They tend to open up and disclose, you know. We would work hard at creating a safe, secure environment where people feel free to talk about issues that are going on in the family”.

Sean’s description of the way practitioners assess the level and extent of child to parent violence is characteristic of the kinds of approaches to this task described by the interviewees in the study:

“If it is ticked, (if) that box is ticked, we obviously then would look to explore how it’s present in the family, the extent of it, how it shows itself, how it manifests itself, who are the people affected by it, who are the instigators or the initiators, who is impacted by it, who contributes, you know? And also we’d be asking...exactly how this violence manifests itself, what are the triggers, who is impacted, who is affected, who are, who are the players?”

With his description of the kinds of questions that he explores when assessing the level and extent of child to parent violence, Sean’s statement articulates the systemic understanding of assessment clearly outlined by many interviewees. The in vivo sub-category of ‘players’
captures this perspective in a fitting manner as well as indicating the many other parties that have a role in the emergence of and responses to child to parent violence. As used by Sean and other respondents, the sub-category ‘players’ can include the child using child to parent violence, the parents, the members of the support network, the practitioners working the families and the supervisors/managers in an agency. From a systemic perspective, the sub-category of players also draws our attention to questions about supporting and opposing voices to the use of child to parent violence and to whether or not certain rules or patterns apply within a family and/or within a community/society to the use of violence within families.

Secondly, although Sean is talking about assessment strategies used by practitioners in the voluntary child and family support service on the east coast, his emphasis on a systemic approach to assessment was echoed by interviewees working in both statutory and voluntary services. His comments also indicate the ways in which an assessment/intake form could provide useful prompts for a practitioner to inquire about experiences of violence in the family. In the agency in which he works, the practitioner with whom the family first meets is prompted to ask for more information about experiences of violence in the family where the relevant box on the form is ticked either by the parents or by the referrer. However, it seems that when the box on the form is not ticked by the referrer or by the parents, the interviewing practitioner does not ask about experiences of violence during the initial assessment meeting with the parents, unless this is explicitly identified; this is curious as it is well established in the domestic violence literature that many survivors of violence within the home are reluctant to volunteer descriptions of their experiences unless asked directly and safely about abuse/violence.

Recognising that it may be difficult for a parent to regard their experiences of child to parent violence as abusive, some practitioners who took part in the study explicitly referred to the need to support parents and to name aggressive and violent behaviour as such. Kate, a practitioner with Tusla, the statutory child and family agency, identifies one of the key tasks of the practitioner at the initial stages of working with parents as naming the child’s behaviour as abusive:
“(During assessment I’m) trying to get all the information. Sometimes it’s, the parent will hide it (CPV), the extent of it, or minimise it for all sorts of reasons, I suppose. But you try to get as clear a picture as you can and document every incident so that it all builds up to a clear picture, you know? And just flagging that verbal abuse is violent as well. It could be so bad that they think ‘oh no the weekend was ok, but he called me this, that and the other’ very you know, extremely abusive language and try to you know just flag that as well that it’s not acceptable and that there might be a lull in the violence but if that continues the violence is sure to follow” (parenthesis inserted for clarity).

6.3.3 How do practitioners intervene with child to parent violence?

“She (a mother)said she felt afterwards she just felt like for the first time that she felt so held by her family and by people, you know, that she wasn’t on her own...that was huge for her...They (the Supporters) would take the lead from her because that, you know, I suppose you know, parents maybe haven’t been able to take their place as a parent in their own family quite often and they are quite empowered as well, you know (by the support they receive through the NVR programme)” (Ellen, a practitioner from a voluntary child and family support service).

Reflecting on responses to the problem of child to parent violence, many interviewees speak about the crucial importance of the types of support available to parents from the service / practitioner and within the family/ community as playing a determining role in the ending of child to parent violence. Many interviewees state that the Support Network and ending the secrecy as a means of recruiting a Support Network were distinctive features of the Non Violent Resistance programme which empowers parents to ‘take their place’ as parents in the family.

Interviewees regarded support as assisting in the resolution of the problem of child to parent violence in a variety of ways. As noted earlier, many interviewees describe the supportive and systemic approach they take to assessment, being aware that the referral problem often masks further difficulties with which families are struggling. Referring to the
importance of the facilitating open and honest conversations with families, Sean, a manager in a voluntary child and family agency, said:

“As we engage with families, they trust us. We work hard at creating a safe secure environment where people feel free to talk about issues that are going on in the family and we work hard with them you know (we’re) a very skilled team who are able to engage with families where they are able to trust us, you know”.

Parent’s insight into the need to change their own behaviour was regarded by interviewees as essential in effective responses to child to parent violence, facilitated by a supportive, collaborative and incremental approach to engagement and intervention by the practitioner. This is clearly articulated by Kate, a practitioner with Tusla, who says:

“I think getting the parents to acknowledge that their verbal abuse was violent was a breakthrough in there as well in that scenario (where a teenage son was using child to parent violence). It was kind of enlightening for them really to think ‘oh hang on second, we’re calling him a little shit and a little f****r when he’s abusing us but sure that’s, we’re throwing, we’re equally being abusive to him back so’. I think when that happens you’ve a much better chance of things changing then”.

As he describes his work with a father whose adolescent son targeted both parents with child to parent violence, Adam, a manager in a voluntary child and family agency reports a similar dynamic of change occurring in a family when a parent changes how they respond to their child following the support they receive from the service:

“We got him to think about how he would have managed the behaviour in the past, which would, he probably slap them. Or he would probably shout. And Dad would name all these and then, well like, I would feed that back to him ‘you just said you do this, you do this, you do this – can you tell us how you would do it now?’ And he would say ‘well I would do this and I would have a plan and the child would know what to expect from us like. Like when you walk out of the room, he’ll know you’re just not walking away from him. You’ll know, you’re walking away for a reason’ ...”

Other interviewees also explicitly refer their role in supporting parents to change the patterns of their responses to their child by equipping parents with new skills to respond
differently to the aggressive behaviour of their child. Some interviewees explicitly refer to supporting parents to clarify what is and is not acceptable at home and developing a sense of themselves as parents, which they had forgotten. For example, Ellen, a practitioner in a voluntary child and family service, describes the process of change in relation to one family and the impact the support a mother received had on her (the mother, who we will refer to as ‘Gillian’) and on her family, using the Non Violent Resistance Programme approach.

Over several sessions, Ellen and Gillian discussed her experiences of child to parent violence, the key elements of the NVR programme and the different types of support she could identify and recruit. Gillian then broke her silence and told her mother and then her father (the child’s grandparents) about her experiences of child to parent violence, asking them to provide specific types of support for her (which she had previously identified in sessions with Ellen). At first, Gillian was not sure if she would be able to secure the support of her family in responding to child to parent violence in the ways she would like them to – Ellen described it in this way:

“I suppose that was something she was concerned about, especially in relation to her father; that her father would jump in and take over...and get angry with the child and wouldn’t you know approach it properly. But she was delighted then, she said they literally kept it really short after she made the Announcement; (they) came in, kept it really short you know. So I just want to put something in it about the importance of the support, about the empowering, that they are the parent”.

Ellen also describes Gillian’s inclusion of a school teacher in the support network and the positive impact this had for Gillian and her child. This clearly demonstrates the shared belief among interviewees that intervening with child to parent violence is a process that requires the support of parents by practitioners and especially by members of their family and community.

At the same time, interviewees also demonstrated awareness that a range of problems within the family, lower levels of motivation and a lack of commitment to change can be a restraining factor when intervening with child to parent violence. Adam, a manager in a voluntary child and family support agency recounts an example where the NVR programme
was not useful due to a parent’s inability to commit to non-violence and to problems with addiction:

“the obstacles definitely would be parent engagement, their commitment to the programme. Their commitment to non-violence and I suppose in the case where I spoke about where it didn’t work, like Mum says ‘yes I am committing to non-violence’ when she (her daughter) slams that door she (the mother) says ‘well if she slams that f***ing door again, I’m going to break her bleeding neck’. And I’m going to say ‘hold on, you say you’re committing to non-violence but yet...’ So yeah that and then I suppose what’s prohibiting that is the substance (misuse). So I suppose those where the road blocks we were up against with that family.”

Cultural/ community support in relation to the use of child to parent violence was seen by some interviewees as an important factor to consider when intervening with child to parent violence in the sense that the involvement of a Support Network by the parent were understood as having an essential role in ending child to parent violence, as it empowered them to find the strength to respond differently to their child and to make clear to the child that there was no support for their aggressive and violent behaviour at home. Practitioners involved in the study shared the view generally that the young person would be less likely to continue to use child to parent violence when other people knew about his/ her use of it. For example, Ellen, a practitioner in a voluntary child and family support service refers to the impact his perception of how people outside the family might regard him has an impact on the ways in which he behaves towards his mother:

“The kind of realisation then of the power of breaking that, breaking the secrecy is huge, like. In this case, this particular child, he literally- once the front door is open he stops like. Or in the car even, he’d be much less aggressive. Because he is afraid of the public, he was, so for him, that’s huge”.

This could imply a perception among interviewees that there is little cultural or community support for the use of child to parent violence. However, Patricia, a practitioner in a voluntary child and family support service, refers explicitly to young people in the community in which she works as needing to develop a ‘tough front’ to survive their own experiences of neglect and abuse at home, indicating that there may be some peer support
for aggressive and violence behaviour towards mothers in some communities. This point merits the inclusion of an extended extract from the interview with Patricia:

Interviewee: “I suppose a little, a lot of the little, the tougher kids that come here I suppose that’s their make-up, that’s how they survive...

Interviewer: Just so we’re clear, when you say “it’s how they survive” what’s the “it’s” you’re referring to?

Interviewee: Well the behaviour, their, their aggression. You know, their street manner, their toughness. Yeah well I suppose that’s their like - you have little kind of possies of young fellas who go around here...they come to us at about ten or eleven and at that stage they kind of have their image, they have developed their personality, they’ve kind of developed that ‘I don’t care’. So when you try and connect to them and get them to go to a deeper level you know they, they get quite put off by it or quite frightened by it because that’s kind of how they have survived really especially through different circumstances with parents or you know...but then there’s also a perception I find with young guys in this area as well that they need to be tough. You know you will have, you know you will hear parents say to them “you know you need to be a man about this” or “you need this” so there’s a certain persona or image that they feel that they have to fit into as well”.

Given the challenges involved in intervening with child to parent violence in the context of the absence of policy and practice guidance about this problem, it is not surprising that interviewees referred to the explicit support of management as empowering them to ask about experiences of child to parent violence and to implement the NVR Programme in practice. In the teams in which management had expressed clear support for and could offer some guidance in relation to using NVR in practice, interviewees expressed confidence in using that approach in their work with families. For example, Samantha, a practitioner from a voluntary child and family service, states:

“I think the organisation, our organisation is quite good, you know, quite supportive. They have obviously bought into the idea that this programme (NVR) and can offer to families so in that sense that’s quite positive”.

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Kate, a practitioner with Tusla referred to the importance of:

‘good supervision, that it’s, maybe your supervisor is familiar with the model and is supporting the use of it and is clear on how you are using it and is talking you through it in supervision. That would definitely help alright. And maybe I think the agency as a whole having it (NVR) as ah one of the things we can use”.

Referring to a shared understanding among practitioners in a variety of services in the local area relating to child to parent violence and NVR in the aftermath of an inter-agency training programme on those themes, Aoife, a practitioner working as part of a CAMHS team states “So for me, having access to clinical supervision from somebody who is familiar with NVR is a significant support. Em, and again just having, having the awareness that’s there, amongst colleagues, amongst other agencies has also been really beneficial”.

The need for support for intervening with child to parent violence and for shared understandings of intervention programmes among practitioners in a range of services was echoed by other interviewees. For example, Samantha, a practitioner from a voluntary child and family service states that in her view:

“external agencies need to be aware of what NVR is and why it’s being implemented in the family...particularly if they have complex issues and, you know, they are attending our service and they might have a social worker (from the statutory child and family agency, Tusla) and then they might have, you know, a counsellor for other issues and you know, then they might attend the Drugs Task Force and if they have a child with a disability or you know, mental health issues, they might be attending CAMHS. So they have all these different agencies. Each person, each agency providing a different service.....”

Another form of support that is regarded by some interviewees as important is on-going training and consultation with trainers who have knowledge and experience of using the NVR programme in practice, particularly where managers may not be familiar with an approach a practitioner is taking in intervention with child to parent violence. Ellen, a practitioner in a child and family support service noted:
“it would be great to have someone to go to that is completely ok with it (the NVR programme) and knows, you know? Because even there’s questions I have and I’m like ‘actually, I don’t know, you know and I know none of my colleagues would know either. My manager doesn’t know either, you know? So like if there was somebody or a contact person or somebody that you could, that was very, you know, could maybe give you advice in terms of how to approach this particular situation or how a parent should respond and that, you know’.

Aoife, a practitioner working with a CAMHS team also refers to the importance of ongoing training and support:

“I think in terms of ongoing support, am, I think access to some of the information about NVR is an area that I’d see for development I guess….. particularly in relation to some of the, as, as I mentioned, some of the different issues that have come up for us in managing it, I think more guidance around using NVR or adapting NVR in particular circumstances would be helpful”.

Some interviewees referred to the fact that children who were using child to parent violence at home were already known to other services, including statutory agencies. For example, Sean, a manager of a voluntary child and family service states:

“50% of the cases, ah, it’s the (child protection and welfare) social worker or another professional who are basically letting the family know that the situation isn’t acceptable and they’re suggesting that they come here…”

Aoife referred to the upset of a parent who had been referred to a group-work programme for parents living with child to parent violence, whose son was already involved with 2 other agencies:

“There was one parent who initially was very, very ambivalent and actually very upset that this was the programme that she had been offered. Ah she, she was the mother of a teenage son who had become very aggressive both at home and at school and was on the verge of expulsion. Am, she was actually involved with, with two of the agencies who, who are now running the programme”.
Reflecting a similar awareness that families in which child to parent violence is taking place may be known to other services and that all agencies working with a family need to know that kinds of interventions that are being used in response to child to parent violence, Samantha, a practitioner from a voluntary child and family service states that in her view:

“external agencies need to be aware of what NVR is and why it’s being implemented in the family...particularly if they have complex issues and, you know, they are attending our service and they might have a social worker (from Tusla) and then they might have, you know, a counsellor for other issues and you know, then they might attend the Drugs Task Force and if they have a child with a disability or you know, mental health issues, they might be attending CAMHS”.

6.3.4 What are practitioners’ perceptions of the NVR training programme as a response to child to parent violence?

As interviewees spoke about assessing and intervening with child to parent violence, they frequently referred to using their already existing knowledge and skills to determine the nature and extent of parents’ experiences of child to parent violence, the patterns of its occurrence and parents’ feelings about their experiences. Articulating a perspective shared by many interviewees, Luke, a manager with a voluntary child and family service states that:

“What I liked most about it is- it wasn’t new. I mean nearly everything, we’ve had before. It’s just the way of using it that was so much more hopeful. Nobody in the organisation should be totally shocked by the content of the training...I like that and the whole area of being non-violent and non-controlling.”

Describing the practice of two of his colleagues, Sean, a manager in a child and family service states:

“The two workers I’m thinking of who are actually using it (the NVR programme) are very systemic in the way they operate. They’re very client centred...it fits very well with their own particular style of work...they’re happy that it fits for these particular families” (parenthesis added for clarity).
Other interviewees describe the ways in which the Non Violent Resistance Programme fits with their already existing knowledge, skills and values. Kate, a social worker with Tusla states:

“I thought it (ethos of NVR) was good in that a non-authoritarian approach is more effective now...So it’s more of an open dialogue, it’s healthier, it’s, it’s going to have more of a long lasting effect. I like that. That was one of the main things that stood out for me about it, that it was, it was more kind of cooperative and open and with dialogue...people feel more listened to’(parenthesis added for clarity).

Echoing a similar perspective, Ellen, a practitioner in a voluntary child and family service particularly liked what she described as the solution focused and empowering aspect of the programme:

“having used it (the NVR programme) now, I certainly would think it’s really empowering to the parent and very, I mean, the solution focused aspect of it is, you know, I suppose really important. And I think it works really well and it’s really empowering to the parent. So I am much more comfortable with it now”.

Many interviewees report that participation in the Non Violent Resistance Training provided them with a structured and formalised approach which they felt they had previously lacked and without which they believed they had nothing useful to offer. Speaking about a family that had attended the service before practitioners there had received the NVR training, Adam, a manager with a voluntary child and family support agency said:

“The mother and father were at their wits end with the child and we actually had nothing for them. You know, we hadn’t got a – like the child was very violent. And they would come in constantly dropping names saying ‘we need help, we need help’ and we were constantly looking for services that had programmes to help them...so it was a case where these parents needed support and we couldn’t give it to them. We had nothing to give them because the child wouldn’t come in so that couldn’t work. We had, of course, parenting programmes but they didn’t like – they were looking at rules, routines, this wasn’t happening. The child was well beyond that like. So we had nothing so I think when I got the training and when I heard all about NVR, I just got it into my head. It was like another ...tool that we can actually work with parents”.
Susan, a practitioner with a voluntary child and family service also refers to the ways in which the Non Violent Resistance training positively affected her ability to intervene with child to parent violence, giving her the confidence to ask about and to directly address the problem of child to parent violence in families:

“You do feel more equipped going into families and kind of asking them is, is this a problem whereas before, you know, I might have felt -it might have been a problem but you mightn’t have actually addressed it the same way as you would unless they were telling you, you know that kind of way. I think it kind of builds your confidence”.

Some interviewees described the positive responses of some parents to the Non Violent Resistance programme when they implemented elements of the programme at home, making it more likely that the practitioner will continue to use the programme in their work with families. For example, Sean, a manager in a voluntary child and family support agency describes the reaction of parents to the NVR programme:

“The parents like the ideas, so there’s a fundamental, if you like, buy in, if you like from the parents. They like the notion of the, the theoretical notions anyway behind it”.

Cian, a practitioner with Tusla describes the positive reactions of some parents to his suggestion that the time-limited Non Violent Resistance intervention approach might be useful:

“parents generally are really open to (it), saying ‘we’ll try for, for four sessions and, and we shall see some evidence you know, or see some change at the end of that’. I think that’s a really useful idea because most people think of counselling as going on for years and years and going around in circles and you know and not being too practical. And most families would like to see something that, that gives results I guess”.

Kate, a practitioner with Tusla also describes positive experience of discussing it with parents, while relating, as do other practitioners, to the fact that parents are at the ‘end of their tether’ and are ‘desperate’ for something that might work. Kate states that she likes the specific features of the programme particularly in cases where it is hard for the family to see the ‘bigger picture’ and engage with interventions.
From Kate’s perspective, the specific elements of the programme (such as parental commitment to non-violence, de-escalation and the support network) are useful because parents ‘get it’. She also states the programme gives parents something concrete and useful to hold on to in a crisis as:

“when you (a practitioner) approach a family and say ‘ok this is an approach that has worked before with children in, in, in perpetrating violence in the home, this is what I’m going to use, this is what it’s about and this is, we are now going to do a couple of sessions on it’. It can be reassuring to the parents that there’s a tool I suppose that they can use.”

Some interviewees describe the difficulties they had in implementing the Non Violent Resistance programme. Interviewees from Tusla, the statutory child and family agency, perceive voluntary, counselling or CAMHS agencies as having more time or resources to effectively implement the programme. For example, Cian, a practitioner working with Tusla, states that when he suggested the Non Violent Resistance approach to a parent, he did not receive an enthusiastic response:

“So I would, I would have got a knock back from that and (she) said ‘oh no I don’t want, I don’t want everybody to know’… it probably is different for, for, if you’re working in a, in a you know (Tusla) setting to working in a counselling setting where, where a parent is, is kind of wanting to see a change. I think sometimes you’re going from (Tusla) side and you’re saying ‘well you should make this change’. And there isn’t necessarily the parent coming towards you saying ‘yes, that would be a great idea’. So it’s, it’s a suggestion you can put out there but if it’s not taken up, I don’t know, I’m not that sure…”

Interviewees from Tusla shared the belief that the parents with whom they work tend to minimise problems for different reasons and have different levels of motivation that those attending a voluntary child and family service, based on the common conception among interviewees that parents attending voluntary services are more motivated and that practitioners in voluntary agencies have more time to work therapeutically with parents.
Other interviewees were uncertain about implementing particular aspects of the Non Violent Resistance programme and referred to the elements of the programme they felt confident about discussing with parents. For example, Susan a practitioner with a voluntary child and family agency states that during the training, she was reflecting on her work with a particular family and choosing which elements of the programme she felt she could suggest:

“So I thought about how I could start to introduce this and I - maybe it was the first time- I wasn’t feeling so confident so I spoke more about the aspects of the programme that I seemed to believe in or was more convinced about. So I didn’t encourage them to use the programme in full, I did mention, no, I would have encouraged Parental Presence and the declaration of non-violence and really emphasised that because I did get a sense that in that family there was escalation, verbal, where like that the parent would try to get in control and would become quite out of control herself. So those two particular aspects of the programme I did try to encourage. When it came to sit-in’s I wasn’t convinced about that at the time of the training”.

Ellen, a practitioner with a voluntary child and family support service articulates a similar hesitancy where she states that she is unsure if she could advise parents to use ‘protest sit in’ at home in response to child to parent violence. However, Ellen confidently spoke with parents about recruiting a support network and making a formal announcement about the non-violent resistance response at home. Adam, a practitioner with a voluntary child and family service explains that his reluctance to encourage parents to use the protest sit-in approach (a reluctance shared by other interviewees) is based on his concerns that the use of a protest sit-in could lead to an escalation in violent behaviour in the family and that some parents are themselves aggressive and violent towards their son or daughter while the sit in seems to make the child the focus of the intervention.

One interviewee, Ruth, a practitioner with a voluntary child and family support service explicitly states that she would not assess the extent of child to parent violence – or indeed any violence – at home. Ruth describes her understanding of her role as to assist parents develop their parenting skills. However, following her participation in domestic violence training, she asks about experiences of violence at home during the assessment period and
if that was a problem, she makes a referral to a team within the organisation that was established to assess and intervene with domestic violence:

“because I think the violence is, would be getting in the way of everything else you know”.

It seems then that while domestic violence training had given Ruth the awareness to take violence in the family seriously and had given her the confidence to ask about it, her perception is that intervening with parents to address this type of problem lies outside her role. But Ruth clearly identifies the kinds of supports that would be required for any practitioner to respond to child to parent violence, if it emerged in the course of working with children or parents:

“we’ve had the training and I suppose you know, I suppose to use the model well, there’d be shared experiences wouldn’t there, people using it.....getting ideas from others - from your team, your peer support and that, do you know, as to how it’s working for them, what works best and what doesn’t”.

Sean, a manager in a voluntary child and family support service, is excited by the possibilities the NVR programme offers, given the levels of violence that practitioners in the centre hear families describe during their work. In common with the other interviewees who were also managers, Sean supports the continued use of the Non Violent Resistance approach by practitioners and hopes they will continue to use it, adapt it and learn from other colleagues using the Non Violent Resistance approach and discussing it with colleagues. As he states:

“I’m hopeful, it looks like a very interesting way of working - particularly in the kinds of cases that we have where there’s violence in the children towards the parents or the parents have really lost you know, their own sense of their own power and, and are feeling kind of helpless and a sense of hopelessness around it”.

Ellen, a practitioner with a voluntary child and family agency states that she was somewhat uncertain about using the Non Violent Resistance approach at first because it seemed quite directive – a departure from her usual approach to working with families. She describes a process of reflecting on the Non Violent Resistance approach, an increasing sense of comfort/ fit with the programme and positive effect the programme has had for parents
and this gives her the impression that it is quite empowering, one that is shared by many of the interviewees.

6.3.5 What, if any, is the effect of the NVR training programme on practitioner self-efficacy in relation to child to parent violence?

Self-efficacy can be defined, as we saw previously, as an individual’s beliefs about perceived ability to perform (Bandura 1994). Self-efficacy influences an individual’s feelings, thinking, motivation and behaviour. There are four main sources of self-efficacy – past performance (in relation to a skill/ task), vicarious experience (learning through others), social persuasion (conscious efforts by others to instil a strong self-belief) and a person’s physiological and emotional state. These four factors inter-relate to affect an individual’s sense of ability and competence. One of the aims of the qualitative interviews then, was to explore practitioners’ perceptions of whether the Non Violent Resistance Training Programme increased their sense of self-efficacy (perceived confidence and competence) in responding to child to parent violence.

As we saw above, interviewees frequently referred to using their already existing knowledge and skills to determine the nature and extent of parents’ experiences of child to parent violence, the patterns of its occurrence and parents’ feelings about their experiences. It is also clear from interviewees’ responses that in addition to fitting with practitioners’ existing knowledge, skills and values, the Non Violent Resistance programme training provided them with additional knowledge and skills that assisted them to intervene effectively with parents in responding to child to parent violence. For example, Ellen, a practitioner in a child and family support agency echoed the positive sentiment expressed by many interviewees when she states that apart from the Support Network and the Protest Sit In, there was “little that was radically new” in the Non Violent Resistance programme. For example, referring to actively recruiting the Support Network, one of the key components of the Non Violent Resistance approach, Ellen states:

“The idea of support would have been something I would have spoken to her (a mother) about but that was a major ‘no, no’ until this...So the idea of making it formal I suppose, I suppose, about bringing on the supporters formally. I think the idea of formalising it is really, it gives it that power and authority”.

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This reflects the perspective of the interviewees who reported that in their view, the Non Violent Resistance programme represents a structured approach to the problem of child to parent violence, that is an easy to understand programme which fit with their values and that it was supported by emerging research which gave them confidence to talk with parents about child to parent violence and the NVR programme.

But interviewees were aware that the Non Violent Resistance programme was not a ‘one size fits all’ type of programme. For example, referring also to the need for all ‘players’ to work effectively together, Samantha, a practitioner from a voluntary child and family service states that:

“You have to have a very good screening process for your families...if you are implementing a programme like NVR, that the family is able to take it on aboard, you know, work with you around implementing programme. I think if you’re working with families that are more vulnerable, sometimes they need external supports to help them identify what the issues are, what issues the NVR programme is addressing and what issues are external to that. And for that to work as well, external agencies need to be aware of what NVR is and why it’s being implemented in the family”.

Some interviewees speak about the ways in which their practice has been positively affected as a result of the Non Violent Resistance training programme. Susan, a practitioner with a voluntary child and family support service reports that she is much more aware of the need to ask about whether their child ever intended to hurt them:

“I would ask them at some stage if they have experienced aggressive behaviour or if their child has tried to hurt or harm them. I’d be more conscious of doing that since the training”.

Another example of the ways in which the training supported changes in practice is provided by Ella, a practitioner in a voluntary child and family support agency, as she describes how she asks additional questions that would not have occurred to her prior to the training:
“I suppose from doing the training, you know more about what to ask. I didn’t know the stuff on demanding behaviour – that type of thing you mightn’t have thought to ask”.

Luke, a manager in a voluntary child and family agency stated that following the NVR training, the whole organisation is tracking referrals in relation to child to parent violence, which had not been specifically identified and recorded previously:

“Our service now has incorporated a category of family violence which actually identifies parent to parent and child to parent... it is a category the organisation is monitoring”.

Many interviewees articulated a keen awareness of the need for the agency and for their colleagues to support the implementation of the Non Violent Resistance programme. Interviewees drawn from the voluntary child and family support service teams in Dublin referred to the explicit support from management for addressing the problem of child to parent violence within the service and for using NVR as one approach. Interviewees working in that organisation also referred to some colleagues in different centres in that same organisation meeting up as a peer support group on a regular basis to discuss working with child to parent violence following their participation in the Non Violent Resistance training. As Ellen, a practitioner in a child and family support service reports, it is important to have the support of peers as they use this approach in practice:

“Because it is new, it’s a lot of work but we have like a group of us here kind of support. So there is only a couple of us that have started but other people who are going to be working on it come along and talk about it. So that’s really important”.

A recurring theme in the interviews was the need for practitioner to have on-going training and support from peers and management in addressing child to parent violence but also the need especially for some sort of structured practice guidance manual or handbook. Sean and Patrick, managers with voluntary child and family services state that in addition to the training, a step by step guidance for practitioners for using the approach is needed, “so they don’t have to re-invent the wheel” (Sean). Patrick and Sean suggest that such guidance could include having some practical examples about how to apply the theory of Non Violent
Resistance in particular situations with specific families/problems. Kate, a practitioner with Tusla, also identifies the need for a booklet, leaflet or manual that specifies what happens in a step by step and/or session by session manner. Some interviewees state that a handbook or other form of practice guidance would make it easier to implement the Non Violent Resistance programme in working environments where work pressure is high and where practitioners are working with families to resolve complex problems.

6.4. Conclusions from the Qualitative Data

The results of the qualitative element of this small scale constructivist mixed methods study suggest that practitioners in Ireland encounter child to parent violence in their work with families, that they provide support to parents in responding to child to parent violence and that the availability of support (in the form of training, peer support and management/institutional endorsement for intervening with child to parent violence) determines whether or not they can support parents in responding to child to parent violence. Omer et al (2013) suggest that social support strengthens parents, enables them to become more confident and better able to convey their expectations to the child. The findings of the qualitative interviews endorse an approach to responding to child to parent violence that empowers parents through the identification and activation of support from a group that is composed of individuals and agencies outside the family living together, such as members of their extended family and community. The practitioners involved in the study who had worked with parents who had implemented the NVR programme at home refer to the significance to the parents of the support network in effectively reducing the child to parent violence.

Many interviewees understand their role as supporting parents to recognise child to parent violence and to identify it as such for parents but no interviewee used the term ‘victim’ to refer to parents living with child to parent violence. Neither did any of the interviewees in the current study refer to involving the Gardaí (Irish police service) in responding to child to parent violence. A common perception among interviewees is that the Non Violent Resistance Programme supports practitioners in adopting a hopeful and empowering approach to responding to the problem of child to parent violence since the respondents
regard the programme as a structured intervention that is easily understood by parents, who, in many cases, are ‘at the end of their tether’.

This chapter has explored the findings of the qualitative aspect of the current study. In the following chapter, the quantitative findings of this research will be presented. Both sets of data will then be integrated and interpreted leading ultimately to reflections on the implications for practice, policy and research of the current study.
Chapter 7: The Findings - Quantitative Data.

7.1 Introduction

The previous chapter explored the results of qualitative data in this mixed methods integrated constructivist grounded theory and action research study. This chapter presents the results of the quantitative data gathered from two sets of participants: one group of participants took part in the study prior to, at the completion of and at a follow up period after the 2 day Non Violent Resistance training programme. The second group (Wait-List Comparison Group) completed the quantitative questionnaires on two occasions in advance of participating in the 2 day training programme. Both the qualitative and quantitative datasets assist the researcher in investigating the three core questions that concern the current study, specifically:

a) How do practitioners engage with, assess and intervene with child to parent violence;

b) What is the response of practitioners to the Non Violent Resistance 2 day training programme and

c) What is the effect, if any, of the Non Violent Resistance Programme training on practitioner self-efficacy?

The first group of participants in the quantitative research (as described above and in the Methodology chapter) were drawn from child and family practitioners at 3 different sites who attended the Non Violent Resistance Training Programme for Practitioners, all of whom were invited by the researcher to take part in the study. Those who did participate are referred to hereafter as the Training Group. Questionnaire 1 was distributed to all these practitioners at the start of Day 1 (Time 1). Questionnaire 2 was distributed to all practitioners attending the training at the end of Day 2 (Time 2). Finally, Questionnaire 3 was distributed to the participants in the Training Group who attended the training approximately 3 months after the completion of the training (Time 3). The participants were not a homogenous group and since the research was designed as an exploratory grounded theory study, none of the participant groups were intended to be representative of child and family practitioners in Ireland.
The second group of participants, referred to hereafter as the Comparison Group, were a separate group, completely independent of the Training Group. This second group comprised the Wait-List Control Group, all of whom were also invited to take part in the current study. Questionnaire 1 was distributed to all these practitioners approximately three months prior to the commencement of a separate Non Violent Resistance Training for Practitioners Programme (Time 1, Comparison Group). All of these practitioners received Questionnaire 2 at the start of the Non Violent Resistance Training for Practitioners Programme (Time 2, Comparison). Following return of these questionnaires, all practitioners in this group participated in the full two day training programme. Since the aim of recruiting the Comparison Group was to examine whether significant changes in scores on the different scales would take place in the absence of participation in the training programme, it was not necessary to distribute a third questionnaire to participants in the Comparison Group following the training.

It is relevant to restate here that in order to facilitate the tracking of change across the different time periods, the researcher decided that although all those who attended the training and all those on the Wait-List Control Group were invited to take part in the outcomes evaluation by completing the questionnaires, only those respondents who had completed questionnaires at all questionnaire distribution points were included in the analyses.

7.2 Statistical Strategy

The data analysis process involved three phases:

1) Review of data from the research populations (the Training Group and the Wait-List Comparison Group) and the selection of sample groups for data analysis;

2) Assessment of baseline differences between the Training and Comparison Group samples on demographic information and psychological variables using statistical tests;

3) Assessment of between and within group differences at different stages/ times using, as appropriate, parametric and non-parametric inferential statistics.
The selection of the types of statistical tests was based on established guidance (Pallant, 2011: 213). Where assumptions for parametric tests were met as outlined below, these tests were employed. However, as this study utilised modest sample sizes, and the data did not meet certain assumptions of parametric tests on occasion, non-parametric alternatives were used for some of the analyses.

The current study adopted and adapted self-efficacy scales, as discussed in chapter 5 (Methodology), extending previous work by Scourfield et al (2011; 2012) and Holden et al (1996). When interpreting the quantitative data relating to self-efficacy measures in this study relating to Practitioner and Agency Context (PAC), Practitioner Confidence Levels (PCL), Practitioner Knowledge and Understanding (PKU) and Practitioner Skill (Skill), it is important to bear in mind that any self-efficacy measure is not an all-encompassing assessment of training (Holden et al, 2008). There are a range of factors that may affect the outcomes of practitioner involvement in continuous professional development/training activities and an individual’s beliefs about what she/he could do under different sets of conditions (i.e. perceived self-efficacy) is only one of these components (Bandura, 1997; Holden et al, 2008; Dizon et al, 2012). However, self-efficacy research is well established in the literature related to education, social work and nursing and there are clear indications that self-efficacy correlates with achievement outcomes (Holden et al, 2002; Kitching et al, 2011; Gloudemans et al, 2013). Kitching et al (2011) propose that individuals with high levels of self-efficacy are more likely to challenge themselves and be more motivated to succeed when faced with the possibility of failure at a task, while the opposite is also true for individuals with low self-efficacy. The researcher in the current study was intrigued by the findings of the Scourfield et al (2011; 2012) studies relating to the effect of a training programme for social workers and was curious about the learning that might be derived from similar self-efficacy measures in relation to the Non Violent Resistance Programme for Practitioners developed as an integral part of the current study.
7.3 Profile of Participants

7.3.1 Participants in the Training

As described earlier, the Training Group was drawn from all the 75 participants who attended the two day NVR training programme developed as part of the current study. Of the 75 Training Group participants who attended the first day of the training, 63 respondents completed the first questionnaire. Table 13 illustrates the gender, agency context and disciplinary characteristics of the all the respondents who attended the first day of the Non Violent Resistance (NVR) training and completed questionnaire 1.

Table 7.1: Participant Characteristics of all Practitioners attending Day 1 of the Non Violent Resistance Programme Training for Practitioners

<table>
<thead>
<tr>
<th>Participants Attending the Training (n=75)</th>
<th>Respondents who completed questionnaire 1 (n=63)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>Female -51 (81%)</td>
</tr>
<tr>
<td></td>
<td>Male-12 (19%)</td>
</tr>
<tr>
<td><strong>Agency Context</strong></td>
<td>Family Support – 25 (39.7%)</td>
</tr>
<tr>
<td></td>
<td>Child Protection – 18 (28.6%)</td>
</tr>
<tr>
<td></td>
<td>CAMHS – 6 (9.5%)</td>
</tr>
<tr>
<td></td>
<td>Juvenile Justice – 3 (4.8%)</td>
</tr>
<tr>
<td></td>
<td>Other- 10 (15.9%), e.g. fostering or adoption agencies.</td>
</tr>
<tr>
<td><strong>Discipline</strong></td>
<td>Social Work - 22 (34.9%)</td>
</tr>
<tr>
<td></td>
<td>Social Care – 14 (22.2%)</td>
</tr>
<tr>
<td></td>
<td>Psychotherapy – 8 (12.7%)</td>
</tr>
<tr>
<td></td>
<td>Psychology – 7 (11.1%)</td>
</tr>
<tr>
<td></td>
<td>Family Support – 5 (7.9%)</td>
</tr>
<tr>
<td></td>
<td>Other – 5 (7.9%), e.g. Garda, School Counsellor.</td>
</tr>
</tbody>
</table>

Reflecting the different agency contexts within which the training took place, the table above illustrates the multi-disciplinary and multi-agency nature of the individuals who attending the Non Violent Resistance Programme. Since the training was requested by managers at agencies from whom participants were drawn and attendance at the course was voluntary, the table indicates that child to parent violence is a problem that arises in a
range of service and disciplinary contexts. Reflecting the gender profile of people employed in health and social care services, the majority of individuals in this group were female (n=51, 81%).

7.3.2 Research Participants’ Characteristics- Both Groups
The process employed for selection of the research participants and the rationale for recruiting the Comparison Group is discussed in the Methodology chapter. As a consequence of the analytical strategy described earlier (the inclusion in the analysis of responses from only those participants who completed all questionnaires distributed), although 75 participants attended Day 1 of the Non Violent Resistance Training Programme for Practitioners, the final Training Group of Respondents included in the analyses was 11. Applying a similar strategy, although all 19 practitioners on the Wait-List Control Group received copies of the questionnaire, the final number of respondents included in the analyses in the Comparison Group was 14. Table 14 on the following page provides information on gender, agency context, discipline, educational attainment and duration of post qualifying experience of all respondents included in the research samples.

Table 7.2 below also illustrates the absence of males in the Comparison sample and the differences between the two groups in terms of disciplinary and agency background. Of particular interest is the finding that half of the Comparison Group was from one agency, a domestic violence response service.
Table 7.2: Research Participants Characteristics – Both Groups.

<table>
<thead>
<tr>
<th></th>
<th>Training Group (n=11)</th>
<th>Comparison Group (n=14)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>8 (72.2%)</td>
<td>Female – 14 (100%)</td>
</tr>
<tr>
<td>Male</td>
<td>3 (27.3%)</td>
<td>Male -0</td>
</tr>
<tr>
<td><strong>Agency Context</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Support</td>
<td>5 (45.5%)</td>
<td>Family Support – 4 (28.6%)</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2 (18.2%)</td>
<td>Other (D V Agency) – 7 (50%);</td>
</tr>
<tr>
<td>CAMHS</td>
<td>1 (9.1%)</td>
<td>Other (Not specified) – 3 (21.4%)</td>
</tr>
<tr>
<td>Other</td>
<td>3 (27.3%)</td>
<td></td>
</tr>
<tr>
<td><strong>Discipline</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychology</td>
<td>3 (27.3%)</td>
<td>Social Care – 6 (42.9%)</td>
</tr>
<tr>
<td>Social Work</td>
<td>2 (18.2%)</td>
<td>Family Support – 2 (14.3%)</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>2 (18.2%)</td>
<td>Other – 6 (42.9%)</td>
</tr>
<tr>
<td>Family Support</td>
<td>1 (9.1%)</td>
<td>e.g. play therapy, education.</td>
</tr>
<tr>
<td>Social Care</td>
<td>1 (9.1%)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>2 (18.2%)</td>
<td></td>
</tr>
<tr>
<td><strong>Educational Award Level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td>1 (9.1%)</td>
<td>Degree – 1 (7.1%)</td>
</tr>
<tr>
<td>Degree-</td>
<td>2 (18.2%)</td>
<td>Degree – 4 (28.6%)</td>
</tr>
<tr>
<td>PG Diploma</td>
<td>1 (9.1%)</td>
<td>PG Certificate – 4 (28.6%)</td>
</tr>
<tr>
<td>Masters</td>
<td>6 (54.5%)</td>
<td>Masters – 5 (35.7%)</td>
</tr>
<tr>
<td>PhD</td>
<td>1 (9.1%)</td>
<td></td>
</tr>
<tr>
<td><strong>Post qualifying experience:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-5 Years</td>
<td>4 (36.4%)</td>
<td>2-5 Years – 3 (21.4%)</td>
</tr>
<tr>
<td>6-12 Years</td>
<td>4 (36.4%)</td>
<td>6-12 Years – 3 (21.4%)</td>
</tr>
<tr>
<td>12+ Years</td>
<td>3 (27.3%)</td>
<td>12+ Years – 8 (57.1%)</td>
</tr>
</tbody>
</table>

7.4 The Quantitative Data - Outcome Evaluation

In the following sections the results of the hypothesis testing/ outcome evaluations are illustrated. The measures used as part of the current study were described in detail in chapter 5 of this dissertation (Methodology) but it is relevant to restate here that all the psychological measures employed for the analyses were demonstrated to be reliable and have good internal consistency and that the possibility of time-effects on changes in relation to the measures was excluded when applied to the quantitative data.
The statistical measures were not intended to demonstrate direct cause-effect relationships between context-intervention (training)-outcome but rather to explore whether participation in the training could be associated with changes in practitioner perceived self-efficacy relating to, for example, knowledge, understanding and confidence. Primarily, the inclusion of quantitative data in the current study was intended to provide a deeper level of analysis of the research problem as the data derived from the qualitative interviews could also be interpreted in the light of the findings in the quantitative data. For example, inclusion of quantitative data in the current study enabled the researcher to explore whether positive statements by the interviewees were significantly influenced by the insider-outside position of the researcher and social desirability factors. The recruitment of a Wait-List Comparison Group facilitated the researcher in exploring questions such as whether any positive impressions participants might report in relation to the training programme were more likely to be attributable to factors other than participation in the training.

Acknowledging that more reliable conclusions may be reached from larger sample sizes, De Winter (2013) explored whether a parametric test (such as the t-test) could be reliably used in sample sizes equal to or less than 5. His review of relevant literature and his simulation study demonstrated that (where the effect size is large) a paired t-test is feasible with small group sizes and can report reliable results; de Winter (2013) also illustrated that there is no principle objection to using the t-test with sample size even as small as 2. As noted above, the sample sizes in the current study were larger than the samples of 2 or equal to or less than 5 described by de Winter (2013). This lends support to the researcher’s decision to avail of parametric tests in quantitative analysis during the current study where the data met certain assumptions for such tests; as described by Pallant (2007) these assumptions include that the dependent variable is measured at an interval or ratio level, as was the case with most of the measures used in the current study (such as the Practitioner Confidence Scale, for example); a further assumption of parametric tests is that the observations that make up the data must be independent of each other – since none of the participants who took part in the study interacted with each other as the data was collected, this assumption was met during the quantitative data collection periods; parametric techniques also assume
that samples are obtained from populations of equal variances (the variability of scores for each of the groups is similar, reflected in a significance score of greater than 0.5 in a Levene’s test for equality of variance as part of the t-test). Parametric techniques often assume random sampling but as Pallant (2007: 205) notes, this is often not the case in real world research. Equally, random sampling is regularly assumed for non-parametric tests (Pallant, 2007), implying that the researcher should follow the advice of Pallant (2007:207) that the set of results that are most appropriate for the data should be chosen where the assumptions for parametric tests are violated. Given the small scale and exploratory nature of the current study, the use of parametric tests such as t-tests and one way repeated measures ANOVA is justified when other required assumptions are met by the data; consequently, the quantitative results should be interpreted bearing in mind the modest sample sizes, the absence of a random sample in and the exploratory nature of the current study. Enthusiasm for making definitive statements when interpreting the data from small samples is tempered by de Winter’s (2013:8) cautionary note that ‘researchers should always judge the credibility of their findings and should remember that extraordinary claims require extraordinary evidence’.

7.4.1 Testing The Primary Hypothesis: Inferential Statistics - Psychological Variables: Training Group, Time 1- Time 3.

**Primary Hypothesis**: There will be statistically significant increases in scores on PAC, PCS, PKU, and SKILLS Scales from pre-to-post training in the training group.

Adopting the rationale described in section 7.4 above, a series of parametric paired t-tests were conducted to compare scores on a range of psychological variables for the Training Group at Time 1 (pre- training), Time 2 (post- training) and Time 3 (3 months follow-up). Similar tests were conducted on results for questions in relation to Practitioner and Agency Context, Practitioner Confidence, Practitioner Knowledge and Understanding, Practitioner Skills and to Caseload and Discussions with Parents. Respondents were asked questions at Time 1 and Time 3 in relation to Practitioner and Agency Context and to Caseload and Discussions with Parents; only as it was hypothesised that responses for these types of
questions were unlikely to change during the very short interval between the start of Day 1 and the end of Day 2 of the training.

7.4.2 The Training Group: Practitioner and Agency Context (PAC) Scale at Times 1 & 3.

The Training Group respondents’ scores on the Practitioner and Agency Context (PAC) Scale were analysed at two different time periods. Since these scales were administered only at Time 1 and Time 3, a paired samples t-test was conducted, the results of which indicated that there was no statistically significant change in the practitioner and agency context scores between time 1 (pre-training, M=52.73, SD=7.88, N=11) and time 3 (post-training, M=57.36, SD=4.43, t(10)=2.07, p=0.07 (two-tailed). The mean difference in the scores was 4.63 with a 95% confidence interval ranging from -9.62 to 0.35. However, it should be noted that this result bordered on being significant.

Table 7.3 Descriptive Statistics for Practitioner and Agency Context Scale at Times 1 and 3 (the Training Group).

<table>
<thead>
<tr>
<th>Time Period</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1 (Pre-Training)</td>
<td>11</td>
<td>52.73</td>
<td>7.88</td>
</tr>
<tr>
<td>Time 3 (Post-Training)</td>
<td>10</td>
<td>57.36</td>
<td>4.33</td>
</tr>
</tbody>
</table>

7.4.3 The Training Group: Practitioner Confidence Scale (PCS) at Times 1, 2 & 3.

One way repeated measures analysis of variance (ANOVA) design involves a parametric test to measure a research subject’s responses on the same scale over three or more occasions and reveals whether there is a significant difference in the subject’s responses over the different periods (Pallant, 2007). In the current study, a one-way repeated measures ANOVA was conducted to compare scores on the Practitioner Confidence Scale at Time 1 (pre-training), Time 2 (post-training) and Time 3 (approximately 3 months follow up). The means and standard deviations are presented in the table that follows on the next page. There was not any significant effect for time, Wilks’ Lambda = .56 F (2, 8) = 3.18, p=.09 multivariate partial eta squared = 0.44.
Table 7.4 Descriptive Statistics for Practitioner Confidence Scores for Time 1, Time 2 and Time 3 (the Training Group).

<table>
<thead>
<tr>
<th>Time Period</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1 (Pre-Training)</td>
<td>10</td>
<td>42.0</td>
<td>6.14</td>
</tr>
<tr>
<td>Time 2 (Post-Training)</td>
<td>10</td>
<td>48.1</td>
<td>4.93</td>
</tr>
<tr>
<td>Time 3 (3 month Follow-Up)</td>
<td>10</td>
<td>46.6</td>
<td>6.19</td>
</tr>
</tbody>
</table>

7.4.4 The Training Group: Practitioner Knowledge and Understanding Scale at Times 1, 2 & 3.

A one-way repeated measures ANOVA was conducted to compare scores on the Practitioner Knowledge and Understanding Scale at Time 1 (pre-training), Time 2 (post-training) and Time 3 (3 months follow up). The means and standard deviations are presented in the table that follows below. The results of ANOVA indicate that there was a statistically significant effect for time (Wilks’ Lambda = .13 F (2, 8) = 27.69, p = <.001 multivariate partial eta squared = 0.87). Adopting the commonly used guidelines proposed by Cohen (1988: 284-87 in Pallant, 2011: 263) where a partial eta squared value of 0.01 = small, 0.06 = moderate and 0.14 = large effect, the result for this measure indicates a very large effect size. Table 7.5 illustrates the descriptive statistics for Practitioner Knowledge and Understanding Scores for Times 1, 2 and 3 for the Training Group of respondents.

Table 7.5 Descriptive Statistics for Practitioner Knowledge and Understanding Scores for Time 1, Time 2 and Time 3 (the Training Group)

<table>
<thead>
<tr>
<th>Time Period</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1 (Pre-Training)</td>
<td>10</td>
<td>18.9</td>
<td>4.25</td>
</tr>
<tr>
<td>Time 2 (Post-Training)</td>
<td>10</td>
<td>27.2</td>
<td>2.14</td>
</tr>
<tr>
<td>Time 3 (3-4 month Follow-Up)</td>
<td>10</td>
<td>25.10</td>
<td>2.69</td>
</tr>
</tbody>
</table>
7.4.5 The Training Group: Practitioner Skills Scale at Times 1, 2 & 3

A one-way repeated measures ANOVA was conducted to compare scores on the Practitioner Skills Scale at Time 1 (pre-training), Time 2 (post training) and Time 3 (3 months follow up). The means and standard deviations are presented in the table that follows below. The results of ANOVA indicate that there was a statistically significant effect for time (Wilks’ Lambda = 0.36 F (2, 9) = 7.86, p=.01 multivariate partial eta squared = 0.64). This indicates a very large effect size. Table 7.6 below illustrates the descriptive statistics for Practitioner Skills Scores for Time 1, Time 2 and Time 3 for the Intervention Group.

Table 7.6 Descriptive Statistics for Practitioner Skills Scores for Time 1, Time 2 and Time 3 (the Training Group).

<table>
<thead>
<tr>
<th>Time Period</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1 (Pre-Training)</td>
<td>11</td>
<td>18.27</td>
<td>6.34</td>
</tr>
<tr>
<td>Time 2 (Post-Training)</td>
<td>11</td>
<td>25.91</td>
<td>1.70</td>
</tr>
<tr>
<td>Time 3 (3-4 month Follow-Up)</td>
<td>11</td>
<td>25.09</td>
<td>2.17</td>
</tr>
</tbody>
</table>

7.4.6 Participant Caseload Details for Training Group at Follow-Up (Time 3).

In terms of current caseload for the Training Group respondents at time 3, 27.3% (n=3) worked with 10 or less families, with 18.2% (n=2) of participants in the sub-group reporting involvement with 25 or more families. The mean number of families for this group was 17 – 1 higher than the mean reported by this group at time 1, perhaps reflecting an increase in caseloads in the context of practice as described in Chapter 4.

55.6% (n=6) of the respondents in the Training Group at time 3 reported that there were concerns about violence in the families in between 1 and 3 families with whom they were currently working. This is lower than the 80% (n=8) reported by this group at time 1.

63.7% (n=7) of respondents among the Training Group at time 3 had engaged a parent in a discussion about their experiences of child to parent violence and controlling behaviour.
directed at them by their child. This is a lower rate of respondents at time 1 (72.8%, n=8) of the respondents who had engaged a parent in discussions with them about their experiences of child to parent violence and controlling behaviour.

At time 3, 81.8% (n=9) of the respondents in the Training Group reported having a conversation with parents about parental presence and delayed responses to their child’s behaviour. This compares favourably to a lower response rate from this group at time 1 where 45.5% (n=5) had already had a conversation with parents about parental presence and delayed responses to their child’s behaviour.

Since the responses to the questions relating to case load details were considered by the researcher to be ordinal rather than interval, a (non-parametric) Wilcoxon signed rank test was conducted to evaluate the impact of participation in the training on participant scores relating to conversations with parents about parental presence and delayed parental responses. Results indicated a statistically significant increase in discussions with parents about parental presence and delayed parental presence: \( z = -2.5; p = 0.2 \). The median score on this measure increased from pre-training (2) to post-training (3).

**Primary Hypothesis:** There will be statistically significant increases in scores on PAC, PCS, PKU, and SKILLS Scales from pre-to-post training in the training group—**partially supported.**

The researcher considered comparing scores for different measures in relation to characteristics such as gender, disciplinary background and length of experience, but as analysis of table 14 above indicates, the numbers in these sub-groups were too small to facilitate a robust analysis.
7.5. The Comparison Group: Psychological Variables – testing the secondary hypothesis

Secondary Hypothesis: There will be no statistically significant increases in scores on PAC, PCS, PKU, and SKILLS Scales for the Comparison Group at two different times prior to the commencement of the training programme.

Adopting the same rationale as that chosen above and described in section 7.4, a series of parametric paired t-tests were conducted to compare scores on a range of psychological variables for the Comparison Group at Time 1 (3 months pre-training) and Time 2 (at the start of Day 1, but before the training commenced). Similar tests were conducted on results for questions in relation to Practitioner and Agency Context, Practitioner Confidence, Practitioner Knowledge and Understanding, Practitioner Skills and to Caseload and Discussions with Parents.

7.5.1 The Comparison Group: Practitioner & Agency Context Scale at Times 1 & 2.

A paired samples t-test was conducted to measure the difference, if any, in the Comparison Group respondents’ scores on the practitioner and agency context (PAC) scales between Time 1 (3 months prior to the training) and Time 2 (at the start of the first day of training). The results of the paired samples t-test indicate there was no statistically significant change in PAC scores between time 1 (M=56.38, SD= 5.06, N=13) and time 2 (M=56.08, SD=5.71, N=13, t (12) = .24, p= .817 (two tailed). The mean difference in the PAC scores was 0.31 with a 95% confidence interval ranging from -2.53 to 3.14.

Table 7.7 Descriptive Statistics for Practitioner and Agency Context Scale at Times 1 and 2 (the Comparison Group).

<table>
<thead>
<tr>
<th>Time Period</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1 (3 months Pre-Training)</td>
<td>13</td>
<td>56.38</td>
<td>5.06</td>
</tr>
<tr>
<td>Time 2 (Pre-training, Day 1)</td>
<td>13</td>
<td>56.08</td>
<td>5.71</td>
</tr>
</tbody>
</table>
7.5.2 The Comparison Group: Practitioner Confidence Scale (PCS) at Times 1 & 2.

Examining respondent scores on the Practitioner Confidence Scales (PCS), a paired samples t-test was also conducted to measure the difference, if any, in the Comparison Group respondents’ scores between time 1 and time 2. The results of the paired samples t-test indicated there was no statistically significant change in practitioner confidence scores between time 1 (M=42.79, SD= 3.85, N=14) and time 2 (M=42.86, SD=6.41, N=14, t (13) = .038, p= .970 (two tailed). The mean difference in the scores on the practitioner confidence scale was 0.71 with a 95% confidence interval ranging from -4.11 to 3.97.

Table 7.8 Descriptive Statistics for Practitioner Confidence Scale at Times 1 and 2 (the Comparison Group).

<table>
<thead>
<tr>
<th>Time Period</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1 ( 3 months Pre-Training)</td>
<td>14</td>
<td>42.90</td>
<td>3.85</td>
</tr>
<tr>
<td>Time 2 (Pre-training, Day 1)</td>
<td>14</td>
<td>42.86</td>
<td>6.41</td>
</tr>
</tbody>
</table>

7.5.3 The Comparison Group: Practitioner Knowledge & Understanding Scale (KUS) at Times 1 & 2. A paired samples t-test was conducted to measure the difference, if any, in the Comparison Group respondents’ scores in the Knowledge and Understanding (KUS) scales. There was virtually no change in the scores and the results were found to have no statistically significance change between time 1 (M=21.29, SD= 2.33, N=14) and time 2 (M=21.78, SD=2.72, N=14, t (13) = .87, p=.398 (two tailed). The mean difference in the KUS scores was 0.50 with a 95% confidence interval ranging from -1.74 to .74.

Table 7.9 Descriptive Statistics for Practitioner Confidence Scale at Times 1 and 2 (the Comparison Group).

<table>
<thead>
<tr>
<th>Time Period</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1 ( 3 months Pre-Training)</td>
<td>14</td>
<td>21.29</td>
<td>2.33</td>
</tr>
<tr>
<td>Time 2 (Pre-training, Day 1)</td>
<td>14</td>
<td>21.78</td>
<td>2.72</td>
</tr>
</tbody>
</table>
7.5.4 The Comparison Group: Practitioner Skills Scale at Times 1 & 2.

A review of the results of a paired samples t-test (measuring the difference, if any, in Comparison Group respondents' scores) on the Skills scale indicates that there was no statistically significant change in Skills scores between time 1 (M=19.50, SD=3.18, N=14) and time 2 (M=18.93, SD=4.94, N=14, t (13) = .824, p= .425 (two tailed). The mean difference in the Skills scores was 0.57 with a 95% confidence interval ranging from -0.93 to 2.07.

Table 7.10 Descriptive Statistics for Practitioner Skills Scale at Times 1 and 2 (the Comparison Group).

<table>
<thead>
<tr>
<th>Time Period</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time 1 ( 3 months Pre-Training)</td>
<td>14</td>
<td>19.50</td>
<td>3.18</td>
</tr>
<tr>
<td>Time 2 (Pre-training, Day 1)</td>
<td>14</td>
<td>18.93</td>
<td>4.94</td>
</tr>
</tbody>
</table>

Secondary Hypothesis: There will be no statistically significant difference between Time 1 and Time 2 for the scores reported by the Comparison Group on the measures of Practitioner and Agency Context, Practitioner Confidence, Practitioner Knowledge and Understanding, Practitioner Skill and Discussions with Parents about Parental Presence and Delayed Parental Responses—confirmed.

Comparing the findings of the quantitative data for the Training Group with the findings for the Comparison Group, it may be hypothesised then that any statistically significant change in the Training Group scores on the psychological measures across different intervals may reasonably be correlated with the respondents' participation in the Non Violent Resistance Training Programme for Practitioners.
Comparing Participant Caseload Details for the Training and Comparison Groups.

Among the respondents in the Comparison Group, 61.5% (n=8) of the sample reported working with 10 or less families, with 14.2% (n=2) of participants in this group reporting that they worked with 20 or more families, at the start of Day 1 of the Training. The mean number of families for participants in the non-intervention (Comparison Group) group at time 1 was 13. This was significantly less than the mean number of families for the Training Group which was 17. However, as respondents in neither the Training nor Comparison groups were asked whether they worked full or part-time, this variable may have had an influence on caseload allocation between the two groups. This figure could also indicate different caseload allocation practices between the different agencies represented among participants in the Non Violent Resistance Training Programme.

Among the Comparison Group of respondents, 46.2% (n=5) reported that there were concerns about violence in the family in between 1 and 3 families in their current caseload. The mean value was 5 families. This compares to the much higher proportion of respondents in the Training Group (80%, n=8) who reported that there were concerns about violence in the family in between 1 and 3 families with whom they currently worked. This could be reflective of the fact that more than half of the respondents in the Comparison Group were employed with a Domestic Violence Refuge and Outreach service, suggesting that a large number of clients with whom these respondents were working were in accommodation in the Refuge and therefore relatively safe from harm compared to those still living with their families at home.

In their responses to whether they had engaged a parent in a discussion about their experiences of violent and controlling behaviour directed at them by their child, 74.6% (n=11) of the respondents in the Comparison Group indicated that they had such conversations prior to the training. Additionally 14.3% (n=2) of respondents in the Comparison Group also reported having a conversation about parental presence and delayed responses to their child’s behaviour with all of the parents who reported experiences of child to parent violence.
These results can be compared with the responses of Training Group where a higher rate of respondents (90.9%, n=8) reported that they had engaged a parent in a discussion about their experiences of child to parent violence and controlling behaviour directed at them by their child prior to the training in the Non Violent Resistance Programme.

A higher rate of respondents in the Training Group (45.5%, n=5) than in the Comparison Group, reported that prior to the NVR training, they had already had a conversation with parents about parental presence and delayed responses to their child’s behaviour. These results could be reflective of the fact that 63.7% of the respondents in the Training Group were employed by the then Child Protection and Welfare Services of the HSE, where Family Support and Social Work Practitioners operate under the same legislation, policies and procedures which oblige practitioners to report and respond to concerns about abuse and neglect and would have been obliged to attend training on implementing Children First in their practice (McGregor & Devaney, 2015).

In terms of the impact of participation in the NVR training on addressing concerns about child to parent violence in the family and discussing strategies for responding to this problem at home, at time 3 – approximately three months following the Training-, 81.8% (n=9) of the respondents in the Training Group reported having a conversation with parents about parental presence and delayed responses to their child’s behaviour. This compares favourably to a lower response rate from this group at time 1 where 45.5% (n=5) had already had a conversation with parents about parental presence and delayed responses to their child’s behaviour. Reflecting the findings of the qualitative interviews, the quantitative data confirm the reported perceptions that respondents used the knowledge, understanding and skills developed through the NVR for Practitioners training programme and that participation in the training had a positive impact on their intervention with families living with child to parent violence.
7.6. Summary of Quantitative Results and Conclusion

This chapter described the characteristics of the Training and Comparison Groups and presented the findings that emerge from the quantitative data research. There were no changes over time for the Comparison Group, reducing the likelihood that the effects evident in the Training Group are not correlated in some manner with Training Group respondents’ participation in the Non-Violent Resistance Training for Practitioners Programme.

The quantitative data gathered as part of the current study partially supports the primary hypothesis. There is no statistically significant change in the practitioners’ scores on the Practitioner and Agency Context Scale. However, the outcome data indicates statistically significant increase in scores in relation to Practitioner Knowledge and Understanding (PKU) and Practitioner Skills Scale (SKILLS) and to the question about Discussion with Parents in relation to Parental Presence and Delayed Responses.

Notwithstanding the limitations that the two research samples were modest (Training Group, N=11; Comparison Group, N=14) and all of the research respondents were also self-selecting participants in a training programme focusing on child to parent violence, it is note-worthy that the vast majority of respondents (80%) from the range of agencies represented in the Training Group who attended the NVR training programme had concerns about violence in the family in one or more of their cases. The quantitative findings resonate with the qualitative finding that indicate that many of the practitioners working with children and families who took part in the current study regularly encounter concerns about violence in the family and discuss these concerns with parents when they arise. As noted earlier, the quantitative data also indicate that at the post-training follow up period, 81.8% of the respondents in the Training Group reported having a conversation with parents about parental presence and delayed responses to their child’s behaviour, a significant increase on the 45.5% of respondents prior to the training who had already this kind of conversation with parents.
This research is designed as a mixed methods study that integrates constructivist grounded theory and action research methodologies. Embedding a secondary form of data (the quantitative data in the current study) within a study that has the qualitative data as the primary database facilitates the integration of the rigor and precision of experimental (or quasi-experimental) designs of quantitative data with the depth of understanding that can emerge through qualitative methods and data (Rudestam & Newton, 2001; Creswell, 2006). The quantitative data gathered during the current study lends weight to and supports the findings of the qualitative data indicating that research participants in the current study believed that participation in the Non Violent Resistance for Practitioners Training had a positive impact on knowledge, understanding and skill levels in relation to responding to child to parent violence. The quantitative data also support the qualitative finding that subsequent to the training, practitioners also engaged in more conversations with parents about parent presence and delayed responses to their child’s behaviour.

Integrating qualitative and quantitative data in this manner was also consistent with a constructivist grounded theory and action research epistemologies which privilege the experiences and perspectives of the research participants in the development of substantive theories about child to parent violence. In the following chapter, the findings from the qualitative and quantitative aspects of the study are integrated and the implications of the results of the study are discussed.
Chapter 8: Integration and Discussion

8.1 Introduction

This chapter integrates and discusses in greater depth the findings from both the qualitative and quantitative analyses. The context of the discussion is set through a review of the research questions, aims and objectives. A summary of the methodology adopted throughout the study is provided. The qualitative and quantitative findings are further interpreted and integrated, leading to a conceptualisation of the problem and its resolution grounded on the experiences and perceptions of the practitioners in Ireland who took part in this mixed methods study.

8.1.1 The Research Questions and Rationale

The current study was designed with the aim of addressing the following questions:

1. How do child and family practitioners engage with, assess and intervene with child to parent violence?
2. What is the response of child and family practitioners to the adapted Non Violent Resistance Programme?
3. What, if any, is the effect of the 2 day training programme on Non Violent Resistance on practitioner self-efficacy in relation to child to parent violence?

These research questions and the rationale for the development of the current research study exploring child to parent violence and the Non Violent Resistance response to this problem emerged in the context of the absence of:

(a) clear guidelines on responding to child to parent violence in research, policy and practice papers;
(b) an extensive body of literature on conceptualising child to parent violence;
(c) research addressing the problem of child to parent violence in Ireland that circumvents the problem of minimal or no engagement with an intervention by the child using child to parent violence;
(d) training for practitioners in assisting parents living with the problem of child to parent violence which had begun to come to the attention of practitioners in a range of community based health and social care settings from 2008 onwards.
8.1.2 The Research Aims and Objectives

Responding to the practice, policy and research gaps identified above, this study aimed to add to the emerging body of literature on the perspectives of practitioners in relation to child to parent violence by exploring the perceptions of child and family services practitioners in Ireland in relation to child to parent violence and the Non Violent Resistance Programme (Omer 2004; Weinblatt & Omer 2008). The current study developed and implemented a 2 day training programme for practitioners based on the Non Violent Resistance model. There was some promising evidence suggesting that the Non Violence Resistance programme (Weinblatt & Omer, 2008) could inform practitioners’ responses when working with parents living child to parent violence. Building on the experience and existing skills of practitioners in community-based services, the NVR Programme seemed to potentially offer a brief, systemic, solution-focused response to the emerging problem of child to parent violence. Table 8.1 presents the objectives, identifying where they are discussed and explored in further detail in this thesis.

Table 8.1: The Research Objectives and their location in the thesis

<table>
<thead>
<tr>
<th>Research Objectives</th>
<th>Location in Thesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>It was proposed that the research study would:</td>
<td></td>
</tr>
<tr>
<td>Situate and consider the use of child to parent violence by children and young people in a socio-cultural and systemic context;</td>
<td>Chapters 1, 2, 4 &amp; 8.</td>
</tr>
<tr>
<td>Explore responses within different policy, social work and therapeutic context to the problem child to parent violence;</td>
<td>Chapters 2, 3, 4 &amp; 8.</td>
</tr>
<tr>
<td>Adapt and develop a Non Violent Resistance Programme that targets the use of child to parent violence and aims to reduce parental isolation, hopelessness and helplessness;</td>
<td>Chapters 3, 5 &amp; 8.</td>
</tr>
<tr>
<td>Integrate knowledge from practitioners into the evolution of the Non Violent Resistance model in Ireland;</td>
<td>Chapters 3, 6, 7 &amp; 8.</td>
</tr>
<tr>
<td>Explore NVR training participant perceptions at the beginning, end and follow up periods of the programme.</td>
<td>Chapters 6, 7 &amp; 8.</td>
</tr>
</tbody>
</table>
8.1.3 Methodology

The current study is a mixed method one, employing qualitative and quantitative data collection strategies, with constructivist grounded theory being used as the methodological and epistemological frameworks underpinning the research. Designed as a sequential exploratory study, the qualitative data is the primary database for the research, with more weight assigned to it and with the quantitative data embedded as a secondary database. The databases are mixed during the interpretation and concluding phases of the study, facilitating a more comprehensive understanding of the research problem.

An initial narrative literature review established that there is a policy, practice and research silence in relation to child to parent violence; there seemed to be a very limited pool of knowledge about practitioners’ perceptions of the problem and of specific responses to child to parent violence in Ireland. Constructivist grounded theory approaches to research design was chosen as the methodological framework as it facilitates an exploration of concepts and relationships in a research area where little or no prior theory has been elaborated (Corbin and Strauss, 2008). It is also a methodology that enables the voices of participants to be heard without the imposition of the researcher’s hypotheses or biases (Allen, 2012).

8.1.4 The Limitations of the Study

The limitations of the current study were explored in depth in the Methodology chapter. In summary, the findings of this study represent the views and perceptions of the practitioners who took part in the study. The limited nature of this mixed methods study means that the research findings cannot be generalised to a wider population of practitioners. Additional limitations that apply to the current study include: participants in the study were not recruited through a random sampling procedure and a randomised controlled trial design was not adopted for the current study; the research samples were modest in size and there was a limited completion rate of all three questionnaires by individual respondents. The research is based on the perceptions and experiences of practitioner participants only, but in future, the inclusion of, for example, data collected from parents who have experienced and children who have used child to parent violence could provide a further level of analysis and a richer grounded conceptualisation of child to parent violence.
Notwithstanding these limitations, one of the strengths of this study is that the data gathered and interpreted as part of this study contribute towards the development of a grounded theory in relation to child to parent violence and its portrayal of a credible and convincing account of the ways in which practitioners in a variety of settings in different parts of Ireland understand and respond to child to parent violence.

8.2. Summary of the Qualitative Findings

Following a brief description of the data collection process, this section summarises and further elaborates the qualitative findings of the current study. As part of the data collection process during the qualitative phase of the current study, 19 practitioners from different disciplines (such as for example, social work, family support and psychology) from voluntary and statutory agency contexts in Ireland were interviewed. The qualitative research participants were derived from practitioners in one organisation in Dublin and from the two different locations in the west of Ireland who had attended the two Day Non Violent Resistance Programme for Practitioners developed as part of this study. The transcripts of the interviews were analysed according to the principles and practices of grounded theory (Corbin & Strauss, 2008), as described in further detail in the Methodology and Results of the Study- Qualitative Findings chapters.

Gallagher (2004, a, b) Omer (2004; 2013) and Wilcox et al (2015) are among the authors, as noted in the Literature Review chapter who describe the experiences of parents living with child to parent violence and the guilt, shame and secrecy that becomes part of their lives when a child coerces them, threatens them and uses acts of violence and abuse towards them. The practitioners interviewed in Ireland as part of the current study also talk about the similar feelings of guilt, secrecy and shame described by some of the parents with whom they work. All of the research interviewees who had used Non Violent Resistance in their practice following participation in the NVR the training also describe the positive impact on the lives of families of the implementation by parents of the NVR Programme, to which they were introduced by the practitioners. As we saw in the Results – Qualitative Findings chapter, parents who implemented the NVR programme at home and who recruited a
Support Network described to interviewees their experiences of support from family members and others; some interviewees referred to the impact of this experience of support as assisting parents to develop a new sense of themselves as parents, and to, as described by Ellen, a practitioner in a voluntary child and family service, ‘take their place as parents’.

### 8.2.1 Core category – Support.

**Support** is the core category in the findings. In grounded theory research findings, the core category (‘support’ in the current study) accounts for any variance in the qualitative data, reflects the main concern of participants and resolves the research problem according to the participants (Corbin & Straus, 2008); from the perspectives of the interviewees in the current study, the presence or absence of support determines how and whether the problem of child to parent violence is resolved in families. This core category also reflects the goals of the interviewees to achieve the desired outcome from their interactions with parents and families – to provide a level of support to parents so that parents could develop the ability to end child to parent violence at home. The main concern of the practitioners who were interviewed as part of this study was accessing and providing support to parents to resolve the problem of child to parent violence and accessing the support they needed to effectively intervene in response to child to parent violence.

### 8.2.3 Sub-categories: ‘Players’ & empowerment.

In addition to the core category of ‘support’, a number of sub-categories were identified, including the *in vivo* sub category of ‘players’. A sub-category rich in meaning and as described further below, from the perspective of the research participants, ‘players’ refers to anyone with an interest in the life of the family and can include the parent, the child, extended family members, practitioners and managers; this category can also refer to anyone who contributes to the emergence or prevention of violence.

The sub-category ‘empowerment’ has two key meanings within the data: it can be understood by practitioners who took part in the study as the ability to act as a parent in the family. Empowerment can also be regarded by interviewees as a practitioner’s ability to offer useful skills to parents living with child to parent violence. Themes of support,
‘players’ and empowerment emerged consistently from the qualitative interviews. The importance of the development and maintenance of support for practitioners, together with the development of supports for parental competence and authority resonates throughout the interviews that were carried out as part of this study and contribute towards the emergence of a multi-layered and nuanced grounded theory relating to the problem of child to parent violence.

Figure 1 on the following page represents the core category of support integrated with the sub-categories of ‘players’ and empowerment as described by interviews and related to central ideas of the Non Violent Resistance Programme.

As described in The NVR Programme chapter, parents were facilitated by some interviewees to implement the NVR Programme in their daily lives and relationships with their children. The central ideas of the NVR Programme include parents committing to non-violence, actively resisting the aggressive and violent behaviour of their child and recruiting a Support Network with specific tasks to assist in resisting child to parent violence. Some interviewees relate parents’ experiences of the Support Network to a new sense of empowerment for parents, enabling them to act as parents in the lives of their children. Interviewees describe the Non Violent Resistance Programme as supporting their practice by providing them with a structured and easy to understand strategy for assisting parents in responding to child to parent violence at home. The breaking of secrecy entailed in recruiting the Support Network, the parents’ commitment to changing their responses to their child’s behaviour (by avoiding violent or humiliating language and action) and the support of the practitioner throughout this process were understood by practitioners interviewed during this study as playing significant roles in effective responses to child to parent violence.

The ways in which the qualitative findings relate to the research questions of the current study are explored in further detail in the sections in this chapter where the integration of the qualitative and quantitative findings is explored in depth, particularly in tables 8.b –e.
8.3. Summary of the Quantitative Findings

The following section summarises and reflects on the quantitative findings of the study. As noted earlier in this chapter, one of the core research questions underpinning the current study related to the effect, if any, of the Non Violent Resistance training programme on practitioner perceived self-efficacy in relation to child to parent violence. This constructivist mixed methods study adopted two key approaches to exploring this question. One approach was to explore this question in the course of qualitative interviews. The second approach was to gather quantitative data from research participants at different points during the study, employing questionnaires that were designed with the intention of measuring changes, if any, in perceived self-efficacy across time.
Quantitative results confirm a statistically significant increase between pre- and post-training and follow up scores reported by respondents in the Training Group on the measures of Practitioner Knowledge and Understanding (PKU), Practitioner Skill and Discussions with Parents about Parental Presence and Delayed Parental Responses. The quantitative data also indicate a statistically significant increase in these scores with very large effect sizes, as described in detail in chapter 7. There was no statistically significant change in the scores for the Research Group for neither the Practitioner Agency and Context (PAC) Scale nor the Practitioner Confidence (PCS) Scale following their participation in the training.

Analysis of the quantitative data casts light on the caseloads and the prevalence of concerns about violence in the family among practitioners in both the Training and Comparison Groups. At time 3, 27.3% (n=3) of respondents in the Training Group reported working with ten or less families while 18.2% (n=2) were working with 25 or more families. The mean number of families for the Training Group was 17 –1 higher than the mean reported by this group at time 1, perhaps reflecting an increase in caseloads in the context of practice as described in Chapter 4.

Among the respondents in the Comparison Group, 61.5% (n=8) of the sample reported working with 10 or less families, with 14.2% (n=2) of participants in this group reporting that they worked with 20 or more families, at the start of Day 1 of the Training. The mean number of families for participants in the non-intervention group at time 1 was 13. This was significantly less than the mean number of families for the Training Group which was 17. However, as respondents in neither the Training nor Comparison groups were asked whether they worked full or part-time, this variable may have had an influence on caseload allocation between the two groups. This figure could also indicate different caseload allocation practices between the different agencies represented among participants in the Non Violent Resistance Training Programme.

Among the Comparison Group of respondents, 46.2% (n= 5) reported that there were concerns about violence in the family in between 1 and 3 families in their current caseload. The mean value was 5 families. This compares to the much higher proportion of
respondents in the Training Group (80%, n=8) who reported that there were concerns about violence in the family in between 1 and 3 families with whom they currently worked. This could be reflective of the fact that more than half of the respondents in the Comparison Group were employed with a Domestic Violence Refuge and Outreach service, suggesting that a large number of clients with whom these respondents were working were in accommodation in the Refuge and therefore relatively safe from harm compared to those still living with their families at home.

In their responses to whether they had engaged a parent in a discussion about their experiences of violent and controlling behaviour directed at them by their child, 74.6% (n=11) of the respondents in the Comparison Group indicated that they had such conversations prior to the training. Additionally 14.3% (n=2) of respondents in the Comparison Group also reported having a conversation about parental presence and delayed responses to their child’s behaviour with all of the parents who reported experiences of child to parent violence.

These results can be compared with the responses of Training Group where a higher rate of respondents (90.9%, n=8) reported that they had engaged a parent in a discussion about their experiences of child to parent violence and controlling behaviour directed at them by their child prior to the training in the Non Violent Resistance Programme.

In terms of the impact of participation in the NVR training on addressing concerns about child to parent violence in the family and discussing strategies for responding to this problem at home, at time 3 – approximately three months following the Training-, 81.8% (n=9) of the respondents in the Training Group reported having a conversation with parents about parental presence and delayed responses to their child’s behaviour. This compares favourably to a lower response rate from this group at time 1 where 45.5% (n=5) had already had a conversation with parents about parental presence and delayed responses to their child’s behaviour. Reflecting the findings of the qualitative interviews as discussed earlier, the quantitative data confirm the reported perceptions that respondents used the knowledge, understanding and skills developed through the NVR for Practitioners training
programme and that participation in the training had a positive impact on their intervention with families living with child to parent violence.

8.4. Integration of Findings

The following sections integrate and discuss the findings of the qualitative and quantitative aspects of the current study. Among the benefits of integrating data from qualitative and quantitative data collection strategies is the use of secondary data to cast light on and confirm/ provoke further questioning of the primary data – the qualitative findings in the current study. Given that the researcher had delivered the NVR training to the research participants and had become acquainted with participants over the course of the two day training programme, it could be speculated that interviewees might wish to present a favourable account of their experiences of the training to the researcher/ trainer who, they knew, had adapted the NVR model. The anonymous quantitative data then, could provide the opportunity of interpreting the qualitative interview data from a perspective that could not have been possible had the research relied on qualitative data alone.

Using the Tables that follow below, this section illustrates the links between the research questions and the responses to the questions that emerge from the qualitative and quantitative data. The core category and sub-categories are also represented.

Table 8.2: Question 1-Integrated findings

<table>
<thead>
<tr>
<th>Research Question 1.</th>
<th>How do child and family practitioners engage with, assess and intervene with child to parent violence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Findings of the Research.</td>
<td>Child to parent violence is conceptualised by interviewees as a complex problem, with challenges in engagement, assessment and intervention. These include the embarrassment, shame and stigma felt by parents experiencing child to parent violence, the potential for minimisation due to embarrassment, shame or lack of recognition of the problem by parents or challenges related to whether involvement with the service was on a mandatory (child protection) or voluntary basis.</td>
</tr>
</tbody>
</table>
Findings of the Research in relation to Question 1 (contd.)

Further challenges recognised by interviewees was the existence, in some cases, of complicating stressors such as problems at school, the threat of homelessness or mental health difficulties, of problems with alcohol or drug misuse or, as referred to by one interviewee, the young person’s need to project a tough image in order to deal with the experiences of family problems at home or in response to perceived community expectations that boys in particular should be ‘tough’ and ‘be a man’.

Interviewees from a range of disciplines adopted a systemic approach to assessment and intervention, exploring the perceptions of family members, including the child, in relation to the problem and aiming to work in partnership with other agencies. Interviewees (from both voluntary and statutory settings) understood their role as including naming child to parent violence as a problem and as supporting parents by listening to them and providing them with useful skills, some of which they drew from the NVR Programme.

Some of the interviewees explicitly referred to the need for parents to change their own behaviour when they respond to their child, since some parents were regarded as ‘triggering’ the abusive and violent behaviour of their child. However, there was never any suggestion of parents being understood as being the cause of or responsible for child to parent violence.

Some interviewees spoke about being uncertain about how best to respond or to being unable to respond to the problem of child to parent violence in advance of the training in Non-Violent Resistance.

Although some interviewees referred to the possible influence of experiences of domestic violence and/or abuse in the emergence of child to parent violence, no practitioner in the study referred to the child using child to parent violence as an ‘abuser’ or ‘perpetrator’ or to the parents as ‘victims’ or ‘survivors’ of child to parent violence.

Interviewees regard child to parent violence as a family, relationship and parent-child conflict problem; none expressed a belief that the problem is related to issues of power and control.

The quantitative data indicate that practitioners are working in environments that support addressing violence in the family and that following the training, the participants’ sense of skill, knowledge and understanding significantly increased.
Table 8.3: Question 2 – integrated findings

Research Question 2.
What is the response of child and family practitioners to the adapted Non Violent Resistance Programme?

Findings of the Research.
Research participants responded positively to the NVR Programme. The model was regarded by interviewees as building upon their previous training and as fitting with their ethos and values. This point was reflected in both the qualitative and quantitative findings.

Some interviewees who had used NVR in practice in the interval between participation in the training and in the research interviews reported a positive response from parents.

The quantitative data also indicate a significant increase in practitioners discussing with parents the key concepts of parental presence and delayed parental responses to their child’s behaviour. These effects took place notwithstanding initial anxiety and reluctance from both some practitioners and parents, particularly in relation to the Non Violent Resistance concepts of recruiting the support network and involving the wider family and community.

The NVR Programme was regarded by participants as something constructive and supportive to offer families in addition to the existing skills and knowledge of the practitioner. Participation in the Non Violent Resistance training had a positive impact on practitioner scores on measures relating to Practitioner Knowledge and Understanding (PKU), Practitioner Skill and in Involving Parents in Discussions about Parental Presence and Delayed Parental Responses.

Table 8.4: Question 3 – integrated findings

Research Question 3
What, if any, is the effect of the 2 day training programme on Non Violent Resistance on practitioner self-efficacy in relation to child to parent violence?

Findings of the Research.
In qualitative interviews, many interviewees spoke positively about having something concrete to offer to parents living with child to parent violence, with some specifically referring to the Parental Self-Control (de-escalation and the ‘pause button’), the Support Network, the Announcement. Although many interviewees state the idea of the Support Network would not have occurred to them prior to the training, some referred to their sense that although there was little that was new in the terms of concepts, they liked the way the programme had a formal structure and seemed easy to understand.
Findings of the Research in relation to Question 3 (contd.)

Findings from the quantitative measures reflect this with statistically significant increases in Practitioner Knowledge and Understanding and Skill and in Discussions about Parental Presence and Delayed Parental Responses following participation in the training. Participation in the NVR Programme increased the knowledge, understanding and skill (components of self-efficacy) of the practitioners who took part in the research.

Table 8.5: Grounded theory core and sub-categories.

<table>
<thead>
<tr>
<th>What is the core category grounded in the experiences and perceptions of the research participants?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Findings of the Research.</td>
</tr>
<tr>
<td><strong>Core category: ‘Support’</strong>. The research participants’ main concern was how to support parents in resolving the problem of child to parent violence and how to get the support they needed. The presence or absence of support determines how and whether the problem of child to parent violence is resolved in families. The <em>in vivo sub category of ‘players’</em> was identified, referring to anyone with an interest in the life of the family and can also refer to anyone who contributes to the emergence or prevention of violence. Within the data, <strong>empowerment</strong> has two key meanings: the ability to act as a parent in the family and a practitioner’s ability to offer useful skills to parents.</td>
</tr>
<tr>
<td>The NVR Programme is perceived by research participants as providing practitioners and parents with the types of support to effectively respond to child to parent violence.</td>
</tr>
<tr>
<td>Quantitative findings suggest that participants feel supported in their practice. Following participation in the training there were significant increases in practitioner knowledge and understanding, skill and questions relating to discussions with parents concerning parental presence and delayed responses to their child’s behaviour. This resonates with qualitative findings relating to the core category of ‘support’ and the sub-category of ‘empowerment’.</td>
</tr>
</tbody>
</table>

8.5 Discussion of the Integrated Findings

Mixed methods research is more than simply presenting two separate elements of the qualitative and quantitative research: a mixed methods research project must also integrate, link and draw conclusions from the two elements or strands thereby providing a better understanding of the phenomenon under investigation (Creswell & Tashakkorri, 2007). The following section aims to further integrate and explore the findings derived from the qualitative and quantitative aspects of the study, privileging the experiences and perceptions of the practitioners who were interviewed as part of this research.
8.5.1 The experiences of parents

Many practitioners who took part in the study referred to the embarrassment, minimisation, self-blame and shame that can make it difficult, especially in the initial engagement phase of their involvement with a service, for parents to talk about and to address child to parent violence in their family. Interviewees referred to a sense of hopelessness and helplessness that can make it difficult for parents to engage in discussions about child to parent violence. Aoife, a practitioner with a CAMHS team, for example described the initial ambivalence and upset that some parents may articulate as a consequence of living with child to parent violence because they feel “at the end of their tether”.

8.5.2 Conceptualising child to parent violence

All interviewees share a common conceptualisation of child to parent violence as taking place in the context of other family difficulties and that child to parent violence could be one way of a child dealing with family or individual difficulties. Some interviewees referred to conflict between parents and children during adolescence which can escalate and lead, in some cases, to child to parent violence. None of the interviewees in the current study who implemented Non Violent Resistance approaches with the families with whom they worked explicitly articulated a conceptual framework of child to parent violence as criminal behaviour or used terms such as ‘perpetrator’ or ‘victim’ (as expressed by some of the practitioners in the Holt and Retford (2012) study involving practitioners in England and their perceptions of child to parent violence).

Interviewees conceptualised child to parent violence as associated with parenting and relationship difficulties and parent-child conflict and in the context, in some cases (though by no means exclusively or pre-dominantly), of domestic violence, child abuse and/or drug or alcohol problems within the family, school problems or the threat of homelessness.
Carrie, for example, a practitioner with a voluntary child to family service reported that:

“you’d often find that there’s triggers in the house and that, you know a parent might tell you ‘oh it’s the child, they’re, they’re out of control, they’re doing this’. But then if it’s a teenager and you get them in, you can often find that, you know, it’s, it’s always a family problem, it’s, it’s not the child’s problem. You know the, the, the violence might be the manifestation of a bigger, a bigger issue. There might be drinking in the house or there you know, there might be triggers am there and that’s how the child is, is reacting”.

Some interviewees speculated on links between experiences within the family of domestic violence and/ or neglect/abuse. For example, Patricia, a practitioner in a voluntary child and family support service explicitly referred to some young people perceiving the need to develop a ‘tough front’ to survive their own experiences of neglect and abuse at home and suggesting that some members in the family and/ or community expect young people to be tough. This could suggest there may be some tacit peer or family support for aggressive and violence behaviour towards mothers, particularly if aggression is regarded as a way to resolve conflict. This is an interesting finding as none of the literature reviewed for this study explicitly referred to expectations among family members that violence is a way to resolve conflict as a potential risk factor specifically for child to parent violence.

Although interviewees often explicitly described child to parent violence as taking place in the context of a range of inter-personal and/or family difficulties, there is never any suggestion by any of the interviews that child to parent violence is an acceptable or excusable response to individual or family difficulties.

8.5.3‘Players’ – systemic approaches and child-focused practice

Since the training in the Non Violent Resistance Programme focused on implementing the programme in individual sessions with the parent or parents, perhaps it is surprising that many practitioners who took part in the study, such as Carrie quoted above, spoke about working with the child while also supporting parents as they implement the NVR programme. But for some practitioners, working with the child was an integral part of their mandate in child protection and welfare services. Perhaps practitioners are particularly aware of child-focused practice in the context of the key recommendations of the
Roscommon Child Care Case Report (Gibbons, 2010) which stated that practitioners working with families must see the child and seek their views. The relevance to intervention of working with the child as well as the parents could perhaps also reflect a wider appreciation and understanding among practitioners and policy makers of the rights of the child to be consulted in any matters relating to her/him.

For the majority of interviewees in both voluntary and statutory services working with the child while also working with parents also represented an expression of the *in vivo* sub-category of ‘players’, introduced by Sean, a manager with a voluntary child and family service. His use of the concept reflected what was identified throughout the research interviews as a common belief among practitioners that it is important to develop a relationship with the child or young person using child to parent violence and to listen to their perspectives. Articulating a systemic approach to assessment, engagement and intervention, many practitioners in the study refer to the importance of involving many people in responding to child to parent violence and hearing different perspectives on the problem. As used by Sean and other respondents, the sub-category ‘players’ included the child or young person using child to parent violence, the parent(s), the members of the support network, the practitioners working the families and the supervisors/managers in an agency.

From a systemic perspective, the sub-category of players caught the attention of this researcher. In light of the application of the concept of ‘players’ in sports, it can lead to draw the attention of theorists and practitioners to supporting/facilitative and opposing/restraining voices to the use of child to parent violence (such as those implied in Patricia’s comments about a ‘tough front’ in the previous section) and to whether or not certain rules, norms or conventions apply within a family and/or within a community/society to the use of violence within families as a way of settling disputes.

8.5.4 ‘Players’ and inter-agency practice

Thinking sociologically about the sub-category of ‘players’ also extends attention beyond the role of a parent, the family members and practitioner who may be working together, to the roles played by social conventions about parenting, to factors such as mental health
difficulties and poverty and to other ‘players’ (individuals and institutions) such as other practitioners, managers and agencies who may be involved with a family, particularly when families are living with multiple adversities. Some interviewees referred to the fact that children who were using child to parent violence at home were already known to other services, including statutory agencies. For example, Sean, a manager of a voluntary child and family service states:

“50% of the cases, ah, it’s the (child protection and welfare) social worker or another professional who are basically letting the family know that the situation isn’t acceptable and they’re suggesting that they come here...”

During discussions that took place over the course of the two day training in Non-Violent Resistance for Practitioners, this researcher frequently heard reference to the challenges presented to practitioners by the fact that there is no service in Ireland designated with responsibility for responding to child to parent violence. This presents significant challenges to practitioners and services working with reduced funding but increased demand for social work and family support services. However, it seems practitioners and agencies are committed to assisting parents resolve the problems of child to parent violence when they had the support and confidence to do so, particularly when there is good inter-agency practice. For example, Samantha, a practitioner with a voluntary child and family service referred to the need for inter-agency support for intervening with child to parent violence and for common understandings of intervention programmes among practitioners in the range of services that may be involved with families at any one time:

“external agencies need to be aware of what NVR is and why it’s being implemented in the family...particularly if they have complex issues and, you know, they are attending our service and they might have a social worker (from the statutory child and family agency, Tusla) and then they might have, you know, a counsellor for other issues and you know, then they might attend the Drugs Task Force and if they have a child with a disability or you know, mental health issues, they might be attending CAMHS. So they have all these different agencies. Each person, each agency providing a different service.....”
Some interviewees identified the difficulties and tensions associated with practice contexts. In particular, practitioners working with Tusla who were interviewed during the study referred to the lack of trust and openness that can exist between parents and practitioners with statutory responsibilities for child protection. These interviewees also spoke about the implications for practice of a restricted focus on child protection concerns. For example, Cian, a practitioner with Tusla, observed that an exclusive emphasis on the statutory duties of for practitioners working with child protection agencies may obscure the realities of child to parent violence. Responses to child to parent violence could be informed by insights from the domestic violence literature which highlight that an over-arching focus on the protection and welfare of children can lead to a neglect of the needs of mothers for protection and safety and to a ‘muscular’ approach to intervention that focuses on the rights of the child in isolation to the meaning of family connections and relationships to the members of the family, including the child (Featherstone et al, 2014).

8.5.5 ‘Players’ - management/ agency mandate and peer support

Interviewees frequently referred to the relevance of support to effective practice. This form of support was identified as being mediated through management (in terms of agency mandate or approval to assess and intervene in response to child to parent violence), peers and through training and supervision. In the teams in which management had expressed clear support for and could offer some guidance in relation to using NVR in practice, interviewees felt confident in using that approach in their work with families. For example, Samantha, a practitioner with a voluntary child and family service, stated:

“I think the organisation, our organisation is quite good, you know, quite supportive. They have obviously bought into the idea that this programme (NVR) and we can offer it to families so in that sense that’s quite positive”. [Parenthesis inserted for clarity].

The references by some practitioners to high levels of support from management and colleagues for intervention with child to parent violence could account for the absence of a statistically significant increase in scores on the Practitioner and Agency Context and Practitioner Confidence Scales in the aftermath of the NVR training. Interpreting the quantitative data relating to the absence of a statistically significant increase on the scores
of this measures in the light of the qualitative data suggests that support from management and peers was already at high levels in advance of the training and completion of the questionnaires.

In addition to explicit management support for adopting the NVR approach as a response to child to parent violence, practitioners also valued supervision as a form of support for engagement with complex difficulties and using the Non Violent Resistance Programme in their work with families. For example, Kate, a practitioner in a statutory child and family service referred to the importance of:

‘good supervision, that it’s, maybe your supervisor is familiar with the model and is supporting the use of it and is clear on how you are using it and is talking you through it in supervision. That would definitely help alright. And maybe I think the agency as a whole having it (NVR) as ah one of the things we can use”.

8.5.6 NVR training & CPD

Another form of support regarded as important by some interviewees was on-going training and consultation with trainers who have knowledge and experience of using the NVR programme in practice, particularly where managers may not be familiar with an approach a practitioner is using in practice with parents and families. For example, Ellen, a practitioner in a child and family support service remarked that:

“it would be great to have someone to go to that is completely ok with it (the NVR programme) and knows, you know? Because even there’s questions I have and I’m like ‘actually, I don’t know’, you know and I know none of my colleagues would know either. My manager doesn’t know either, you know? So like if there was somebody or a contact person or somebody that you could, that was very, you know, could maybe give you advice in terms of how to approach this particular situation or how a parent should respond and that, you know’.

Many practitioners involved in the study echoed this need for on-going consultation and follow-up training in relation to responding to child to parent violence, stating that while many of the skills identified as part of the training were not new, they were unfamiliar with the NVR structure. For example, Aoife, a practitioner working with a CAMHS team spoke
about the need for access to ongoing training and support, particularly in relation to
questions that may emerge as practitioners implement NVR in practice:

“I think in terms of ongoing support, am, I think access to some of the information
about NVR is an area that I’d see for development I guess..... particularly in relation to
some of the, as, as I mentioned, some of the different issues that have come up for us in
managing it, I think more guidance around using NVR or adapting NVR in particular
circumstances would be helpful”.

Some interviewees suggested it would be useful to have access to an NVR handbook or
training manual to accompany or supplement the training; a minority referred to the
development within their service of an informal peer support group across teams where
practitioners were responding to child to parent violence as part of their practice.

Based on the quantitative findings of the current study, it could be argued that this research
provides support for the engagement of practitioners in structured and purposeful CPD
activities, such as the Non Violent Resistance Programme, and that such engagement can be
related to improved practitioner self-efficacy, specifically in relation to significant increases
in practitioner knowledge, understanding and skills.

8.5.7. ‘Players’ - the individual practitioner

As we saw earlier, many interviewees expressed an awareness of the importance of
institutional and peer support for intervention with child to parent violence; interviewees
also reflected on their role in assisting parents in recognising and responding to child to
parent violence. Some practitioners interviewed during this study described working with
some parents where, similar to the perspectives of women who have had experiences of
domestic violence, parents experiencing child to parent violence accept abusive and violent
behaviour, do not recognise verbal abuse as abusive and do not regard bruising as the worst
kind of injury. For example, Ellen, a practitioner in a voluntary child and family support
service, referred to one mother’s perspective that “the bruising wasn’t so bad”. A number of
other practitioners, such as Kate, a practitioner with Tusla, identified one of the key tasks of
the practitioner in the initial stages of working with parents as naming the child’s behaviour
as abusive where this is the case:
“... It could be so bad that they (the parents) think ‘oh no the weekend was ok, but he called me this, that and the other’ very you know, extremely abusive language and try to you know just flag that as well that it’s not acceptable and that there might be a lull in the violence but if that continues the violence is sure to follow”. [Parenthesis inserted for clarity].

Perhaps conscious that a restricted focus on child protection to the exclusion of the welfare needs of the child could have adverse consequences for the protection and welfare needs of other members of the family, including the parent, Kate also reflects a somewhat broader perspective on the priorities for practice in Tusla. Acknowledging that parents may not be completely open in their interactions with practitioners from the child protection agency, Kate also stated that the aim of her intervention as a practitioner with statutory duties is to prevent violence and to help improve well-being for everyone on the family, especially the child. This could be interpreted as an implicit challenge to practitioners to look beyond an exclusive focus on the individual needs of the child attending any service, voluntary or statutory, and to adopt a sociological and systemic approach that recognises that no child is an island but lives in inter-connected relationships with parents and other family members whose needs and strengths also merit consideration.

**8.5.8 The effect of NVR training on practice.**

Analysis of the quantitative results of the current study demonstrate that participation in the Non Violent Resistance Two Day training programme positively impacts on components of practitioner perceived self-efficacy (such as knowledge, understanding and skill) in responding to child to parent violence. Reflecting the findings in the quantitative data, all the interviewees who had encountered child to parent violence in their work subsequent to the training described the positive effects on the practice of participation in the NVR training.
For example, Susan, a practitioner with a voluntary child and family service spoke about the ways in which the Non Violent Resistance training positively affected her ability to intervene with child to parent violence, giving her the confidence to ask about and to directly address the problem of child to parent violence in families:

“You do feel more equipped going into families and kind of asking them is, is this a problem whereas before, you know, I might have felt -it might have been a problem but you mightn’t have actually addressed it the same way as you would unless they were telling you, you know that kind of way. I think it kind of builds your confidence”.

Echoing the significant increases in scores following the NVR training in the Practitioner Knowledge and Understanding and Practitioner Skill measures in the quantitative aspect of this study, some interviewees describe the differences in their responses to the problem of child to parent violence following participation in the NVR training. Some state it provided them with a structured and easy to understand approach which they perceived they had previously lacked and without which they believed they had little useful to offer. For example, Ella, a practitioner in a voluntary child and family support agency, referred to the different questions she can ask now ask parents that may not have occurred to her prior to the Non Violent Resistance for Practitioners training:

“I suppose from doing the training, you know more about what to ask. I didn’t know the stuff on demanding behaviour – that type of thing you mightn’t have thought to ask”.

Speaking about a family that had attended the service before he and other practitioners there had taken part in the NVR training, Adam, a manager with a voluntary child and family support agency said:

“...so it was a case where these parents needed support and we couldn’t give it to them. We had nothing to give them because the child wouldn’t come in so that couldn’t work....So we had nothing so I think when I got the training and when I heard all about NVR, I just got it into my head. It was like another ...tool that we can actually work with parents”. 
Other interviewees described the ways in which the NVR Programme fits with their already existing knowledge, skills and values. For example, Kate, a practitioner with Tusla remarked:

“I thought it (ethos of NVR) was good in that a non-authoritarian approach is more effective now...So it’s more of an open dialogue, it’s healthier, it’s, it’s going to have more of a long lasting effect. I like that. That was one of the main things that stood out for me about it, that it was, it was more kind of cooperative and open and with dialogue...people feel more listened to’ [parenthesis added for clarity].

One interviewee described the ways in which the Non Violent Resistance training influenced institutional changes in how the problem of child to parent violence is understood and addressed within the agency in which he practices:

“Our service now has incorporated a category of family violence which actually identifies parent to parent and child to parent... it is a category the organisation is monitoring”

(Luke, a manager in a voluntary child and family agency).

Figure 2 on the following page summarises interviewees’ views as outlined in this section and represents the factors that interviewees identify as playing an influential role in the ways in which they respond to child to parent violence in practice.
8.5.9 Non Violent Resistance – One response, adapted to individual and family circumstances

Interviewees describe the NVR programme as an additional method to use in their work with parents and families when other approaches with which they were more familiar did not seem to offer much potential for resolving the problems that led to a family’s involvement with the service. But practitioners demonstrated a realistic appraisal of the NVR approach, recognising that it could be challenging to implement in practice and would not always lead to positive change.

Some interviewees referred to a range of problems within the family, such as lower levels of motivation and a lack of commitment to change that can be restraining factors when intervening with child to parent violence. Adam, a manager in a voluntary child and family agency,
support agency describes an occasion where the NVR programme was not useful due, he states, to a parent’s inability to commit to non-violence and to problems with addiction. Although interviewees frequently describe their satisfaction with the ways in which the NVR approach complements their existing knowledge and values, some, such as Maeve and Ellen, practitioners with a voluntary child and family support service, were hesitant about adopting some elements of the programme in their work with families. Ellen had confidently spoken with parents about recruiting a support network and making a formal announcement about the non-violent resistance response at home but she remained uncertain about advising parents to use the NVR response of the ‘protest sit in’ at home following an incident of child to parent violence. This concern was shared by other interviewees, such as Adam, a practitioner with a voluntary child and family service who was concerned with the possibility that the use of a protest sit-in could lead to an escalation in violent behaviour in the family, remarking that the sit in seems to make the child the focus of the intervention, while some parents are themselves aggressive and violent towards their son or daughter and that it is the parent’s behaviour that should be the focus of intervention.

8.5.10: NVR – supporting parents, linking families communities

Adam identifies one of the distinctive elements of the NVR programme compared to other parenting skills programmes – the shift in focus from changing the behaviour of the child to a change in the behaviour of the parent and the commitment to non-violence and resistance, away from battles for control to influencing the child through demonstrations of protest, expressions of social support and an attitude of openness towards the child. This was also recognised by other interviewees who emphasise the need for parents to change their own behaviour and to avoid battles for control, facilitated by a supportive, collaborative and incremental approach to engagement and intervention by the practitioner.
For example Kate, a practitioner with Tusla states:

“I think getting the parents to acknowledge that their verbal abuse was violent was a breakthrough in there as well in that scenario (where a teenage son was using child to parent violence). It was kind of enlightening for them really to think ‘oh hang on a second, we’re calling him a little shit and a little f****r when he’s abusing us but sure that’s, we’re throwing, we’re equally being abusive to him back so’. I think when that happens you’ve a much better chance of things changing then”.

Many of the interviewees also described the fundamental role in effectively responding to child to parent violence played by the types of support available to parents from the service / practitioner and within the family/ community. The interviewees who had used the Non Violent Resistance Programme in work with families in the interval between the training days and the interview date stated that the ending of secrecy and recruiting the Support Network played a determining role in the ending of child to parent violence and were distinctive features of the Non Violent Resistance programme which, in their view, empowers parents to ‘take their place’ as parents in the family.

Empowerment was explicitly identified by some interviewees as a feature of the Non Violent Resistance Programme that appealed to them, in particular to Ellen, a practitioner in a voluntary child and family support service who commented on the empowerment and solution focused aspects of the NVR programme, having used it in her work with families:

“...having used it (the NVR programme) now, I certainly would think it’s really empowering to the parent and very, I mean, the solution focused aspect of it is, you know, I suppose really important. And I think it works really well and it’s really empowering to the parent. So I am much more comfortable with it now”.

The involvement of a Support Network by the parent were understood by interviewees as playing an essential role in ending child to parent violence - it was perceived as empowering parents to find the strength to respond differently to their child and to make clear to the child that there was no support for their aggressive and violent behaviour at home. The impact on some parents of involving the Support Network is reflected in the following quote from Ellen, a practitioner in a voluntary child and family support service:
“She (a mother)said she felt afterwards she just felt like for the first time that she felt so held by her family and by people, you know, that she wasn’t on her own...that was huge for her...They (the Supporters) would take the lead from her because that, you know, I suppose you know, parents maybe haven’t been able to take their place as a parent in their own family quite often and they are quite empowered as well, you know (by the support they receive through the NVR programme)” . [Parenthesis inserted for clarity]. Perhaps a parent’s sense of ‘feeling held’ by others increases her/ his self-confidence and legitimises parental authority in a culture where parents may feel blame, shame and stigma when their son or daughter displays violent behaviour. This sense of ‘feeling held’ could also flow from practices by practitioners, family members and the wider community that are part of ‘doing hope’, a concept which is further discussed in the following chapter.

8.5.11 Perceptions of Parents’ Responses to NVR

The sub-category of ‘players’ can be understood within the bio-ecological model of human development and the inter-change of energies between different components of the systems. Relating ‘players’, as interviewees did, to all those who may be involved in the resolution of the problem of child to parent violence, this section concludes with a focus on the key individuals, the parents, who live daily with the threat of child to parent violence in their lives and who seek support from practitioners in addressing this problem. Some interviewees describe the positive responses of some parents to the NVR programme when they implemented at home. For example, Sean, a manager in a voluntary child and family support agency describes the reaction of parents to the NVR programme:

“The parents like the ideas, so there’s a fundamental, if you like, buy in, if you like from the parents. They like the notion of the, the theoretical notions anyway behind it”.

Cian, a practitioner with Tusla describes the positive reactions of some parents to his suggestion that the time-limited Non Violent Resistance intervention approach might be useful:

“...parents generally are really open to (it), saying ‘we’ll try for, for four sessions and, and we shall see some evidence you know, or see some change at the end of that’. I think that’s a really useful idea because most people think of counselling as going on for
years and years and going around in circles and you know and not being too practical. And most families would like to see something that, that gives results I guess’.

Figure 3 on the following page represents the process from identification of child to parent violence as a problem to resolution of the problem, with the arrow at top of the figure illustrating parents and children resolving the problem of child to parent violence and no longer in need of intervention focusing on child to parent violence.

8.6 Findings and Recent Research on Practitioners’ Perceptions of Child to Parent Violence

The section that follows discusses the findings of the current study in the light of recent research published exploring the perceptions of practitioners concerning the problem of child to parent violence. There is a small but expanding pool of data available about the perceptions of practitioners working with children and families about child to parent violence, to which other researchers contributed during the course of this study.

McMahon (2013) interviewed a group of six practitioners drawn from Ireland, the UK and Israel about their experiences of using the Non Violent Resistance Programme as an intervention for families where children are presenting with aggressive, violent and/or self-destructive behaviour. Similar to the current study, McMahon (2013) research found that practitioners encounter child to parent violence in a variety of service contexts. The interviewees in the research carried out by McMahon (2013) were very positive about the NVR programme. Participants identified the strengths of the approach as including its respectful stance towards parents, its clear structure and its relatively brief duration compared to other interventions. Participants also believed that it effectively addressed the limitations of conventional approaches, including treatment outcomes and programme completion rates for families with older children and with children presenting with higher levels of aggression.
Figure 3: Resolving the Problem of Child to Parent Violence – from identification through support and implementation of the NVR in practice (practitioner) and at home (parent) to resolution of the problem of child to parent violence.

Resonating with the findings in the current study, McMahon (2013) also found that the emphasis on strengthening family relationships and developing positive parental influence (inherent factors in the NVR programme) was regarded by the practitioners as a refreshing and progressive alternative to the behaviour modification strategies that they referred to as being part of conventional interventions in response to the aggressive and violent behaviour of children and adolescents.

8.6.1 Research on Perceptions of Practitioners in the UK and in Ireland.

Another study, based on a sample of fourteen practitioners in a city in the UK, involved six interviewees drawn from social work, four from domestic violence and four from juvenile justice agencies. This research explored the ways in which child to parent violence was
constructed within these three settings (Nixon, 2012). The study also included discussions with three parents who had experienced child to parent violence from their adolescent children. All of the interviewees in that study recognised child to parent violence as a significant practice issue, even though there is no recognition of the problem in policy and practice guidance. The evidence from the Nixon (2012) study indicates that child to parent violence was often not recognised by agencies as a severe problem and there was little recognition of the need for direct intervention. Nixon (2012) suggests a dual approach should be adopted by intervention programmes: they should provide parents with the skills to deal with child to parent violence without making parents feel blamed or personally responsible for violent behaviour. Such programmes, she proposes, should also assist young people to accept responsibility for their abusive and violent behaviour. Nixon (2012) concluded that consequence of the invisibility of child to parent violence is the resultant absence of programmes to assist parents or children to address child to parent violence.

Another recent study from the UK, described by Holt and Retford (2012), examined the ways in which nine practitioners working in one large metropolitan area in England identify, conceptualise, explain and respond to child to parent violence. Drawing their participants from a range of services including police, victim support and multi-agency risk assessment teams, the Holt and Retford (2012) study found that not all practitioners defined cases involving the use of physical, emotional and economic abuse tactics by young people as parent abuse or child to parent violence – a similar finding to the Nixon (2012) study. Holt and Retford (2012) also refer to the stigma and secrecy surrounding child to parent violence. Practitioners in the Holt and Retford (2012) paper shared the view that families in which child to parent violence took place were already known to practitioners in the different services and it was this involvement which led to the identification of the problem.

Participants in the Holt and Retford (2012) study proposed three different conceptual frameworks for understanding child to parent violence. Some practitioners understood child to parent violence as types of criminal behaviour for which ‘perpetrators’ must be held accountable and where ‘victims’ must be recognised as such. Other practitioners regarded child to parent violence as a family violence problem, taking place in the context of past and current abuse taking place within the family. A third conceptual framework was identified
by other practitioners in the study who understood child to parent violence as an exercise of power and control, whereby the power balance between a child and a parent shifts during adolescence and the ensuing power struggle leads, in some families, to child to parent violence. Some practitioners who understood child to parent violence in this way believed that the changing status of childhood in the last 50 years and increasingly permissive parenting styles has led to what one called the ‘spoilt child syndrome’ (Holt and Redford 2012: 369). Holt and Redford (2012) make a number of recommendations such as identifying one term as a category code across all agencies to facilitate the recording of the prevalence of the problem, the identification of a lead agency to follow through with families and serve as a point of contact for other agencies and the mainstreaming of parenting support to avoid the stigma which targeted support brings.

In her exploration of the experiences of practitioners working with child to parent violence, O’Rourke (2013) interviewed seven child protection social workers in the northwest region of Ireland, all of whom had encountered child to parent violence in their practice. She found that the social workers regarded the child using child to parent violence as a ‘victim’ and attributed the use of violence by the child to a variety of factors such as poor parental capacity, the child’s earlier experience of violence at home, parental alcohol misuse and attachment and/or learning/mental health difficulties in the child. This is consistent with findings from the Nixon (2012) study described above which also observed that the six social workers who took part in her explorative study found it difficult to regard the child as abusive and instead described the abuse of parents by their child as ‘challenging behaviour’ and as related to ‘poor parenting’.

Additionally, the social workers involved in the O’Rourke (2013) study all identified the need for specific training in responding to child to parent violence so that practitioners could address child to parent violence effectively when it emerges. Based on her findings, O’Rourke (2013) calls for provision of training on responding to child to parent violence and for the recording of incidents of child to parent violence by statutory child protection and welfare services so that the problem is recognised and receives constructive responses.
8.6.2 Relating this study to recent research on practitioners’ perceptions

All practitioners interviewed during the current study share a common conceptualisation of child to parent violence as taking place in the context of other family difficulties and that child to parent violence could be one way of a child dealing with family or individual difficulties. Reflecting the views of some of the participants in the Holt and Retford (2012) study, some interviewees in the current study understood child to parent violence as emerging in the context of conflict between parents and children during adolescence which can escalate and lead, in some cases, aggressive and violent behaviour towards parents. In common with some of the practitioners in the Holt and Retford (2012) paper, practitioners involved in the current study were more likely to conceptualise child to parent violence as associated with parenting and relationship difficulties and conflictual inter-personal relationships between family members and in the context, in some cases (though by no means exclusively or pre-dominantly), of domestic violence, child abuse and/ or drug or alcohol problems within the family, school problems or the threat of homelessness.

Contrary to the perceptions of some of the participants in the Holt and Retford study (2012), none of the interviewees in the current study who worked with families where child to parent violence had taken place explicitly articulated a conceptual framework of child to parent violence as a type of criminal behaviour or used terms such as ‘crime’, ‘perpetrator’ or ‘victim’. This could be related to the fact that unlike the Holt and Retford (2012) study, the current study did not interview practitioners from the police or victim support services.

Consistent with the findings in the Nixon (2012), Holt and Retford (2012) and O’Rourke (2013) studies, the findings of the current study indicate that practitioners in a variety of settings in Ireland are aware of the importance of addressing and intervening in response to the problem of child to parent violence. The current study also reflects an appreciation of the need of services to adopt a clear definition of child to parent violence and to record incidences of its occurrence. Participants in the current research from one agency referred to the fact that, in the aftermath of the NVR training, the organisation is now recording child to parent violence as an official statistic and on intake/ initial assessment forms.
Reflecting the Nixon (2012) and the Holt and Retford (2012) research, some practitioners interviewed as part of this current study also referred to the involvement with a range of services of some of the families living with child to parent violence. This research exploring practitioners’ perceptions of child to parent violence and of the NVR Programme in Ireland supports the call by Holt and Redford (2012) that children and family services should carry out assessments that more readily identify child to parent violence and identify effective methods of support to offer to families involved with a range of services to resolve their difficulties.

The current study extends the research of practitioners’ perceptions carried out by Nixon (2012), Holt and Retford (2012), McMahon (2013) and O’Rourke (2013). Practitioners interviewed as part of the current study describe systemic approaches in responding to child to parent violence that encompass engagement with children and parents and an awareness of the significance of engaging other and extended family members and, in some cases, practitioners from other services also involved with the family. O’Rourke (2013) identifies the concern among social workers in child protection in the North West of Ireland relating to child to parent violence and the absence of training or structured interventions in response to this problem. Nixon (2012) also calls for the development of intervention approaches for practitioners to support their work with parents and children living with child to parent violence. The current research responds to these needs and provides a representation of the impact of the NVR Programme for Practitioners Programme on the practice of the practitioners who took part in the study.

The perceptions of practitioners who were interviewed in the course of this research add to and reflect the views of the practitioners who took part in the McMahon (2013) study, echoing their positive response to the Non Violent Resistance programme and to the supportive, relatively short-term and structured nature of the Non Violent Resistance approach. The quantitative data in the current study also demonstrate the positive impact on components of practitioner self-efficacy of participation in the NVR for Practitioners training programme for these research participants.
As a grounded methods study, the current research offers a distinctive and further level of analysis of the ways in which practitioners understand and intervene in response to child to parent violence. The current study is the only Irish research that conceptualises child to parent violence through developing a theory based on the perceptions of child and family practitioners working in child and family statutory and voluntary services in Ireland. The significance of and contributions to knowledge of the current study are further described in the next section.

**8.7. Contributions to Knowledge**

When thinking and talking about child to parent violence, it is useful to bear in mind that not everything can be understood and explained and that there are some things that are unthinkable (Featherstone et al, 2014). It is likely that no single theory or factor can fully explain the emergence of child to parent violence, but the grounded theory conceptual model based on the core concept of support, developed through the perceptions of the practitioners who took part in the current study offers insights for practice, research and policy development.

**8.7.1 A grounded theory on child to parent violence**

This thesis proposes a grounded theory conceptualisation of the problem of child to parent violence which privileges the perceptions of the practitioners from a range of disciplines and agencies who took part in the research. This theory is centred around the core category of ‘support’ which captures the research participants’ concerns as they engage, assess and intervene with child to parent violence and their perceptions of the ways in which parents can resolve the problem of child to parent violence. The sub-categories of ‘players’ and empowerment were identified as significant in interviewees’ perceptions relating to responding to child to parent violence and the Non Violent Resistance Programme. The significance of this grounded theory lies in the representation of a nuanced understanding of the emergence of child to parent violence and its focus on the role of support for parents, families and practitioners in addressing this problem. Child to parent violence is not seen as a problem related to individual pathology in the child or parents and its resolution is not located solely in the individual responsibilities of parents. In a further contribution to the
emergence of theory relating to child to parent violence, the category of ‘support’ and the sub-categories of ‘players’ and empowerment also draw the attention of theorists and practitioners to the wider sociological factors that have an effect in the problem – factors such as the ways in which parent-child conflict and parental authority is understood and the role structural influences (and social responses to them) might play in the manner in which theorists, practitioners, parents and children respond to the challenges of child to parent violence. Thinking methodologically about research in the contested field of violence within the family, it could be argued that the sub-category ‘players’ draws attention also to the role of the researcher, practitioner and policy maker in the development of the ways in which we think about, carry out research and act in this area.

8.7.2 Additional contributions to Knowledge

This thesis represents a significant contribution to knowledge in the emergent field of research and intervention in response to child to parent violence. As far as this researcher is aware, the current study is the first of its kind in the English language to integrate mixed methods approaches to collecting data and to employ constructivist grounded theory and action research methodologies to investigate the perceptions of practitioners in child and family services concerning both the problem of child to parent violence and also a specific training intervention designed as a response to child to parent violence, the Non Violent Resistance Programme for Practitioners. As such, this thesis broadens and deepens our understanding of the problem of child to parent violence and contributes to the evolution of practice, policy and research responses to this problem. It also demonstrates a research process through which action research and constructivist grounded theory methods can be integrated to lead to the development of thinking and practice in relation to problems encountered by practitioners and about which there are significant gaps in policy and research literature.

A further contribution of the current study is the development of and availability for further investigation of the two-day Training Programme in Non-Violent Resistance Programme for Practitioners which is described in detail in chapter three of this thesis.
This study also makes available for further research a set of quantitative measures for examining components of practitioner self-efficacy in relation to child to parent violence which have been adapted, tested and validated during the course of this study. These measures are described in detail in chapter 5 and copies of these are available in the Appendices. Furthermore, the current study illustrates the ways in which the findings from quantitative research can add weight to and further validate qualitative interview findings while demonstrating the enhancement of research processes and interpretation afforded when adopting a mixed methods approach to research.

Referring to the adoption in other countries of the Signs of Safety model developed first in Western Australia, Walsh and Canavan (2014:4) note that an important question for researchers centres around how pure or true practices need to be to an original model in order to be measureable; a related question for practitioners who adapt specific models is how true to an ethos and principles adaptations need to be in order to be implemented ethically. As an adaptation in Ireland of the Non Violent Resistance model first developed, implemented and researched in Israel (Weinblatt & Omer, 2008), the current study could be interpreted as a response to need identified in Walsh and Canavan (2014) for more research studies to address these kinds of concerns and offers a model of adaptation of the Non Violent Resistance Programme for further investigation.

An additional contribution of this study relates to ethics and action research methodologies in the complex field of research located in interventions in the health and social sciences. The research design of the current study proposes a resolution to one of the difficulties that may arise when recruiting a comparison/ control group for research involving interventions responding to social problems such as violence within the family. Rather than recruit a comparison/ control group that does not receive the intervention or is denied an intervention while research is being implemented, the current study recruited an independent comparison (wait-list) group of practitioners who completed questionnaires 1 and 2 in advance of receiving the two day training programme in Non-Violent Resistance for Practitioners who then subsequently received the training. Additionally, the recruitment of a comparison group which contributed independent quantitative data to the study enhanced the validity of quantitative findings in relation to the statistically significant
increases in scores on scales relating to components to self-efficacy for the intervention/training group of participants.

The current study could also provide the seed for research into wider concerns relating to social action and to the training and continuing professional development activities of social workers and practitioners in other disciplines. The principles of NVR include individual accountability for responses to provocation, delayed and calm reactions to abusive and violent behaviour, ending the silence about violence, clarity about what is and is not acceptable and the active and targeted involvement of a support network, each member of whom contacts and offers support also to the individual using child to parent violence. Reflecting sociologically on the grounded theory categories of ‘support’ and ‘players’ in the range of senses in which they were articulated by practitioners interviewed in this study and on the principles of NVR just described could have wide ranging implications for theory and practice. For example, the findings of this research could invite critical reflection on the ways in which we respond to abuses of power (such as domestic violence) and, thinking in a structural and systemic manner, to the ways in which we respond to poverty and other adversities in the lives of those who avail of the services of child and family practitioners. Further reflection on the core category of ‘support’ and the sub-category of ‘players’ could have implications for social solidarity and raises the question of whether there is a need for continuing professional development and inter-disciplinary training in the arts of advocacy and collective action.

The following chapter draws the thesis to a close with recommendations for practice, policy and research and with some concluding remarks.
Chapter 9: Conclusion to the Study

Hope is “not just a feeling but something people do, an activity. So rather than approach hope as an individual attribute within one person, we see ourselves as participating in ‘hope’ as a joint activity we do with others. If we see ourselves as connected in relationship, then hoping becomes not the job or responsibility of the person who feels hopeless but of the community, who care and who are connected, to do ‘hope’ with them” (Fredman, 2014: 68).

9.1 ‘Doing’ hope

Describing systemic and narrative approaches to working as part of teams and families in London, Fredman (2014) emphasises the importance of ‘doing hope’ in the practices adopted by practitioners in interactions with clients and with each other. She alludes to the ways in which feelings of hopelessness can lead to a temptation in practitioners to close a case, place responsibility for change and action on others and walk away. But, Fredman (2014) proposes, ‘doing hope’ – adopting practices grounded on hope not as an individual characteristic but as something people can do together – can be a powerful antidote to such feelings and can generate creativity and energy between people so that people find enthusiasm and innovative ways to stay connected, leading to the resolution of complex problems.

9.2 Hope and support

Child to parent violence represents a breaking of connections between parents and children, between families and wider networks and between parents and society. The review of the literature and practitioner perceptions in this research indicate that this problem frequently engenders (parental/ parental self-) blame, hopelessness and a wish that someone else might address child to parent violence. Locating the problem primarily in individual children (biology) or in the family (family dysfunction/ pathology) prematurely seals off ways in thinking about and responding to child to parent violence that might generate energy and hope rather than blame, stigma and shame. It is not that individual and
family characteristics do not matter. Of course they do. Sociological perspectives on child to parent violence and, importantly, the findings of the current study suggest that other factors matter too.

In the views of the participants in this study, support matters – in practical and psychological terms – both in the emergence of child to parent violence and in the resolution of the problem at an individual, family, the wider family and agency level. Reflecting on these practitioners’ understandings of the problem leads to an awareness of the relevance of the presence (or absence) of advocacy and support at the level of community, culture and society as represented in the availability (or otherwise) of supports for parenting and of intervention options for a range of adversities such as addiction, homelessness, mental health difficulties and poverty.

9.3 ‘Doing’ hope in a time of austerity?

In the context of the Great Leap Backward and austerity, what kind of responses then are useful when theorists and practitioners reflect on the real world problems and the interface between theory and practice? The bio-ecological model directs attention towards the reciprocal exchange of energy between the individual and systems. The ways in which individual theorists and practitioners respond to the systemic challenges of child to parent violence also matters a great deal.

With ‘support’ as the core category, the findings of this research indicate that the Non Violent Resistance Programme and in particular the activation of Support Network generates hope, stimulates parental confidence and competence and can lead to a resolution of the problem of child to parent violence. The idea of ‘support’ is not foreign in the discourses among and between practitioners, researchers and policy makers from a range of professional and disciplinary backgrounds. But the NVR Programme and this research suggests that the ways in which ‘support’ is thought about and embodied in relation to children and families can have a significant impact on effective responses to child to parent violence. The findings also provide theoretical support for the kind of social work and family support practices that orient intervention way from parent-blaming ‘muscular’
responses to the complexities of responding to conflict and adversity in family life by refocusing on the need for the time, training and supervision that supports practitioners to build relationships with and between colleagues, clients and communities.

9.4 Recommendations

Based on the integration of findings derived from the qualitative and quantitative aspects of the current study and on the process of research, reading and reflection with which this researcher has been engaged over the course of this study, a number of specific recommendations for practice, policy and research are proposed as outlined below:

1. This research supports interventions in children and family services that adopt structured, relatively short-term and systemic approaches to working with children and parents, particularly in the complex area of child to parent violence. This study endorses hopeful and relationship-based practice that is inclusive of those individuals who are targeted for violence and those individuals who use violence, that is supported by management and agency priorities and that works collaboratively with parents in both family support and child protection settings.

2. Child to parent violence is encountered in practice in a range of settings in Ireland and in other countries. In response to the emergence of this problem as a practice concern, there is a clear need for agencies and researchers to adopt a comprehensive definition of the problem and to record and report on incidences of child to parent violence. There is also a need for practitioners to have access to support in the form of training, consultation and supervision in relation models of intervention in response to child to parent violence.

3. Conceptualising child to parent violence as emerging in the context of individual, parent-child relationship and family difficulties that are influenced by cultural and social factors presents a number of challenges to agencies and practitioners. There is a need to make clear in practice and in research that an understanding of the individual and family contexts in which child to parent violence takes place does not imply that abusive, coercive and violent behaviour of a child or young person towards a parent is acceptable or excusable. There is also a need for assessment and intervention to identify and take account of factors that can restrain or
support an individual’s or family’s response to intervention. These include factors such as the presence of agency and peer support for practitioners to develop relationship-based practice with clients, the availability of family and community supports and of responses to adversities that also affect some families availing of social work and family support services such as accommodation difficulties, mental health problems and unemployment.

4. This research indicates that prior to their participation in the Non Violent Resistance Programme for Practitioners Training developed as an integral part if the study, practitioners had already engaged with families and assess experiences of child to parent violence. Since this study indicates that participation in NVR training significantly increases practitioner knowledge, understanding and skill in relation to child to parent violence, a wider availability of the current research and of the NVR training programme could support practitioners and parents in responding to child to parent violence.

5. This research supports a structured, systemic and relatively short-term response to the problems of child to parent violence. This has evident resource, supervision and training implications since supportive practice with parents, children and extended families, even for the relatively short periods envisaged by the NVR model, requires access for practitioners to clear agency and management support to engage in this type work of work in the form of peer, training and supervision support.

6. The findings of this study suggest to practitioners and to managers of child and family services that initial steps in responding to child to parent violence could include identifying and naming as abusive the experiences of parents who describe their child’s use of abusive, threatening and violent behaviour towards them, raising parents’ awareness of their rights to safety and respect at home and developing supports in services and in communities that can assist families in the resolution of the problems of child to parent violence.

7. Based on the work of Baumrind (1966; 1993; 1994) and on the parental authority aspect of the NVR Programme as described in this thesis, this research offers practitioners a model for supporting parents in the challenging task of parenting which draws clear distinctions between three different types of parenting.
(permissive, authoritarian and authoritative). Exploring with parents cultural expectations relating to parenting and the implications of adopting any of these three parenting styles in how they relate to their child could offer significant insights in terms of engagement with families and also suggests avenues for further research in relation to parenting in Western societies.

8. There is a need for the development of a practitioner handbook or manual focusing on the application of the NVR Programme for Practitioners, either as an accompaniment to the training programme or as a standalone resource.

9. Given that the problem of child to parent violence remains an under-recognised form of violence within the family, there is a need for further research and a wider dissemination of research in relation to this problem and to innovative responses to child to parent violence. In particular, a wider study including a larger research sample in Ireland and/or a sample that includes practitioners working in a variety of settings in more than one country could broaden our understanding of the problem of child to parent violence and lead to the development and further research of other Non-Violent Resistance or other models of intervention. Future research could also investigate the interplay between individual and family risk factors and the availability of cultural and community supports for parenting and resolving parent-child conflict.

10. As a mixed method study exploring the perceptions of practitioners of the problem of child to parent violence and their response to the Non Violent Resistance Programme, the current study relied on data derived from practitioner participants. This means that the findings are based only on the reported views of practitioners, which are necessarily subjective and lack the benefit of other datasets that might be derived from, for example, parents who have experienced and children who have used child to parent violence. Qualitative investigations might explore the perceptions of parents and/or children concerning the parent-child conflict, parental authority and their experiences of practitioner responses to child to parent violence. The inclusion of data derived from the participation of parents and children in this research area would lend greater weight to any investigation of the problem of child to parent violence and to a much deeper and richer grounded theory.
11. Although the current study focused on child to parent violence as a particular form of violence within the family, a question emerges at this point about whether an integration of an intersectional feminist conceptualisation of domestic violence and abuse and of elements of the NVR Programme – particularly the concept of ‘support’ and the Support Network – might offer some contribution to the development of theory and practice in this distinctly different but perhaps related field.

12. In relation to research methodologies, the current study incorporated a pre-post quasi-experimental design for data collection, integrated qualitative and quantitative data analysis and interpretation and developed a constructivist grounded theory and action research approach to understanding a problem in partnership with those who are usually regarded as ‘subjects’ in research. As such, this thesis offers to researchers, practitioners and policy makers one way of conducting research and developing a response to problems that are priorities for research participants that may be useful in similar contexts exploring similarly complex and contested problems. It clearly outlines a research process through which action research and constructivist grounded theory methods can be integrated to lead to the development of thinking and practice in relation to problems encountered by practitioners and about which there are significant gaps in policy and research literature. The approach to research in the current study is also proposed in the expectation that this researcher’s experiences of grounded theory and action research evolves over time and through collaborations with other researchers and research participants will significantly influence his understandings and practices in conducting grounded theory methods and action research in the future.

9.5 Concluding Remarks

Some of the key concepts that re-occur in the existing literature on child to parent violence include “abuse”, “power” and “domestic violence”. In fact, one of the conceptualisations of child to parent violence that initially appealed to this researcher focused on domestic violence with its implications of a ‘victim’/ ‘perpetrator’ dichotomy and consequent contests
relating to the ethics of intervention and the potential for the exclusion of the perspectives of the individual who uses child to parent violence. One of the attractions and challenges of conducting grounded theory research is the commitment to the privileging of the perspectives of the research participants and to the processes of data collection and analysis that attempt to take account of the potential of the hypotheses and prejudices of the researcher to pre-determine the kind of grounded theory that emerges from the research. During the data analysis and interpretation phases of this study it became clear that the practitioners who volunteered to take part in the research conceptualised child to parent violence in a different way, that did not focus on domestic violence and did not regard parents as ‘victims’ and children and young people who use child to parent violence as ‘perpetrators’. Instead, practitioners who took part in this research were more concerned with understanding the complexities of the contexts within which child to parent violence takes place, with working collaboratively with those targeted by child to parent violence and with those who use child to parent violence and with identifying and putting in place the kinds of agency, family and community supports for parents and for their practice that could facilitate an end to child to parent violence.

This research aimed to explore practitioners’ perceptions in relation to child to parent violence and to the NVR Programme as an intervention in response to this problem. Since this study incorporated mixed methods and integrated constructivist grounded theory and action research approaches to research that aim to privilege the perspectives of research participants, perhaps it is fitting to conclude this thesis with direct quotations from two practitioners who were interviewed as part of the study.

Reflecting on the apparent simplicity of the ideas staying calm in the face of provocation and remaining in control of one’s reactions – key ideas of the NVR Programme – and yet the real challenge of practicing calmness and self-control in real life, Ciara, a practitioner with Tusla stated:

“...if you get into this shouting and roaring, the situation gets heated, the situation gets worse. You know it’s just easy, it’s not easy, sorry, it’s not easy to step back and stay quiet. But for a parent to take that on board, just let the child vent even though your own anger might be brewing as well but it does definitely calm the situation. And it’s just
absolutely, its common-sensical isn’t it? It makes such sense and it’s so simple... but difficult to carry out, I think really, in practice you know. Because you’re talking about emotions...”

The last word goes to Niamh, a practitioner with a voluntary child and family service, reflecting on the significantly positive impact of the support parents could access through practitioners and through the members of their extended family and communities parents chose as members of the Support Network:

“It’s (the NVR programme) very am beneficial I suppose to, you know, putting a stop to violence within the family. So I think the ethos was quite am, positive in that it was, you know, making sure that families are not alone, you know, that you’re not dealing with, you know, you’re uncovering something for them I think, and helping them kind of deal with it themselves in a more confident way, and they can actually put an end to violence” [parenthesis inserted for clarity].
References


http://www.hse.ie/eng/services/publications/Children/RoscommonChildCareCase.pdf


http://about.brighton.ac.uk/sass/news/2013/130226-hidden-abuse.php


And in Irish at:


Appendices

1. Participant Information Sheet and Questionnaires

2. Research Interview Information Sheet and Consent Form

3. Interview Guide
Research Participant Information Sheet:

Title of Research Study: Intervention with Child-to-Parent Violence – An Exploration of Non Violent Resistance.

Part 1 - Aim of the Research Study:

The aim of the research study is to explore child and family practitioners’ perceptions of the Non Violence Resistance Programme (Omer 2004) as a response child to parent violence.

Part 2 – Invitation to take part in the Research Study:

You are being invited to take part in this research study. Before you make your decision, it is important that you understand why the research is being carried out and what it will involve. This participant information sheet will tell you about the purpose, risks and benefits of this research study. If you agree to take part, you will be asked to sign a consent form. If there is anything that you would like to have clarified, I will be happy to explain it to you. Please feel free to take as much time as you need to read through the Participant Information Sheet. You should only consent to take part in the research study when you feel you understand what is being asked of you, and you have had enough time to think about your decision. Thank you for reading this.

Part 3 – Purpose of the Study:

The research study is looking at the perceptions of child and family practitioners about the Non Violence Resistance Programme (Omer 2004). In particular I am interested in exploring the views of child and family practitioners on the adaptability of this programme to an Irish context. You have been asked to take part because you are employed as a child and family practitioner with a family support and/or intervention service in Ireland. I will ask you to complete two questionnaires and you will also be invited to take part in a focus group.

Part 4- Taking Part: What it involves.

Do I have to take part? It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep and you will be asked to sign a consent form. If you do decide to take part, you are still free to withdraw at any time, without giving a reason. A decision to withdraw at any time or a decision not to take part will not affect your rights in any way. You would still be welcome to attend the NVR training for example.

What happens if I do decide to take part? If you do decide to take part, you will be asked to complete a questionnaire at the end of the NVR training. You will also be asked to complete a follow up questionnaire at a later stage. Both questionnaires should not take more than twenty minutes each to complete and will be completed at your offices. You will also be invited to take part in a focus group which would last approximately one hour. This will also take place at your offices.

If you have any problems completing this questionnaire or have any questions about the research, please contact Declan Coogan at declan.coogan@nuigalway.ie or ask the facilitator.
Are there any other expectations if I do decide to take part? If you do decide to take part in the research study, you will be expected to commit to attempt to implement the NVR programme with parents. You are not being requested to address any research questions to parents as the research is focused on exploring the perceptions of practitioners. The NVR training programme and your participation in this research does not oblige you to adopt the NVR programme as the sole response you use to similar types of problems in your practice.

What are the benefits of my involvement? There may be some benefits to your participation if you do decide to take part. Your involvement would mean that you assist in the development in Ireland of a validated approach to child-to-parent violence and that you gain additional confidence in skills to complement already established approaches in your work with parents and families. Participants are also encouraged to retain and use any material such as handouts and slides made available during the course of the NVR training.

What happens if I need to speak with someone? The study involves the completion of questionnaires that explores responses to child to parent violence. You might find while you are completing the questionnaire that you would like to speak with someone about some of the issues it raises. We would be happy to recommend someone to you. Issues of concern to participants will also be explored by the trainer during the course of training in NVR.

What happens at the end of the study? At the end of the study, the responses to the questionnaires and the focus group interviews will be analysed by the researcher. The results and conclusions will form part of a PhD dissertation submission at NUI Galway and may be published, for example, in peer reviewed journals. Participants in the research will be able to have a copy of the findings and conclusions on request. No participant identifying information will be contained in the PhD dissertation or in any subsequent publication that may arise. Participants are encouraged to retain and use any material such as handouts and slides made available during the course of the NVR training.

What happens if I change my mind during the study? You are completely free to change your mind and withdraw your participation without penalty at any stage during the study.

What happens if I have a complaint or wish to provide any feedback about the research study? If you have a complaint or would like to make any comment about the research you can either speak with the researcher or contact Professor Brid Featherstone at 091 492027. In the event that an issue concerning a reportable matter arises (for example, if a child protection concern arises during your work with parents) you should follow the procedures established by your employing agencies.

Whom do I contact for more information or if I have further concerns? If you would like to speak with someone about any question in relation to the research study, you can speak with the researcher, Declan Coogan who can be contacted at 091 493573 or Declanp.coogan@nuigalway.ie. If you have any concerns about this study and would like to speak in confidence with someone independent and in confidence, you may contact the Chairperson of the NUI Galway Research Ethics Committee, C/O Office of the Vice President for Research, NUI Galway, ethics@nuigalway.ie

Thank you for taking the time to read this participant information sheet.
Research Study Title: Intervention with Child to Parent Violence (CPV) - An Exploration of Non-Violent Resistance.

Researcher: Declan Coogan, Lecturer, M A in Social Work Programme, School of Political Science & Sociology, NUI Galway.

This training course is part of a PhD research project supported by the School of Political Science & Sociology at NUI Galway. The course is free to participants but you are invited to complete three questionnaires. Participation in the research is completely voluntary - you can avail of the training whether or not you take part in the research. You will be asked to complete a second questionnaire at the end of the training course. You will also be asked to complete a follow-up questionnaire three months later. This is the first questionnaire.

This questionnaire will take about 10-15 minutes to complete.
Your responses are confidential and no individual will be identified in any research project output.

In this questionnaire there are a number of statements. Please indicate your response clearly. Where relevant, ensure you only tick one box or circle one response. Please answer every question. There are no right or wrong answers so please answer as honestly as you can. It might be helpful to bear in mind that your responses will be anonymous and confidential. In order to match up your responses from the questionnaires we will start with a number of questions that will assist in matching your responses on all three questionnaires.

There will also be a detachable slip at the end of the questionnaire for your name and contact details- please detach this before returning your questionnaire. We will contact a number of the course participants who have completed the slip to invite them to take part in a 45 minute discussion. Please indicate on the slip whether you would be open to further contact.

Thank you for taking part in this research.

Declan Coogan
A. Information About You (Anonymous & Confidential)

1. By providing us with these details you can help us match your responses to the second and third questionnaires:

Please enter the first initial of surname here_____________________

Please enter the year of your birth_______________

Please enter your month of birth here_____________________

What is your gender? (Please insert a tick√ in brackets.)

Female [ ] Male [ ]

Practice setting (e.g. family support/ child protection & family welfare/ other – specify)

___________________________________

Today’s Date________________________

2. About You: Please answer the following questions about your background and other characteristics.

To which of these ethnic groups do you consider you belong? (Please insert a tick√ in the appropriate box.)

<table>
<thead>
<tr>
<th>Irish</th>
<th>British</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traveller</td>
<td>Other (Please specify)</td>
</tr>
</tbody>
</table>
3. Please specify your professional/ discipline background (e.g. social work, social care, family support, psychology or other - if other please specify):

________________________________

4. Please indicate your highest qualification - please insert a tick √ where relevant.

<table>
<thead>
<tr>
<th>Certificate</th>
<th>Degree</th>
<th>Postgraduate Diploma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masters</td>
<td>PhD</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Please specify)</td>
</tr>
</tbody>
</table>

5. How many years experience do you have in working with children and families following qualification relevant to your work (insert a tick √):

<table>
<thead>
<tr>
<th>Newly Qualified (up to 2 years post award)</th>
<th>2-5 years</th>
<th>6-12 years</th>
<th>Over 12 years experience</th>
</tr>
</thead>
</table>
Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

B. You and Your Agency Context

The following set of questions asks you about your views about you and your agency in relation to child to parent violence. Please rate how much you agree or disagree with the following statements.

1. In my agency there are clear expectations that team members should ask about experiences of violence within the family as part of the assessment process.

   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

2. In my opinion, the majority of front-line team members in my agency are open to asking parents about experiences of child to parent violence within the family.

   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

3. In my opinion, team members in my agency feel comfortable about asking parents about experiences of child to parent violence within the family.

   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

4. In my agency, there are additional supports available to support members of the team in working with parents experiencing child to parent violence.

   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

5. In my team the message is given to parents that changing how they respond to a child who uses violent behaviour at home can help bring an end to the violent behaviour.

   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

6. It is essential to directly involve the child in intervention in order to effectively reduce child to parent violence.

   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

7. The worker can help parents to effectively address child to parent violence by encouraging parents to focus and commit to specific goals one at a time.

   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree
Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

8. If parents made a commitment to their whole family that they would not accept any violence and would not use violent behaviour themselves, this could reduce child to parent violence in their family.

   Strongly disagree  Disagree  Slightly disagree  Slightly agree  Agree  Strongly agree

9. If parents increase their involvement and presence in their child’s life, this could reduce child to parent violence in their family.

   Strongly disagree  Disagree  Slightly disagree  Slightly agree  Agree  Strongly agree

10. If parents involve others such as extended family members and/or trusted others in responding to child to parent violence, this could reduce child to parent violence in their family.

    Strongly disagree  Disagree  Slightly disagree  Slightly agree  Agree  Strongly agree

11. There is someone on my team who I could turn to for advice and consultation on work with parents who experience child to parent violence.

    Strongly disagree  Disagree  Slightly disagree  Slightly agree  Agree  Strongly agree

12. I myself would feel able to offer advice and consultation to others on work with child to parent violence.

    Strongly disagree  Disagree  Slightly disagree  Slightly agree  Agree  Strongly agree
C. Your Confidence Levels

The following set of questions asks you about your confidence levels in working with child to parent violence. Thinking about working with parents experiencing child to parent violence and where 1 means you have no confidence, 3 means you are moderately confident and 5 means you are very confident, how confident are you that you can...? (please circle the appropriate number for you)

1. Provide emotional support for parents living with child to parent violence?

<table>
<thead>
<tr>
<th>No Confidence</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  2  3  4  5</td>
<td></td>
</tr>
</tbody>
</table>

2. Assess the positive qualities of parents living with child to parent violence?

<table>
<thead>
<tr>
<th>No Confidence</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  2  3  4  5</td>
<td></td>
</tr>
</tbody>
</table>

3. Engage parents in discussion about their experiences of child to parent violence?

<table>
<thead>
<tr>
<th>No Confidence</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  2  3  4  5</td>
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</table>

4. Help parents make a distinction between a child behaviour that is testing boundaries and rules and child’s behaviour that involves child to parent violence?

<table>
<thead>
<tr>
<th>No Confidence</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  2  3  4  5</td>
<td></td>
</tr>
</tbody>
</table>

5. Develop a relationship with parents where you feel able to be open and honest with them about child to parent violence?

<table>
<thead>
<tr>
<th>No Confidence</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  2  3  4  5</td>
<td></td>
</tr>
</tbody>
</table>
Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Develop a relationship with parents where they feel able to be open and honest with you about child to parent violence?</td>
<td><strong>No Confidence</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>Very Confident</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 7. Work with parents who appear hopeless and/or helpless in dealing with child to parent violence? | **No Confidence** | 1 | 2 | 3 | 4 | 5 |
| **Very Confident** |   |   |   |   |   |

| 8. Help parents to change ways of thinking that contribute to child to parent violence? | **No Confidence** | 1 | 2 | 3 | 4 | 5 |
| **Very Confident** |   |   |   |   |   |

| 9. Assist parents to be in control without them becoming controlling? | **No Confidence** | 1 | 2 | 3 | 4 | 5 |
| **Very Confident** |   |   |   |   |   |

| 10. Help parents commit to resisting their child's violence? | **No Confidence** | 1 | 2 | 3 | 4 | 5 |
| **Very Confident** |   |   |   |   |   |

| 11. Highlight parents' successes to increase their self-confidence in responding to child to parent violence? | **No Confidence** | 1 | 2 | 3 | 4 | 5 |
| **Very Confident** |   |   |   |   |   |

| 12. Help parents tell others about and involve them in resolving child to parent violence? | **No Confidence** | 1 | 2 | 3 | 4 | 5 |
| **Very Confident** |   |   |   |   |   |
Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

D. Your Knowledge and Understanding

The next set of questions asks you about your knowledge and understanding of child to parent violence and non violent resistance. Please rate how much you agree or disagree with the following statements.

1. I understand the key concepts of Non Violent Resistance as it applies to working with parents experiencing child to parent violence.

   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

2. I understand the importance of parents breaking the silence about their experiences of child to parent violence and involving others such as family members and/or friends and/or relatives resolving this problem.

   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

3. I understand the key idea of the power of parental presence as a response to child to parent violence.

   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

4. I understand the value using externalising violence strategies to help parents make a distinction between the child and his/ her violent behaviour.

   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

5. I know how to apply knowledge of solution focused intervention skills when working with parents living with child to parent violence.

   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree
Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

E. Your Skills.

The next set of questions asks you about your sense of your skills level in responding to child to parent violence. Please rate how much you agree or disagree with the following statements.

1. I can assess parents' experiences of child to parent violence.
   - Strongly disagree 
   - Disagree 
   - Slightly disagree 
   - Slightly agree 
   - Agree 
   - Strongly agree

2. I can use solution focused interviewing skills when working with parents who are experiencing child to parent violence.
   - Strongly disagree 
   - Disagree 
   - Slightly disagree 
   - Slightly agree 
   - Agree 
   - Strongly agree

3. I can equip parents with specific skills to deal with child to parent violence.
   - Strongly disagree 
   - Disagree 
   - Slightly disagree 
   - Slightly agree 
   - Agree 
   - Strongly agree

4. I can teach parents non violent resistance skills so that they can avoid using violent actions or abusive language when responding to child to parent violence.
   - Strongly disagree 
   - Disagree 
   - Slightly disagree 
   - Slightly agree 
   - Agree 
   - Strongly agree

5. I can explain to parents the importance of telling other people and involving them in supporting their responses to child to parent violence.
   - Strongly disagree 
   - Disagree 
   - Slightly disagree 
   - Slightly agree 
   - Agree 
   - Strongly agree
Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

F. Your Work and Your Caseload

1. How many families do you currently work with (approximately)? _______

2. In how many of your current families are there concerns about the use of violence? _______
   - In how many of these families have you engaged a parent in discussion about their experiences of violence and controlling behaviour directed at them by their child? _______

3. In how many of your current families is there a parent living with child to parent violence who has told other family members and/or relatives about their experiences of child to parent violence? _______

4. Thinking about the families with whom you work in which there are / may be problems of child to parent violence, how many of these parents have you involved in discussions about parental presence and delayed responses to their child’s behaviour? (Please insert a tick √):
   No parents _____ Some parents_______ All parents______

5. What most influences your decision on whether or not to talk to parents about their experiences of and responses to child to parent violence?

   If there is anything else you would like to add about child to parent violence, please feel free to use the space below:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

MANY THANKS for completing this questionnaire.

Please return to the facilitator.
Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

Please detach this from the questionnaire and leave for collection.

I will be doing some interviews with a small group of randomly selected practitioners to ask some more in-depth questions as part of a small focus group. If you are willing to be contacted to take part in the focus group interview, please enter your name and contact details below, using capital letters:

Name: ___________________ Phone Number ___________________

Email Address: ___________________

Your name and contact details will not be published or identified in the research.
Research Study Title: Intervention with Child to Parent Violence (CPV) - An Exploration of Non-Violent Resistance.

Researcher: Declan Coogan, Lecturer, M A in Social Work Programme, School of Political Science & Sociology, NUI Galway.

This training course is part of a PhD research project supported by the School of Political Science & Sociology at NUI Galway. The course is free to participants but you are invited to complete three questionnaires. Participation in the research is completely voluntary - you can avail of the training whether or not you take part in the research. You will also be asked to complete a follow-up questionnaire three months later. This is the second questionnaire.

This questionnaire will take about 5-10 minutes to complete.
Your responses are confidential and no individual will be identified in any research project output.

In this questionnaire there are a number of statements. Please indicate your response clearly. Where relevant, ensure you only tick one box or circle one response. Please answer every question. There are no right or wrong answers so please answer as honestly as you can. It might be helpful to bear in mind that your responses will be anonymous and confidential. In order to match up your responses from the questionnaires we will start with a number of questions that will assist in matching your responses on all three questionnaires.

Thank you for taking part in this research.

Declan Coogan

If you have any problems completing this questionnaire or have any questions about the research, please contact Declan Coogan at declan.coogan@nuigalway.ie or ask the facilitator.
A. Information About You (Anonymous & Confidential)

1. By providing us with these details you can help us match your responses to the first and third questionnaires:

   Please enter the first initial of surname here____________________

   Please enter the year of your birth____________

   Please enter your month of birth here_______________________

   What is your gender? (Please insert a tick√ in brackets.)

   Female [ ] Male [ ]

   Practice setting (e.g. family support/ child protection & family welfare/ other - specify)

   _____________________________________________

   Today's Date__________________________
Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

### B. Your Confidence Levels

The following set of questions asks you about your confidence levels in working with child to parent violence. Thinking about working with parents experiencing child to parent violence and where 1 means you have no confidence, 3 means you are moderately confident and 5 means you are very confident, **how confident are you that you can...** (please circle the appropriate number for you)

<table>
<thead>
<tr>
<th></th>
<th>No Confidence</th>
<th>Very Confident</th>
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<tbody>
<tr>
<td>1. Provide emotional support for parents living with child to parent violence?</td>
<td>1  2  3  4  5</td>
<td></td>
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<tr>
<td>2. Assess the positive qualities of parents living with child to parent violence?</td>
<td>1  2  3  4  5</td>
<td></td>
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<td>3. Engage parents in discussion about their experiences of child to parent violence?</td>
<td>1  2  3  4  5</td>
<td></td>
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<td>4. Help parents make a distinction between a child behaviour that is testing boundaries and rules and child's behaviour that involves child to parent violence?</td>
<td>1  2  3  4  5</td>
<td></td>
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<td>5. Develop a relationship with parents where you feel able to be open and honest with them about child to parent violence?</td>
<td>1  2  3  4  5</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Work with parents who appear hopeless and/or helpless in dealing with child to parent violence?</td>
<td>No Confidence</td>
<td>Very Confident</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Help parents to change ways of thinking that contribute to child to parent violence?</td>
<td>No Confidence</td>
<td>Very Confident</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Assist parents to be in control without them becoming controlling?</td>
<td>No Confidence</td>
<td>Very Confident</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Help parents commit to resisting their child's violence?</td>
<td>No Confidence</td>
<td>Very Confident</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Highlight parents' successes to increase their self-confidence in responding to child to parent violence?</td>
<td>No Confidence</td>
<td>Very Confident</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Help parents tell others about and involve them in resolving child to parent violence?</td>
<td>No Confidence</td>
<td>Very Confident</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

C. Your Knowledge and Understanding

The next set of questions asks you about your knowledge and understanding of child to parent violence and non violent resistance. Please rate how much you agree or disagree with the following statements.

1. I understand the key concepts of Non Violent Resistance as it applies to working with parents experiencing child to parent violence.

   Strongly disagree [ ] Disagree [ ] Slightly disagree [ ] Slightly agree [ ] Agree [ ] Strongly agree [ ]

2. I understand the importance of parents breaking the silence about their experiences of child to parent violence and involving others such as family members and/or friends and/or relatives resolving this problem.

   Strongly disagree [ ] Disagree [ ] Slightly disagree [ ] Slightly agree [ ] Agree [ ] Strongly agree [ ]

3. I understand the key idea of the power of parental presence as a response to child to parent violence.

   Strongly disagree [ ] Disagree [ ] Slightly disagree [ ] Slightly agree [ ] Agree [ ] Strongly agree [ ]

4. I understand the value using externalising violence strategies to help parents make a distinction between the child and his/ her violent behaviour

   Strongly disagree [ ] Disagree [ ] Slightly disagree [ ] Slightly agree [ ] Agree [ ] Strongly agree [ ]

5. I know how to apply knowledge of solution focused intervention skills when working with parents living with child to parent violence.

   Strongly disagree [ ] Disagree [ ] Slightly disagree [ ] Slightly agree [ ] Agree [ ] Strongly agree [ ]
Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

D. Your Skills.

The next set of questions asks you about your sense of your skills level in responding to child to parent violence. Please rate how much you agree or disagree with the following statements.

1. I can assess parents’ experiences of child to parent violence.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

2. I can use solution focused interviewing skills when working with parents who are experiencing child to parent violence.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

3. I can equip parents with specific skills to deal with child to parent violence.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

4. I can teach parents non violent resistance skills so that they can avoid using violent actions or abusive language when responding to child to parent violence.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

5. I can explain to parents the importance of telling other people and involving them in supporting their responses to child to parent violence.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

Thinking about your work with families in which there are/ may be problems of child to parent violence, with how may of these parents do you plan to use the knowledge and skills gained from this course (Please insert a tick √):

No parents______ Some parents_______ All parents______

What could most influence your decision on whether or not to use the knowledge and skills gained from the training in your work with parents? Please continue on other side of page if needed.
Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

E. Feedback on the training course

1. Overall, I am very satisfied with the course on the Non Violent Resistance Programme.
   - Strongly disagree [ ] Disagree [ ] Slightly disagree [ ] Slightly agree [ ] Agree [ ] Strongly agree [ ]

2. Overall, the core ideas of the Non Violent Resistance Programme (parental presence and authority, commitment to non violent resistance, delayed responses and the support network) were easy to understand.
   - Strongly disagree [ ] Disagree [ ] Slightly disagree [ ] Slightly agree [ ] Agree [ ] Strongly agree [ ]

3. As a result of the learning I gained on this course I am confident I will observe client progress.
   - Strongly disagree [ ] Disagree [ ] Slightly disagree [ ] Slightly agree [ ] Agree [ ] Strongly agree [ ]

4. I intend to use knowledge and skills from the course in my work with parents who experience child to parent violence.
   - Strongly disagree [ ] Disagree [ ] Slightly disagree [ ] Slightly agree [ ] Agree [ ] Strongly agree [ ]

If there is anything you would like to add about the training (for example, what you liked or what was missing and could have been included) or about child to parent violence, please feel free to use the space below:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

MANY THANKS for completing this questionnaire.

Please return to the facilitator.
Research Study Title: Intervention with Child to Parent Violence (CPV) - An Exploration of Non-Violent Resistance.

Researcher: Declan Coogan, Lecturer, M A in Social Work Programme, School of Political Science & Sociology, NUI Galway.

This training course is part of a PhD research project supported by the School of Political Science & Sociology at NUI Galway. The course is free to participants but you are invited to complete three questionnaires. Participation in the research is completely voluntary - you can avail of the training whether or not you take part in the research. You will be asked to complete a second questionnaire at the end of the training course. You will also be asked to complete a follow-up questionnaire three months later. This is the third and final questionnaire.

This questionnaire will take about 10-15 minutes to complete. Your responses are confidential and no individual will be identified in any research project output.

In this questionnaire there are a number of statements. Please indicate your response clearly. Where relevant, ensure you only tick one box or circle one response. Please answer every question. There are no right or wrong answers so please answer as honestly as you can. It might be helpful to bear in mind that your responses will be anonymous and confidential. There are questions on both sides of each page of the questionnaire. In order to match up your responses from the questionnaires we will start with a number of questions that will assist in matching your responses on all three questionnaires.

Thank you for taking part in this research.

Declan Coogan

If you have any problems completing this questionnaire or have any questions about the research, please contact Declan Coogan at declanp.coogan@nuigalway.ie or 091 495373.
A. Information About You (Anonymous & Confidential)

By providing us with these details you can help us match your responses to the first and second questionnaires:

Please enter the first initial of surname here____________________

Please enter the year of your birth____________

Please enter your month of birth here_______________________

What is your gender? (Please insert a tick√ in brackets.)

Female [ ] Male [ ]

Practice setting (e.g. family support/ child protection & family welfare/ other - specify)

____________________________________

Today's Date_________________________
Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

B. You and Your Agency Context

The following set of questions asks you about your views about you and your agency in relation to child to parent violence. Please rate how much you agree or disagree with the following statements.

1. In my agency there are clear expectations that team members should ask about experiences of violence within the family as part of the assessment process.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

2. In my opinion, the majority of front-line team members in my agency are open to asking parents about experiences of child to parent violence within the family.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

3. In my opinion, team members in my agency feel comfortable about asking parents about experiences of child to parent violence within the family.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

4. In my agency, there are additional supports available to support members of the team in working with parents experiencing child to parent violence.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

5. In my team the message is given to parents that changing how they respond to a child who uses violent behaviour at home can help bring an end to the violent behaviour.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

6. It is essential to directly involve the child in intervention in order to effectively reduce child to parent violence.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

7. The worker can help parents to effectively address child to parent violence by encouraging parents to focus and commit to specific goals one at a time.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree
Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

8. If parents made a commitment to their whole family that they would not accept any violence and would not use violent behaviour themselves, this could reduce child to parent violence in their family.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Slightly disagree</th>
<th>Slightly agree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

9. If parents increase their involvement and presence in their child's life, this could reduce child to parent violence in their family.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Slightly disagree</th>
<th>Slightly agree</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>

10. If parents involve others such as extended family members and/or trusted others in responding to child to parent violence, this could reduce child to parent violence in their family.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Slightly disagree</th>
<th>Slightly agree</th>
<th>Agree</th>
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</tr>
</thead>
</table>

11. There is someone on my team who I could turn to for advice and consultation on work with parents who experience child to parent violence.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Slightly disagree</th>
<th>Slightly agree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

12. I myself would feel able to offer advice and consultation to others on work with child to parent violence.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Slightly disagree</th>
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### C. Your Confidence Levels

The following set of questions asks you about your confidence levels in working with child to parent violence. Thinking about working with parents experiencing child to parent violence and where 1 means you have no confidence, 3 means you are moderately confident and 5 means you are very confident, how confident are you that you can... (please circle the appropriate number for you)

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<td>3. Engage parents in discussion about their experiences of child to parent violence?</td>
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7. Work with parents who appear hopeless and/or helpless in dealing with child to parent violence?

8. Help parents to change ways of thinking that contribute to child to parent violence?

9. Assist parents to be in control without them becoming controlling?

10. Help parents commit to resisting their child's violence?

11. Highlight parents' successes to increase their self-confidence in responding to child to parent violence?

12. Help parents tell others about and involve them in resolving child to parent violence?

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D. Your Knowledge and Understanding

The next set of questions asks you about your knowledge and understanding of child to parent violence and non violent resistance. Please rate how much you agree or disagree with the following statements.

1. I understand the key concepts of Non Violent Resistance as it applies to working with parents experiencing child to parent violence.
   - Strongly disagree □
   - Disagree □
   - Slightly disagree □
   - Slightly agree □
   - Agree □
   - Strongly agree □

2. I understand the importance of parents breaking the silence about their experiences of child to parent violence and involving others such as family members and/or friends and/or relatives resolving this problem.
   - Strongly disagree □
   - Disagree □
   - Slightly disagree □
   - Slightly agree □
   - Agree □
   - Strongly agree □

3. I understand the key idea of the power of parental presence as a response to child to parent violence.
   - Strongly disagree □
   - Disagree □
   - Slightly disagree □
   - Slightly agree □
   - Agree □
   - Strongly agree □

4. I understand the value using externalising violence strategies to help parents make a distinction between the child and his/ her violent behaviour.
   - Strongly disagree □
   - Disagree □
   - Slightly disagree □
   - Slightly agree □
   - Agree □
   - Strongly agree □

5. I know how to apply knowledge of solution focused intervention skills when working with parents living with child to parent violence.
   - Strongly disagree □
   - Disagree □
   - Slightly disagree □
   - Slightly agree □
   - Agree □
   - Strongly agree □
Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

E. Your Skills.

The next set of questions asks you about your sense of your skills level in responding to child to parent violence. Please rate how much you agree or disagree with the following statements.

1. I can assess parents' experiences of child to parent violence.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

2. I can use solution focused interviewing skills when working with parents who are experiencing child to parent violence.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

3. I can equip parents with specific skills to deal with child to parent violence.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

4. I can teach parents non violent resistance skills so that they can avoid using violent actions or abusive language when responding to child to parent violence.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree

5. I can explain to parents the importance of telling other people and involving them in supporting their responses to child to parent violence.
   - Strongly disagree
   - Disagree
   - Slightly disagree
   - Slightly agree
   - Agree
   - Strongly agree
Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

F. Your Work and Your Caseload

1. How many families do you currently work with (approximately)? _______

2. In how many of your current families are there concerns about the use of violence? _______
   - In how many of these families have you engaged a parent in discussion about their experiences of violence and controlling behaviour directed at them by their child? _______

3. In how many of your current families is there a parent living with child to parent violence who has told other family members and/or relatives about their experiences of child to parent violence? _______

4. Thinking about the families with whom you work in which there are / may be problems of child to parent violence, how many of these parents have you involved in discussions about parental presence and delayed responses to their child’s behaviour? (Please insert a tick √):
   No parents _____ Some parents_______ All parents_______

5. What most influences your decision on whether or not to talk to parents about their experiences of and responses to child to parent violence?

Application to Practice

Thinking about the last three months and your practice, please answer the following questions.

1. My confidence levels have increased when responding to child to parent violence.
   
   Yes [ ] No [ ]
   
   If yes, please rate how much you agree or disagree with the following statements:

2. As a result of the learning I gained on the Non Violent Resistance course I have observed client progress.
   
   Strongly disagree [ ] Disagree [ ] Slightly disagree [ ] Slightly agree [ ] Agree [ ] Strongly agree [ ]
Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

3. As a result of the Non Violent Resistance course I am a more effective worker in responding to child to parent violence.

[ ] Strongly disagree  [ ] Disagree  [ ] Slightly disagree
[ ] Slightly agree  [ ] Agree  [ ] Strongly agree

If there is anything else you would like to add about child to parent violence or non violent resistance, please feel free to use the space below:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

MANY THANKS for completing this questionnaire.

Please return to Declan Coogan, Lecturer MA in Social Work Programme, Room 223, Aras Moyola, NUI Galway, North Campus, Newcastle Rd., Galway.
Research Study Title: Intervention with Child to Parent Violence (CPV) - An Exploration of Non-Violent Resistance.

Researcher: Declan Coogan, Lecturer, MA in Social Work Programme, School of Political Science & Sociology, NUI Galway.

**Individual Interview Information Sheet 20th March 2012.**

You attended the Non Violent Resistance programme training course, which is part of a PhD research project supported by the School of Political Science & Sociology at NUI Galway. The course was free to participants but you were invited to complete three questionnaires. Participants were also advised that a number would be invited to take part in follow up interviews. Participation in the research interviews is completely voluntary - there is no obligation on you to take part in the interview and you are free to terminate the interview at any time without the need to provide an explanation. These interviews will be recorded by voice recorder and the information you give will be securely stored. If you have any questions about what you are asked or about the research, please feel free to ask the interviewer.

This interview will take up to 45 minutes to complete.

Your responses are confidential and you will not be identified in any research project output.

You will be asked a series of questions. There are no right or wrong answers so please answer as honestly as you can. It might be helpful to bear in mind that your responses will be anonymous and confidential. In order to match up your responses from the questionnaires we will start with a number of questions that will seek information you have already provided.

Thank you for taking part in this research.

*Declan Coogan*
Participant Identification Number:_______________

CONSENT FORM

Title of Project: Intervention with Child-to-Parent Violence – An Exploration of Non Violent Resistance.

Name of Researcher: Declan Coogan

Please tick box

1. I confirm I have read the information sheet dated 20th March 2012 for the above study and have had the opportunity to ask questions.

2. I am satisfied that I understand the information provided and have had enough time to consider the information.

3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected.

4. I agree to take part in the above study.

Name of Participant: ___________   Date: _________   Signature: _____________

Name of Researcher: ___________   Date: _________ Signature: _____________
Project Title: Intervention with Child to Parent Violence (CPV) – An Exploration of Non-Violent Resistance.

Outline of Interview Guide for Individual Interviews.

Participant No. __________________

Please note: for the purposes of this research child to parent violence means any harmful act intended to gain power and control over parents and can include physical, emotional and/or psychological violence.

After a welcome and general introduction, the respondent is invited to read the interview information sheet. The participant is then requested to sign the consent form. Following this, the interview begins with the questions below.

A. Introductory Questions

By providing us with these details you can help us match your responses to the second and third questionnaires:
What is the first initial of your surname? _______________

What is the year of your birth? __________

What is the month of your birth? _____________________

Insert a tick√ in brackets in relation to the gender of respondent
Female [ ] Male [ ]

What is your practice setting (e.g. family support/ child protection & family welfare/ other – specify)?

__________________________________

Interview Date________________________
B. Research Interview Questions.

1. I would like to ask you about your experiences of working with child to parent violence and control. How do you engage parents in talking about their experiences of child to parent violence and control?

2. How do you assess the nature and extent of child to parent violence?

3. Thinking about the Non Violent Resistance training programme, what are your impressions of the ethos of the Non Violent Resistance Programme?

4. What were your experiences of discussing and implementing the Non Violent Resistance Programme with parents?

5. What do you think might be the obstacles practitioners encounter in implementing the Non Violent Resistance programme?

6. What supports do you think practitioners might need to implement the Non Violent Resistance programme in their work with parents?

7. What did you most like about the Non Violent Resistance programme training and related materials?

8. What would you like to see changed or included in the Non Violent Resistance programme training and related materials?

The interviewer will ask whether the respondent would like to add or clarify anything. Towards the end of the interview, the interviewer will ask whether the respondent has any questions she/he would like to ask in relation to child to parent violence and control. The interviewer will then thank the respondent for their involvement in the research and will terminate the interview.