

Title

Understanding the Importance of Therapeutic Interventions to Support Families Experiencing Child-To-Parent Abuse: Process Evaluation Insight from the Parallel Lives Programme

Abstract

Purpose: The paper presents the findings from the process evaluation of the Parallel Lives Programme (PLP), a child-to-parent abuse (CPA) prevention programme developed by the Media Academy Cymru (MAC) in South Wales, UK. Whilst there has been a growing body of research examining CPA, empirical insight into interventions that support families experiencing CPA (including the children who use violence, their parent(s), siblings and wider family members) is lacking.

Methodology: A process evaluation was used to examine the design and delivery of PLP from the perspective of the programme staff and the families who had completed the intervention. Several methods were used, including semi-structured interviews, online surveys, overt observations and file reviews. 42 people participated in the evaluation, including 6 practitioners, 19 parents and 17 children.

Findings: The findings highlight the need for specialised support/interventions for families that prioritise ‘children first’, relationship-focused, strength-based practices.

Originality: The study centres the experiences and voices of the parents and children who experience CPA and the practitioners who deliver support. Historically, these pivotal voices have been missing from practice and policy developments. The implications of this research extend beyond Wales, and it provides research, policy, and practice recommendations aimed at addressing CPA in a therapeutic, non-punitive, and responsive manner.

Introduction

Child-to-parent abuse (CPA) has historically been a hidden issue. Only in the last decade has it begun to receive more attention from academics, practitioners and policymakers (Bonnick, 2019; Miles & Condry, 2015; Fitz-Gibbon et al., 2021; Condry & Miles, 2022). CPA is more commonly referred to as adolescent-to-parent violence (APV). There is no universally agreed definition of CPA or APV. Definitional ambiguity

presents its own challenges in understanding the phenomena and, importantly, responding to CPA in appropriate ways that do not criminalise, stigmatise and harm families. One definitional example of APV from authorities in the field is the 'physical assaults, threats of violence and criminal damage from an adolescent aged 13 to 19 years towards a parent/stepparent' (Condry & Miles, 2022:14). However, it is essential to recognise that APV can also affect the broader family beyond the child and parent(s)/carer(s). As such, the term CPA reflects the wider range of violence and abuse that children can enact, and we put forward the following definition:

CPA includes a range of violence and abuse that affects parents/guardians/carers as well as siblings and/or the extended family. CPA pertain to children under the age of 18 to coincide with UNCRC's (1989) definition of a child who uses varying forms of violence and abuse in the home. Forms of abuse can be categorised into the following types:

1. **Physical violence:** This includes hitting, pushing, kicking, or using objects to harm a parent. Physical violence can also contribute to emotional and psychological abuse that creates an atmosphere of fear within the home.
2. **Emotional and psychological abuse:** Involves behaviours such as manipulation, intimidation, threats, and constant criticism.
3. **Verbal abuse:** Consists of shouting, swearing, insults, and derogatory remarks.
4. **Financial abuse:** This includes stealing money, coercing parents to give money, or manipulating parents into financially unsustainable situations.

Though there is still work to be done to establish a consensus on the definition of CPA and the agreed terminology when discussing this type of violence/abuse enacted by children, we offer a stepping stone that inculcates the wide-reaching impact CPA has on the family and expands the various forms of violence in which it can manifest itself. While the definition and terminology surrounding CPA remain contested, it is crucial to recognise how existing legal frameworks attempt to address this form of abuse.

Within England and Wales, CPA falls under the cross-governmental definition of the criminal offence of coercive control and is included in the definition of domestic abuse (DA) in the 2021 Domestic Abuse Act. The Domestic Abuse Act 2021 defines abuse in the context of physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional, or other abuse perpetrated by those aged 16 and above. However, this legislation fails to recognise that children under the age of 16 can engage in abusive behaviour, and problematically, it positions children as ‘perpetrators’, which fails to understand and address the complexities, nuances and sensitivity needed to respond to this phenomenon. CPA carries a distinct set of complexities that require a different response to DA and intimate partner abuse (IPA) (Condry & Miles, 2014; 2022; Miles & Condry, 2015). Part of the issue in responding to CPA is a lack of inclusion of the voices of the people CPA affects – the children who use violence, their parent(s), siblings and wider family. Globally and particularly in England and Wales, children and parents who experience CPA have largely been absent from research and policy discussions. Greater empirical enquiry is needed to inform appropriate interventions and support for children and their parent(s). Indeed, Condry and Miles (2022) highlight that there has been limited support for families, and criminal justice responses lack consistency due to a lack of staff, training, and specific policies to respond to CPA appropriately. Regardless, it is widely acknowledged that the family (in its various forms) should be an effective response to prevent CPA (Condry & Miles, 2022). Both the parent’s and the child’s voices and experiences must be heard, as well as the perspectives of practitioners who deliver support.

As such, this paper provides insight from a process evaluation of a CPA programme - Parallel Lives Programme (PLP). PLP was created by a not-for-profit organisation – Media Academy Cymru (MAC), to fill a gap in provisions for CPA in South Wales, UK. MAC work *with* children aged 8-25 years in Wales, UK. Their mission statement is ‘working restoratively through media and creative approaches, delivering localised solutions that engage and empower individuals with the skills and self-esteem to succeed and make a positive contribution to Welsh society’ (MAC, 2024). A key aspect of MAC’s work is supporting justice-involved children or those on the periphery of encountering the criminal justice system. Since 2010, MAC has

worked with over 30,000 children across Wales (MAC, 2024). It is important to note that this is the first empirical research to date that has explored family-based interventions for CPA. The data provides new and valuable insight into a significantly under-researched area and enables the voices of the people who enact and experience CPA to be heard. The data highlights the importance of relationship-focused, non-punitive and strength-based support for families that align with the 'Children First' (CF) ethos of policy and practice in Wales (see Haines & Case, 2015), which have implications for future policy and practice developments nationally and internationally. The paper discusses key findings from some of the objectives of the process evaluation, which included exploring:

1. MAC's practitioners' experience and ethos of delivering the PLP
2. Children's experiences of participating in the PLP
3. Parents' experience of participating in the PLP

From the outset, it is important to point out that we use the gender-neutral term parent. We recognise the vast research and contributions of feminist perspectives on violence against women, which is understood to be a result of patriarchal social structures, traditional gender roles and attitudes, and gender inequality (Bjørnholt, 2021). Women and girls are overwhelmingly victims of violence perpetrated by men (Official National Statistics, 2024; Bjørnholt, 2021). In our sample, fathers were also victims of CPA, and male and female children enacted the violence/abuse, hence the use of the term parents. We also recognise that DA and other forms of childhood trauma and maltreatment can contribute to CPA (Miles & Condry, 2015; Meyer et al., 2024; Fitz-Gibbon et al., 2022). Within our sample, the parents and children did not disclose the presence of DA or other forms of abuse, and the practitioners were trained to recognise the signs of DA and had a mechanism to respond to them. It is important to point out that while parents and children in our sample did not disclose instances of DA, it does not mean that it is not prevalent. Meyer et al.'s (2024) study found that DA was reported by 27.3% of their sample of 5021 young people. They also highlight that children who experience DA and other forms of maltreatment are more likely to use violence in the home (Meyer et al., 2024; see also Fitz-Gibbon et al., 2022). However, the purpose of our research was not to explore the prevalence and extent of violence

in the family but to understand parents' and children's experience of the PLP and, in doing so, centre their voices to provide insight on future policy and practice developments to respond to CPA.

Literature Review

Contextualising CPA and the Welsh Policy Context

As CPA falls within Government definitions of DA, it categorises children over the age of 16 as 'perpetrators' of DA and therefore labels them as 'abusers'. Legislation, policies and practices stigmatising children are at odds with rights-based approaches underpinned by CF principles that resonate throughout Wales (Haines & Case, 2015; Drakeford, 2010). Since partial devolution, the social policy context for children in Wales has created the conceptual and practical space for a rights-based, 'dragonised' youth justice system (Haines & Case, 2015; UNCRC, 1989). The context of the Welsh CF ethos, legislative policy, and practice is underpinned by the UNCRC (1989), particularly Article 12. Article 12 states that 'every child has the right to say what they think in all matters affecting them and to have their views taken seriously' (Article 12, UNCRC, 1989) and further heightens the need to include children in decision making and give 'due weight' to their voices (Lundy & McEvoy, 2012). Drakeford notes, 'the term "children first", in a Welsh youth justice context, is used to denote an attitude of mind, in which offending is understood as only one element in a much wider and more complex identity' (2010: 141). In other words, the CF promotes the view that offending is a 'normalised and minor element of a child's broader identity and behaviour' (Case & Haines 2015: 7). CF research has been translated into guidance for youth justice services (YJS)/practitioners by the Youth Justice Board (YJB) (a quango that oversees YJS in England and Wales) and is central to youth justice policy and practice. The YJB promotes the ABCD principles of treating children *as children*, *building* pro-social identity, *collaborating* with children and *diverting* from stigma (YJB, 2022). The adverse effects of labelling children as 'offenders' are well-established, and the CF approach in Wales may be one way to reduce stigmatisation and its associated adverse effects (McAra & McVie, 2010; Haines & Case, 2015). CF aligns with our research, which underscores the need for more child-centred, supportive, and destigmatising responses to CPA.

Despite the emphasis on CF approaches in Wales, children who abuse their parents in the home have been largely absent from research and policy discussions within the UK. Viewing and responding to the young person as a child and not a perpetrator/offender is crucial in providing appropriate and responsive therapeutic support to prevent future violence. Research highlights that many children who use violence in the home are more likely to have experienced DA, IPA and other forms of maltreatment (Simmons et al., 2018; Fitz-Gibbon et al., 2022; Meyes et al., 2024). These adverse experiences, along with the child's developmental age, may mean they do not have the capacity to understand their behaviour and are likely to rely on their parent(s) for support. As such, criminal justice responses that emphasise perpetrator responsibility and accountability in a way that stigmatises children as 'violent offenders' are less likely to be effective (Douglas & Nancarrow, 2018; Miles & Condry, 2015). There is a consensus that specialist responses are needed that focus on maintaining and improving the relationships between the child and their parent(s) (Douglas & Nancarrow, 2018; Miles & Condry, 2015; Haw, 2010). Punitive interventions delivered by the criminal justice system or interventions that seek to replicate responses to IPA are seen as less effective (Douglas & Nancarrow, 2018; Miles & Condry, 2015). However, limited attention has been paid to what might constitute appropriate responses/support for CPA in the UK. Responsive interventions that consider the age, developmental stage of the child, the type of violence, and how the violence is responded to are essential. Conflict resolution and an approach of families working together to rebuild relationships are also integral to preventing CPA (Condry & Miles, 2022). Positioning CPA responses within a CF framework is key to ensuring that children receive appropriate support that does not stigmatise and harm them.

Destigmatisation of CPA and Supporting Parents/Carers

Further tensions arise when responding to CPA as there are difficulties in striking a balance between supporting and safeguarding parents as victims of sometimes severe abuse/violence and recognising the need to safeguard children and their rights and vulnerabilities (see also Condry & Miles, 2022). Research has highlighted that parents feel that their parental rights and rights as individuals are being subsumed by the children's rights discourse (Sanders, 2020). It has been suggested

that this is exacerbated by government policy framing the parent-child relationship in adversarial terms (Holt, 2009). This has often left parents reluctant to disclose or report violence from their children, fearing their parenting skills may be questioned or they will be disbelieved (Sanders, 2020). Studies have revealed that rather than receiving a responsive service, parents have felt that professionals framed the difficulties as poor parenting (Selwyn & Meakings, 2016). This has contributed to parents being depicted as 'undeserving victims', attracting less sympathy and support in comparison to others who experience family abuse (Holt, 2009). Due to CPA being an under-researched form of violence, there have been limited policy and practice responses to support children and parents holistically and responsively (Condry & Miles, 2022; Simmons et al., 2018).

Reflecting on research from Condry & Miles (2014; 2022), there is also a need for responses/support for CPA to understand the complexities of family history, dimensions of blame and culpability, shame, and guilt, as well as an understanding of how violence is enacted through adolescent-specific dynamics of power and control. An emerging body of work highlights the complexity faced by families who experience this type of family violence (see Campbell et al., 2020; Douglas & Nancarrow, 2018). These complexities include higher rates of disability, mental health and substance abuse issues, and pre-existing exposure to DA (Fitz-Gibbon et al., 2021; Kennair & Mellor, 2007). As such, responses must be tailored to the family's needs in a therapeutic/supportive environment. As noted, conflict resolution and families working together to rebuild relationships are integral to this process, and primary caregivers play a key role in supporting children to stop their violent/abusive behaviour (Condry & Miles, 2022).

The Role of the Practitioners in Supporting Families

The effectiveness of an intervention is often dependent on how it is delivered. Implementing interventions with practice integrity relies on the practitioners' skills and experience (Ugwudike & Morgan, 2019; Duwe & Clarke, 2015). Understanding what motivates people to engage in interventions and change their behaviour is complex. The therapeutic relationship between the families and practitioners is essential for

engagement in interventions and facilitating change (Creaney, 2014; Mason and Prior, 2008; Bonta & Andrews, 2024;). Mason and Prior advocate that 'supportive, engaging relationships develop motivation for change in both compulsory and voluntary settings' (2008: 44). As such, it is vital that practitioners possess evidence-based supervision skills, such as relationship skills that include pro-social modelling (see Trotter, 2013) and the ability to be 'warm, genuine, humorous, enthusiastic, self-confident, empathic, respectful, flexible, committed to helping the client, engaging, mature, or intelligent' (Dowden & Andrews, 2004: 208). Relationship skills also require communication to be 'directive, solution-focused, structured, non-blaming, or contingency-based' (Dowden & Andrews, 2004: 208-209). Children's and parents' needs must be met in the context of positive and collaborative relationships and with a focus on their strengths and capabilities. Strength-based interventions are key in focusing on families' and individuals' inherent strengths and capabilities to find solution-focused ways to prevent CPA. Strength-based approaches can also help to engage and motivate people (Ward & Maruna, 2007; Bourgon & Bonta, 2014). As such, the relationship between the practitioners and families is critical to addressing problematic behaviours and improving the communication and relationships between children and their parents, which is a crucial factor in reducing and preventing CPA (Douglas & Nancarrow, 2018; Miles & Condry, 2016). Whether practitioners use relationship skills and strength-based approaches when responding to CPA remains a 'black box', and how families respond to these approaches is even more undiscovered.

Contextualising the Parallel Lives Programme

PLP was explicitly designed for families where children display various violent and/or abusive behaviours in the home setting and are informed by CF principles and strength-based approaches. The PLP is a 7-week programme where the families attend two-hour support sessions that aim to provide therapeutic one-to-one support to children and parents/carers to reduce CPA. The design of the intervention programme was informed by an extensive literature review of evidence-based practices for understanding and responding to violent behaviour and CPA. The programme is underpinned by cognitive-behavioural approaches. Cognitive behavioural approaches have been criticised for being a 'one size fits all' approach

(Ward and Maruna, 2007: 23). However, their effectiveness is often dependent on how they are delivered, and CBT must be adapted to suit the needs and characteristics of individuals to be effective (Ugwudike & Morgan, 2019; Bonta & Andrews, 2024). A significant body of research shows cognitive behavioural approaches are one of the most effective modes of intervention to change problematic behaviours (Adler et al., 2016; Bonta & Andrews, 2024). It is important to note that the PLP delivery does not take a 'one size fits all' approach - it is delivered holistically. It can be tailored to the family's needs and unique circumstances. For example, the programme has been designed to consider the individual characteristics and needs of the children. It draws on research into adverse childhood experiences (ACEs) and recognises the vulnerabilities of children (see Bellis et al., 2015). The intervention programme is designed to recognise and respond to barriers to engagement to ensure that the programme is accessible to most children. Its key focus is improving the communication and relationships between children and their parents, which is crucial in reducing and preventing CPA (Douglas & Nancarrow, 2018; Miles & Condry, 2015; Haw, 2010). For the children, the PLP focuses on increasing their emotional literacy, communication skills, empathy, and ability to identify and manage problematic behaviours by developing coping skills and problem-solving techniques. These represent effective practices that are linked with reductions in problematic behaviour (Bonta & Andrews, 2024; Dowden & Andrews, 2004). The programme also focuses on providing parents with practical strategies to prevent CPA that focus on improving communication, relationships, dynamics within the family, and parenting techniques. The programme has well-designed and detailed manuals that outline the theory/approaches which underpin it and the curriculum for each session, with clear steps for delivery. Each session has its own theme, which focuses on developing the parents' and children's human capital (e.g. communication, problem-solving and empathy).

Methodology

A process evaluation of PLP was undertaken between May 2021 and November 2022. A process evaluation was deemed the most suitable approach to meet the study's aims as it enabled us to understand the design and delivery of the programme from the perspective of programme staff and the families who had

completed the intervention. Several methods, including semi-structured interviews, online surveys, overt observations and file reviews, were utilised to gain in-depth and holistic insight (see Bryman, 2016). Process evaluations offer a unique opportunity to generate knowledge about effective programme development and implementation (Clarke & Dawson, 1999). With a dearth of empirical insight into interventions to support families experiencing CPA, a process evaluation approach can help to inform 'practical problem solving, real-world decision making, action research, policy analysis, and organisational or community development' (Patton, 2002: 145) to improve our understanding and responses to this phenomenon.

Purposive sampling was used to ensure the most relevant people were involved in the study. A total of 42 people participated in the evaluation - 6 members of staff, 19 parents and 17 children. Semi-structured interviews were used to gain rich qualitative data. Practitioners involved in the programme's development and delivery were interviewed (n=6). The evaluation took place during a global pandemic; the interviews were conducted via Zoom in line with Government regulations at the time. The parents who had completed the programme were also interviewed (n=7). These interviews were conducted in person due to the easing of Covid restrictions. The face-to-face element helped us to build rapport and trust to elicit open responses. Interviews were also conducted with two children; the other children involved in the evaluation participated via an online survey.

An online questionnaire was sent to parents who completed the programme. The questionnaire comprised open and closed questions that focused on the parent's experience of the programme and how it had impacted them and their relationship with their child and wider family (n=12). An online questionnaire was also sent to the children who completed the programme. A total of 15 children responded. The questionnaire for the children also focused on their experience of the programme and their relationship with their parent(s) and wider family. We also observed 24 hours of the PLP sessions online and in person. The observations provided insight into how the programme was delivered and how staff interacted with the parents and children to

create safe spaces for the families. The following documents were reviewed to gather additional data about the programme and service delivery:

- All intervention programme capitals
- Assessments
- Feedback forms from parents and children
- Quarterly reports
- Case notes

Triangulation was used to cross-check the data and themes from the various methods. Qualitative data was primarily generated and analysed thematically (see Bryman, 2016). A small amount of quantitative data was generated from the closed questions in the survey, where we used basic descriptive analysis. As a relatively small number of parents, children and practitioners participated in the study, the results cannot be generalised. However, they provide valuable insight into an under-researched area to help develop more appropriate support to prevent CPA.

Ethics

The research was approved by Swansea University's Faculty of Humanities and Social Sciences Research and Ethics Committee. All potential participants were informed that they were free to decline the invitation to participate in the study without impacting the service they would receive from MAC. Participation was voluntary, and people were free to withdraw at any point. All participants gave informed consent to participate in the study and to disseminate the findings. MAC also consented to be named in publications to open dialogue with others interested in the holistic responses to CPA.

Findings

The following sections detail the findings from the data collected. The programme staff's, parents' and children's views are quoted verbatim. In summary, the PLP and practitioners created safe spaces for reflection and relationship building. The

programme was delivered within a CF ethos where the children were treated as children and not perpetrators, as well as supporting and empowering parents. The practitioners' use of relationship skills enabled them to support the families in a non-judgemental and strength-based approach when difficult and emotive issues around violence were discussed. The practitioners treated families with respect and dignity in a relaxed and therapeutic environment, which was commented on by all of the parents:

The setting is nice; it is very calm and laid back (Mother of a male aged 12).

The environment created for the children was also very relaxed and therapeutic. For example, the children could play games whilst participating in the programme, which put them at ease. Additionally, the strength-based practices facilitated solution-focused modes for the families to prevent violence and strengthen their relationships. For example, one activity centred around their superpowers (what they like about themselves) and how their positive attributes can be used to change problematic behaviours, improve their communication with their family and ultimately prevent violence. The children commented on the relaxed and supportive environment:

I like doing things here and talking as you get to play with things at the same time; it is not as serious as a classroom. I can get up and go as I please, which is good for my head and me (Male, aged 14).

A therapeutic environment is vital when supporting families in building their relationships and preventing CPA. Families need safe spaces to work through the complex issues they face. The following sections outline the key themes of relationships, strength-based approaches, and destigmatisation.

Destigmatising CPA & the CF Ethos

The programme was delivered within a CF ethos, which resonated throughout MAC's organisational culture and practitioners (see Haines & Case, 2015). As noted, the PLP and practitioners' emphasis on building positive relationships created a safe and non-judgmental space for families to discuss their issues and identify solution-focused means to resolve them. Practitioners were very aware of the stigma associated with CPA. They created an environment that destigmatises this form of violence to allow families to work within a strengths-based approach to find tangible ways to prevent CPA. As one practitioner noted:

There's a lot of like guilt and shame attached to it [CPA], and they [parents] don't feel like they can talk about it. So 'I must be the only parent whose kid kicks off and breaks my window'. I think it is a lot for them to say okay, so this is a thing, and these are the steps that we can take and also give them strategy (Practitioner 4).

Research that has explored DA has highlighted that shame and stigma are key barrier to disclosing abuse (Heron et al., 2022). Our findings highlight that this is also a key factor to disclosing CPA and reiterates the importance of therapeutic spaces for families. Another practitioner noted the importance of creating safe and non-judgemental spaces to enable people to discuss their issues to move forward:

We try to create a safe space where people can kind of offload, discuss, and work on trying to make things better in the family (Practitioner 3).

Parents commented on how the programme and staff enabled them to talk about their emotions without judgement and how this helped to improve family relationships and communication. For example, one parent stated:

Talking about raw emotions with people who do not judge you, they do not gasp, they don't laugh or tut, they feel what you feel, and they want to help; it's a safe

environment. I struggle to talk about my feelings, and this has helped me open up (Father of a 12-year-old male).

The therapeutic setting and staff provided a safe space for parents to talk about their feelings, which perhaps before they felt unable to do. The programme enabled the parent's voices and feelings to be heard, which played a key part in repairing the family's relationships. Another parent commented how beneficial it was to be with others in similar situations and to be supported by the MAC staff:

Sitting here, just being with people who care and don't judge you (Mother of a male aged 14).

All the parents commented on feeling relaxed and supported by MAC staff:

We like the atmosphere here; we felt welcome straight away; we were both scared about this process and what we would come up against, but it has been so refreshing and laid back; the setting works, and we are so glad it wasn't in a police station or something (Mother of male aged 12).

The quote above also highlights the importance of ensuring that CPA support takes place in holistic settings as opposed to those perceived as punitive – it is key that interventions happen in therapeutic settings by practitioners who emphasise support and not punishment.

Developing Relationships

An integral aspect of creating safe spaces for the parents and children is the practitioners' ability to engage with the families and build positive working relationships. Indeed, central to the PLP is the development of positive relationships in the family. Our observations revealed that the practitioners used a range of skills, including prosocial and praise, to model and reinforce positive behaviours. Additionally, the practitioners used other evidence-based relationship skills as outlined

by Dowden and Andrews (2004). For example, practitioners were engaging, warm, genuine, empathetic, respectful, committed to helping the families, etc. Several studies reveal that the practitioner relationship is integral to enhancing engagement and motivation and preventing problematic behaviours (see Bonta and Andrews, 2024; Dowden & Andrews, 2004; Raynor et al., 2014; Trotter, 2013). The focus on relationship building is a key strength of the programme. Research that has examined CPA concurs that specialist responses are needed, with a particular focus on maintaining and improving the relationships between the parent(s) and their child(ren) (Douglas & Walsh, 2018; Miles & Condry, 2016; Haw, 2010). All the practitioners recognised the importance of developing collaborative and supportive relationships with the families and within a CF ethos. For example, one practitioner stated:

We've built up a good relationship [with a young person] where she does want to work with me, and she does want to come in because I think there is that safe space made and non-judgement around her – she's a child, not a problem. Because I think, you know, for that young female, she is used to social workers, you know, asking her directly why she is hitting mum.... Whereas our space is really safe and non-judgmental, and it goes at her pace, as well treating [her] as a child and not as a subject and not as the perpetrator, you know, understanding that there's something going on for her, you know no child, I haven't met a young person yet who wants to be in this situation and wants to be abusive towards their parent (Practitioner 5).

When supporting families experiencing CPA, it is important not to label or target the young person as violent or abusive – the behaviour should be separated from the child (Bonta & Andrews, 2024). MAC's CF ethos and focus on destigmatisation ensured the children were treated as children, which helped build a therapeutic relationship to support change. Both the parents and children praised the staff for how they were treated. For example:

[MAC staff treated me] With friendliness, respect and kindness (Mother of a 12-year-old male).

All the parents stated that PLP had helped them to develop strategies to reduce CPA and improve communication with their children. For example:

We talk more now about his behaviour, and I think it's because I don't take things personally and don't explode like I used to (Mother of a male aged 13).

All the parents stated that their relationships had improved because of the PLP. For example:

[Because of Parallel Lives, there is] Less conflict at home, and our listening and communication have improved (Mother of male aged 15).

Another parent commented:

It's helped me learn to identify triggers and how to help support my son, and has improved our relationship...I have used the skills I have learnt through the programme across the board with my other two children. And it has improved our relationships, too (Mother of a male aged 9).

From the parents' perspective, there have been significant benefits from their participation in the programme. The PLP helped to improve their relationship with the child and reduce violence/abuse in the home. The children also identified several ways the programme benefited them. All the children stated that Parallel Lives had improved their relationships with their parents. For example:

[Because of Parallel Lives] My mum is listening to me more. She used to always just talk at me and have a go at me without listening to my side of things. It's so much better now (Female aged 14).

It is evident from the evaluation the PLP provides parents and children with a safe and non-judgmental space to discuss issues within their family and identify practical ways to resolve them. The emphasis on developing/improving relationships, empathy, and communication in the family is a key strength of the programme, which has a range of

significant benefits for the parents, children and family unit. The children referred to how the programme had helped to change their behaviours. For example:

I was angry all the time, but now I feel better. I don't get so angry (Female aged 12).

Another young person stated:

[Parallel Lives] Has helped me by controlling my emotions and anger as well as our [family] problems (Male aged 16)

Children commented on how the programme enabled them to identify triggers to their behaviour and techniques to prevent them from becoming angry/violent. One young person stated:

[Parallel Lives] it has allowed me to visualise things better and know when I am going to get angry and made me think about what happens if I do hit someone, the results of my actions (Male aged 14).

Another young person also stated:

I know when I am getting angry, and I try to deal with it better now... it has helped me think more and try to have a better relationship with my mum (Male aged 14).

The use of cognitive behavioural therapy (CBT) has helped the children identify problematic behaviours and develop alternative behaviours to violence to resolve conflict and/or difficult situations. The effectiveness of CBT is widely acknowledged (Adler et al., 2016). Based on their experiences with the PLP, all the children and parents said they would recommend it to others.

Strength-Based Approaches to CPA

One reason for positive responses from the children and parents was that strength-based approaches were used to repair and improve the relationships in the family. To illustrate this, one practitioner stated:

From my perspective and an organisational perspective, we work with both the parents and the young person. However, in terms of the other aspects of my role, it is very much based on the thoughts, wishes, and feelings of the young person and supporting them to find their strengths and to consider what changes they want to make (Practitioner 6).

In the words of another practitioner:

We focus on strengths. It's in our [organisational] DNA - everything that we do is focused on children's strengths (Practitioner 4).

There is increasing recognition of the importance of positive and strengths-based approaches that focus on developing the skills, capabilities, and quality of life of people to support change (Ward & Fortune, 2013; Ward & Maruna, 2007). The children also highlighted how the programme and staff focused on their strengths. For example:

[The programme has helped me to] learn to deal with anger and about my strengths (Male, aged 16).

The strengths-based approaches used by the organisation have enabled parents to feel more confident in their approach to parenting and CPA, for example:

[The programme has] given [me] new techniques and drastically increased my confidence. [It] has also given reassurance that techniques I was already using are good practices. Feeling reassured, gaining new techniques and reiterating techniques already being used... Having a consistent point of reference and being listened to and validated... Being complimented and feeling stronger as a result...The course has been incredibly helpful, and [staff member] was a genuinely lovely person. I feel more able to help my son and my family, and I feel supported (Mother of a 12-year-old male).

By viewing the family and individuals as assets with strengths and capabilities instead of 'problems' with 'deficits' that need 'fixing', it helped to foster hope of change for the

families, engage them with support and work on solution-focused alternatives to violence.

Discussion

The findings from our study have provided much-needed empirical insight into CPA interventions that prioritise non-punitive, strength-based and relationship-focused support. The process evaluation explored:

1. MAC's practitioners' experience and ethos of delivering the PLP
2. Children's experiences of participating in the PLP
3. Parents' experience of participating in the PLP

Notably, the research centred the parents' and children's voices to highlight how interventions can help support families experiencing CPA. The added dimension of the practitioners' perspective also demonstrates the importance of therapeutic interventions and the need to respond to children as CF whilst also recognising the parents as victims to support families holistically in building and repairing their relationships.

Reflections on the PLP Evaluation

The importance of relationships in their various forms was evident throughout the research. Whilst there is limited empirical insight into effective interventions to prevent and reduce CPA, there is a consensus that maintaining and improving the relationships between the child and their parents is vital (Douglas & Nancarrow, 2018; Miles & Condry, 2015; Haw, 2010). The PLP takes a multifaceted approach to responding to CPA using CBT, strengths-based, relationship and CF approaches. The findings highlight the need for interventions that facilitate open dialogue between the children and their parents to help the families understand the causes of violence, triggers and, importantly, solutions to prevent it. The strength-based approach of the PLP considered the whole family system to address underlying issues holistically by focusing on the family's strengths rather than deficits to prevent future violence.

It is important to acknowledge that developing and repairing the relationships between children and their parents is complex and challenging for practitioners. Even with a well-designed programme, poorly skilled staff that utilise punitive and stigmatising approaches can make the programme ineffective (Duwe & Clarke, 2015). Due to the sensitive nature of CPA, interventions must have the 'right' staff with the 'right' skills to deliver support effectively (Ugwudike & Morgan, 2019). The practitioners' non-judgemental and strengths-based approaches played a key role in destigmatising CPA for *both* the parents and children. The destigmatisation of CPA is crucial in encouraging families to access support and prevent further isolation and silence and is an issue that goes beyond the PLP. The policy and organisational context play a role in influencing the ethos of which interventions are delivered (Taxman & Belenko, 2011). The Welsh policy context and CF ethos have embodied themselves with the organisational culture of MAC, which transferred into CF practices on the ground. Positive organisational cultures have the potential to contribute to the destigmatisation of CPA. From a national and international policy perspective, legislative definitions of CPA need to be revised to reflect the uniqueness of this form of abuse and for a clear separation from CPA being intertwined with DA/IPA. We have offered a definition of CPA that rejuvenates this discussion, but further research is needed to develop encompassing definitions for legislation and policy globally.

One key tension remains in striking a balance between recognising the child as a child and not a perpetrator and, at the same time, recognising the parents as a victim of often violent abuse and, in some instances, also as perpetrators of DA (see Simmons et al., 2018). Whilst the parents and children in our sample did not disclose instances of DA it does not mean that it is not prevalent. Meyer et al.'s (2024) study highlights that children growing up with DA and other forms of maltreatment were more likely to use violence in the home (Meyer et al., 2024; see also Fitz-Gibbon et al., 2022). DA as a contributing factor to CPA cannot be ignored. However, CF approaches must not overshadow the voices and experiences of the parents as this runs the risk of parents, particularly women, self-silencing their experiences and feeling unable to access the support they need (Pokharel et al., 2020). The practitioner's skills come into play again when they are responsible for managing the dynamics in the room and ensuring that everyone's voice is heard.

Although the parents and children reported positive experiences of the PLP, there is a lack of outcome data to measure PLP's 'effectiveness'. The effectiveness of a programme can be measured in several ways depending on how effectiveness is defined and by whom, and it often involves some form of quantitative measure (Messerli, 2003). One example could be a reduction in the frequency of violence/abuse in the home. However, this data type was not collected as it was not the focus of the process evaluation. Also, this type of outcome data can be difficult to gather accurately due to the nature of CPA. For example, the stigma attached to CPA may prevent people from disclosing the true extent of CPA, DA and IPV in the home due to shame, and fear of further stigmatisation (see Heron et al., 2022). Additionally, researchers must also be mindful of not re-traumatising people by eliciting past experiences of abuse (Sikweyiya & Jewkes, 2012). As the focus of the process evaluation was on people's experience of the PLP, we did not feel it was suitable to delve into past experiences of violence and abuse to avoid potential distress for participants. This can be seen as a limitation of our study as the additional information of whether DA, IPA or other forms of maltreatment were present in the home would add to our understanding of the causing of CPA. Nevertheless, identifying and collecting outcome data is a broader issue when considering outcome evaluations to help develop an evidence base for CPA interventions.

Recommendations for Research, Policy & Practice

Based on the findings from our research and the broader CPA literature, we put forward the following recommendations:

- Legislation and policies must detach CPA from DA and IPA (see also Condry & Miles, 2014; 2022). CPA requires its own distinct policy and practice responses that promote the destigmatisation of children as 'perpetrators' and focus on building family relationships in therapeutic settings.
- A systemic review of the varying terminology and definitions of CPA is required. This will help to inform a more comprehensive definition of CPA and influence policy and practice developments that align with the extant literature.
- Due to its hidden nature, CPA's true prevalence and impact remain unknown. More research is required on the societal stigma associated with CPA and its

implications for families accessing support to find practical ways of addressing stigma.

- Further research with parents and children who experience CPA is needed to provide more insight into the potential solutions to CPA. These people's lived experiences and expertise provide valuable insights that can help progress policy and practice developments and coincide with the growing traction and recognition of the importance of centring the experiences of people with lived experience and involving them in research, advocacy for reform and service design and delivery via co-production (Weaver, 2022). Co-production should form the basis for the development of CPA policies and practices. Co-production has led to the rise of the concept of expert by experience; people who hold valuable knowledge equivalent to that held by experts by qualification (Bovaird, 2007). It is a process by which 'service users' are responded to not as passive 'clients' but play an integral role in conceiving, designing, developing, and delivering the services they use (Pestoff et al., 2006). Co-production can help to address the issues of parents' and children's voices being missing in current policy and practices and help to develop suitable responses to CPA (Bovaird, 2007; Mayer and McKenzie 2017).
- Practitioner experience, skills and training must be integral in developing and delivering CPA interventions (see also Bonta & Andrews, 2024). Where DA is evident within the family, practitioners must possess high levels of understanding and manage the family context and underlying dynamic to safeguard victims.
- Additional funding is required for organisations like MAC to continue their work and develop CPA interventions. Securing funding in the climate of austerity is difficult for organisations. A commitment from the Government to fund such projects would alleviate pressure and ensure that this type of valuable support remains available to families. Combined with the stigma associated with CPA, we risk families being isolated further and unable to deal with CPA if programs like PL are not visible and available.
- More process and outcome evaluations are needed to understand how different CPA interventions are being implemented and how they impact outcomes for the parents and children. Process evaluations can be used to examine the

implementation of interventions and understand the experiences of the people who deliver and receive the intervention. Outcome evaluations can be used to examine the impact of an intervention on outcomes such as a reduction in violence (Clarke & Dawson, 1999). Together, these evaluations can contribute to building a stronger evidence base for best practices and identifying areas for improvement in CPA support. Further efforts are also needed to clearly define what constitutes the 'effectiveness' of these interventions and to gather data that can reliably measure outcomes (see Messeri, 2003), which will strengthen the evidence base for CPA interventions.

Concluding Thoughts

This study has provided valuable empirical insight into an under-researched area. Notably, the study has centred the experiences and voices of the parents and children who experience CPA and the practitioners who deliver support. Their voices must be heard, and future policy and practice developments must be shaped to ensure that any response understands the complexity of CPA and the need to ensure that interventions take place in a therapeutic, strength- and relationship-focused environment. While relationship-focused interventions are promising, they are not without challenges. CPA interventions require trained professionals who can navigate the complexities of family dynamics and tailor the interventions to the specific needs of each family, as a one-size-fits-all approach is unlikely to be effective. The PLP will not be the 'silver bullet' to stop CPA. However, it has shown the potential to help families improve their relationships and strategies to deal with the root causes of violence more effectively. Continued research, funding, development and implementation of CPA interventions are essential to address this complex issue effectively. We recognise the limitations of our study, and due to the relatively small sample size confined to one geographical area, the findings are not generalisable. Additionally, no intervention programme can deal with the structural adversity that may contribute to CPA in the family. Structural adversity was not a focal point of our study, and further research is required to better understand structural adversity as a contributing factor to CPA. Nevertheless, we conclude that specialist responses are needed to respond to CPA in therapeutic settings, with a particular focus on maintaining and improving the relationships between the parent(s) and their child(ren),

and this study provides insights for practitioners and policymakers to one approach to respond to CPA.

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