

**Adolescent-to-Parent Violence and Abuse (APVA):
An Investigation into Prevalence, Associations
and Predictors in a Community Sample**

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ABSTRACT

Adolescent-to-Parent Violence and Abuse (APVA) is a form of family violence and abuse that has, in recent years, received increasing attention within academic literature. In England and Wales, APVA is beginning to have more of a presence in policing, youth justice and domestic violence and abuse policy. However, there remains a dearth of empirical quantitative research arising from the U.K about this topic. In response, this research aims to report the prevalence of APVA from a U.K cross-sectional community sample of 890 secondary school students (aged 11 to 18 years). Furthermore, adolescent characteristics and behaviours, familial characteristics, and school bullying experience are measured to ascertain whether these factors are associated with, and can predict, APVA.

APVA was found to be prevalent amongst 64.5% of the sample; psychological APVA was more prevalent than physical APVA (64.4% and 4.3% respectively). Significant associations and predictors of APVA have been identified and three statistically significant logistic regression models are presented that can predict the probability of psychological APVA, physical APVA, and severe APVA occurring.

This research contributes to the understanding of the experiences and characteristics of young people who exhibit APVA. The findings demonstrate that APVA is a complex phenomenon that is associated with and can be predicted by individual, family and school bullying characteristics. The results have implications for policy and practice, in particular that a holistic and whole-family approach should be taken to the assessment and subsequent planning of intervention for APVA and that APVA can be screened for in universal settings, such as schools. Therefore, awareness raising and prevention strategies could be incorporated into existing policy and practice frameworks. It is proposed that these findings are best interpreted and understood by ecological theories which can provide a useful framework with which to develop future research.

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DECLARATION

Whilst registered for as a candidate for the above degree, I have not been registered for any other research award. The results and conclusions embodied in this thesis are the work of the names candidate and have not been submitted for any other academic award.

WORD COUNT

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ABBREVIATIONS

ABA	Anti-Bullying Alliance
APVA	Adolescent-to-Parent Violence and Abuse
ADHD	Attention Deficit Hyperactivity Disorder
CAMHS	Child and Adolescent Mental Health Services
CPAQ	Child-to-Parent Aggression Questionnaire
CTS	Conflict Tactics Scale
CTS – CP	Conflict Tactics Scale-Child Parents
CSEW	Crime Survey for England and Wales
DV	Dependent variable
DASH	Domestic Abuse, Stalking and Harassment
EHCP	Education and Health Care Plan
FSM	Free School Meals
GP	General Practitioner
HMIC	Her Majesty’s Inspection of Constabulary
IV	Independent variable
LSCB	Local Safeguarding Children Board
MLE	Maximum Likelihood Estimation
MARAC	Multi Agency Risk Assessment Conference
NVR	Non-violent Resistance
NZ	New Zealand
PAC	Percentage Accuracy in Classification
PNC	Police National Computer

PTSD	Post-Traumatic Stress Disorder
RPQ	Reactive-Proactive Aggression Questionnaire
SEN	Special Educational Needs
SIP	Social Information Processing
SPSS	Statistical Package for the Social Sciences
SDQ	Strengths and Difficulties Questionnaire
SFS	Surrey Family Services
SYSS	Surrey Youth Support Service
WHO	The World Health Organisation
U.K.	United Kingdom
USA	United States of America
VAWG	Violence Against Women and Girls
YJB	Youth Justice Board
YRD	Youth Restorative Disposal

CHAPTER 1: INTRODUCTION

1.0. CHAPTER SUMMARY

This chapter identifies the subject of the thesis: an investigation into Adolescent-to-Parent Violence and Abuse (APVA) prevalence, associations, and predictors in a community sample. The definition and terminology of APVA is outlined followed by the policy and practice context of the research. The development and rationale of the research focus is explained and the aims, objectives and hypothesis are presented. The chapter concludes with a summary of the thesis structure.

1.1. APVA DEFINITION & TERMINOLOGY

APVA is not a ‘new’ form of family abuse. Indeed, records of young people being violent towards their parents have been documented in seventeenth century literature (Holt, 2016) and the first known reference of this phenomenon within academic literature was by Sears, Maccoby and Levin in 1957 (Sears, Maccoby & Levin, 1957). However, since this time there has been inconsistency in the terminology and definitions applied within this field of research. In 1979, Harbin and Madden initially created the term ‘battered parent syndrome’ (Harbin & Madden, 1979) however, over four decades later, researchers continue to develop terms in an attempt to accurately capture the complex nature of the abuse dynamic. Terms such as ‘child-to-parent violence’ (Walsh & Krienert, 2007), ‘child-to-mother violence’ (Edenborough, Wilkes, Jackson & Mannix, 2008; Jackson, 2003), ‘child-to-father violence’ (Pagani et al., 2009), and ‘parent abuse’ (Holt, 2009, 2013; Kennair & Mellor, 2007) amongst others have been used to describe this form of family abuse (Coogan, 2014. See Chapter 2, Table 2.1).

In comparison to similar areas of research (domestic violence and abuse; intimate partner violence; bullying; general anti-social behaviour), the varied terminology applied to describe young people who abuse their parents reflects that, up until recently, there has been a lack research and policy interest for this issue. This lack of recognition and ability to articulate the phenomenon only serves to amplify its hidden nature and has had implications on the body of knowledge that has been collated and compared (see Chapter 2). This has contributed to a number of challenges and inconsistent ‘ad-hoc’ agency responses to APVA. Such challenges include the ability to produce robust prevalence data, varied standards of practice for intervention, and a lack of response from

government funded services (schools, social services, police) (Holt, 2016). Consequently, families can experience a lack of recognition and varied intervention outcomes (see Holt & Retford, 2013) which can lead them to feel a sense of despair and hopelessness about their situation (Holt, 2016). To respond to this however, in 2015 the Home Office published, 'Information Guide: Adolescent-to-Parent Violence and Abuse' (Home Office, 2015). This APVA guidance is informed by academics and frontline workers and provides information and resources to practitioners. As the term APVA has been applied in recent governmental guidelines and literature, it will be used throughout the thesis in an effort to further promote the term and to enable consistency.

Furthermore, the term APVA is congruent with the evidence-based model of 'positive youth justice', also known as 'children first, offenders second' (Haines & Case, 2015). This is an approach that is core to the professional values and practice of the researcher. The positive youth justice model proposes four principles to youth justice policy and practice in England and Wales that are rooted in universality, relationship-based partnership, child development and children's rights, inclusion and diversion (Byrne & Case, 2016). Therefore, throughout this thesis adolescents will be described as 'young people' or 'children', as opposed to 'perpetrators', 'offenders', 'delinquents', or similar terms that can create negative or criminalising labels and identities (see Labelling theory; Becker, 1963; Lemert, 1967).

The term 'adolescent' refers to the transition between childhood and adulthood; however, depending upon the context of the research, the age parameters of 'adolescence' can differ. The UN Convention on the Rights of the Child defines a child as under 18 years old (Office of the High Commissioner for Human Rights, 1989), and the age of criminal responsibility in England, Wales and Northern Ireland is 10 years old. This is an important consideration when researching APVA as the Serious Crime Act (2015) introduced a new criminal offence of 'controlling or coercive behaviour in an intimate or family relationship' and as such, this legislation could be applied to criminalise APVA under the umbrella of domestic violence and abuse (Miles and Condry, 2015; see 'Policy and Practice Context').

There is currently no cross-governmental definition of APVA. However, for this research a definition has been developed from Section 76 of the Serious Crime Act (2015) and the cross-

governmental definition of domestic violence and abuse (Home Office, 2013; see Chapter 2 for full discussion).

"Any pattern of intended incidents of controlling, coercive or threatening behaviour, violence or abuse by a child (under 18 years old) towards a parent or carer. This can encompass, but is not limited to, the following types of abuse: verbal, psychological, physical, sexual, financial and emotional."

In line with the Serious Crime Act (2015), this definition of APVA requires the problematic behaviours to be engaged in 'repeatedly' or 'continuously' and that there is 'intent' to control, coerce, threaten or to be violent. Desistance theories (e.g. Ward & Maruna, 2007; McNeill, Farrall, Lightowler & Maruna, 2012) propose that the typical life course can assume a degree of turbulence in adolescence, with an increasing adherence to social norms and social order leading into adulthood. As such, a degree of child–parent conflict during adolescence is part of 'normal' development. However, as Coogan (2011) remarks, a clear distinction should be made between APVA and problematic behaviours that could be assessed as 'normal' adolescent behaviour, with APVA behaviours being those that attempt to dominate, coerce and control parents (Tew & Nixon, 2010). Furthermore, this definition encompasses a variety of violent and abusive behaviours, some of which are non-injurious behaviours which are integral to the abusive dynamic (see Holt, 2013). The target of the behaviours is a 'parent or carer' which can include biological, step, foster, and adoptive parents, or a parent in a legal capacity.

1.2. POLICY AND PRACTICE CONTEXT

From the researcher's initial awareness of the topic in 2013, to the development of research design and the collection of data in 2015, APVA has begun to gain prominence in England and Wales through several significant policy changes:

- **2013:** the change of the cross-governmental definition of domestic violence and abuse to include 16 and 17-year olds
- **2014:** the inclusion of APVA in the Home Office Violence Against Women and Girls Action Plan (VAWG, 2014, p.27).

- **2015:** the creation of the Home Office APVA Information Guide
- **2015:** the new offence of ‘controlling or coercive behaviour in an intimate or family relationship’ as outlined in the Serious Crime Act 2015 (Miles & Condry, 2015).

In England and Wales, practitioners working within statutory, voluntary and community agencies must operate within the parameters of existing policy frameworks which, until recently, had not been available for APVA. Indeed, Holt (2016) reflects that the experiences of practitioners and academics across national/regional contexts and organisational settings has been that of working in a ‘policy vacuum’ (Holt, 2016, p.186).

Despite recent policy developments, a broader contextual and policy framework issue regarding APVA remains as it does not fit neatly within existing child protection, domestic violence and abuse or youth justice frameworks. As such, there are tensions surrounding which framework, if any, can be most appropriately applied to understand and respond to this complex form of family abuse. For example, within domestic violence and abuse frameworks, there is a risk of misconstruing the culpability of a young person (which is likely to be different to that of an adult) and over-criminalising them, i.e. under the legislation of the Serious Crime Act, 2015 (Miles & Condry, 2015). Similarly, within traditional youth justice frameworks, there is a risk of demonizing young people, many of whom are also victims. Holt (2013) has noted that traditional criminal justice agencies have struggled to accommodate the problem of APVA because they are premised on the notion that parents are responsible for ‘youth offending’ and as such, there is also a risk of over-responsibilising parents. Conversely, within a child protection framework, social care agencies for children struggle to respond to APVA because they operate on the principle that young people are vulnerable and need safeguarding from potential (adult) perpetrators of abuse and violence, particularly those with caregiving responsibilities (Holt, 2013). As noted by Miles and Condry (2015), an immediate response to this issue is to understand the APVA ‘perpetrator’ as an adolescent. Adolescents change and mature; they experience their own social and developmental challenges, and as such their behaviours are less entrenched than that of an adult (Holt, 2016). Therefore, a ‘positive youth justice’ framework and response to APVA would be preferable (see, Byrne & Case, 2016).

Within the broader context of these policy changes, practitioners that encounter APVA can feel ill-equipped to identify APVA, and effectively and safely intervene (Holt, 2016). Indeed, the researcher, a senior practitioner within an integrated family and young people service in Surrey, U.K, has witnessed an increase in APVA casework but a lack of professional guidance on how to respond. This was compounded by significant changes to the delivery of statutory and voluntary services for families and young people in Surrey from 2012 to 2017.

In February 2012, the statutory delivery of Youth Justice in Surrey underwent substantial changes in response to a county-wide re-commissioning of the Services for Young People directorate. Services known formerly as The Youth Justice Service, The Youth Development Service (youth work), and Connexions (education, training and employment support), collaborated and became Surrey Youth Support Service (SYSS). This integration led to an inter-professional and multi-agency provision that aimed to support a cohort of young people, aged 10 - 19 years old, who presented with 'risk factors' associated with welfare concerns, offending behaviour, and non-participation in education, training or employment. In May 2017, in response to Surrey County Council budget restraints, SYSS undertook a further multi-agency transformation based upon a 'Family Hub model' which provides an integrated, holistic and early intervention service to vulnerable families within whole communities (Children's Commissioner, 2016). A Family Hub approach aims to address the etiology of intergenerational poverty, family breakdown and poor outcomes for children (Children's Commissioner, 2016). As such, SYSS, Community Youth Work, Children's Centres, and Extended Hours Service integrated to become Surrey Family Services (SFS). SFS is made up of borough and district based teams that work with children aged 0-19 years old and their families to support them to become resilient, self-reliant and independent (Byrne, 2017). This is achieved through the co-ordination of the local early help offer alongside SFS partners, such as health, schools, districts and boroughs, the police and the voluntary, community and faith sectors. In Surrey, therefore, the approach to an understanding of and response to APVA has changed significantly in the past 5 years.

Coogan (2014) comments that there is a need for social care agencies to support the development of approaches that both facilitate the disclosure of APVA by parents living in fear of their child, and to equip social care practitioners with the skills to respond confidently to this complex

problem. At the time of writing, the knowledge base that criminal justice and social care agencies have available to support their decision-making with this client group is developing but remains limited, particularly in the U.K. There is not yet a robust evidence-based theoretical framework to explain APVA and as such, there is a lack of understanding of the causes and maintenance of this phenomenon (see Chapter 2). Within Surrey at least, the re-structuring of the delivery of services for children, schools and families in Surrey provides a key opportunity to raise awareness of APVA amongst the practitioners working with young people and families. Furthermore, Byrne (2017) comments that that integrated family services (modelled upon Family Hubs) use restorative, strength-based approaches to work collaboratively with whole families in order to develop a professional relationship, trust and rapport that could last across many years of family life. Therefore, integrated family services, such as SFS, could be well positioned to play a fundamental role in identifying and responding to APVA, which in turn could inform policy and practice developments.

1.3. DEVELOPMENT OF THE RESEARCH FOCUS

Prior to the research commencing, several assignments were completed, one of which was a critical review of a journal article relating to one's own professional practice and interest. This allowed for the more thoughtful consideration of APVA from an academic perspective, as opposed to a practitioner perspective. The article that sparked an academic interest into APVA was written by Condry and Miles (2014). The authors presented quantitative empirical evidence from the first U.K based analysis of police recorded cases of APVA. The primary aim of the research was to frame the problem of APVA within criminal justice policy and criminology. Within the article, APVA was debated as a complex problem which had been relatively under-represented in U.K youth justice policy literature and academic discourse, despite being widely recognised by professionals working within the field. This was relatable from a practitioner perspective and the debate put forward by the researchers, proposing that the responses to APVA were inadequate, appeared to be sound. Conclusions were drawn, informed by the limited research available at that time, that further research, particularly in the U.K, was required to enable a thorough understanding of APVA.

This provided the basis for the search strategy (see Appendix I) which supported the identification of APVA related research and literature, with the aim of designing a research project to address some of the gaps in knowledge (see Chapter 2 for an extensive review). It was apparent that there had been U.K based qualitative research, providing rich data primarily from parents and practitioners. However, there appeared to be only a minimal amount of quantitative research from the U.K regarding APVA, especially from a general population sample of young people (see Browne & Hamilton, 1998). Researchers from Spain were beginning to produce such empirical research and the foundation for the current research was initially based upon research conducted by Calvete, Orue and Gamez-Guadix (2013). These researchers aimed to assess the predictive role of behavioural and emotional characteristics of young people that experienced APVA. A sample of 1,072 young people (601 female) completed measures of APVA, proactive and reactive aggression, depressive symptoms, and substance use (and APVA measures six months later). APVA was found to be predicted by proactive aggression and depression, whilst substance use also predicted an increase in APVA over time. The researchers identified no gender differences in the prevalence of physical APVA (unlike much of the previous literature that reported APVA to be more prevalent in males) and that verbal APVA was more predominant amongst females. The findings suggested that a psychological profile for young people that experience APVA should also combine internalising problems and the instrumental use of violence. It was notable that the literature review identified no methodologically comparable research from the U.K.

To inform the final research focus, a further assignment was to develop a small-scale research project relevant to one's own professional practice. This provided an opportunity to gain a better understanding of the prevalence of APVA within a localised professional context. The small-scale research was undertaken in 2014, the aim of which was to explore the prevalence of APVA encountered by practitioners during their work for SYSS. An online survey was designed to capture quantitative data with which to establish the prevalence of APVA, as well as capturing information about incident, victim and young person characteristics. The SYSS gave permission for the dissemination of the online survey to practitioners. A favourable ethical opinion was obtained from The University of Portsmouth which confirmed that the proposed research was ethically compliant. Relevant permissions were sought from the SYSS and practitioner's participation was voluntary and consent was fully informed.

A total of 66 practitioners employed by the SYSS in May 2014 participated in the study; this represented approximately one third of SYSS practitioners. Of the total sample, during their employment with SYSS, 82% recalled working with an average of 6 young people referred to SYSS who had displayed APVA. This represented approximately just over one case (1.24) of APVA per year, per participant. At that time, data from SYSS reported that the average practitioner caseload was 9.8 and that the average length of a case was 6.75 months (0.56 years). This suggested that SYSS practitioners worked with an average of 17.4 young people per year. Therefore, the sample rate of 1.24 cases of APVA per year, per participant, represented 7% of a participant's annual caseload. These findings demonstrated that APVA was an issue that SYSS practitioners could expect to work with every year and further reinforced the rationale for additional U.K research directed at this form of family abuse.

1.4. RATIONALE FOR THE RESEARCH

At the time the empirical research was designed in 2015, Calvete, Orue & Gamez-Guadix (2015) commented that previous research had focussed on family variables as 'risk factors' for APVA, such as parenting styles, i.e. verbal punishment (Pagani et al., 2009), permissive parenting (Tew & Nixon, 2010), and a lack of parental warmth (Agnew & Huguley, 1989; Calvete, Gamez-Guadix & Garcia-Salvador, 2015). APVA had also been associated with other forms of family violence, such as child abuse and exposure to domestic violence and abuse (Boxer, Gullan & Mahoney, 2009; Routt & Anderson, 2011; Calvete, Orue, Gamez-Guadix & Bushman, 2015). However, empirical research that identifies the behavioural characteristics of young people who experience APVA is less abundant, particularly in the U.K.

Research conducted by Contreras and Cano (2015) demonstrated that those young people who exhibit APVA are likely to have a higher tendency to aggressiveness and dominance than young people who are not known to the criminal justice system (see also, Nock and Kazdin, 2002). The high levels of general aggression displayed by these young people is also extended to other contexts outside the family setting (Ibabe & Jaureguizar, 2010). For example, Calvete, Orue and Sampedro (2011) identified that young people who exhibit APVA tend to present more antisocial behaviours and other aggressive behaviours towards teachers and their peer group, in comparison

to young people who do not exhibit APVA behaviours (Ibabe, Arnosó, & Elgorriaga, 2014a). Furthermore, Pagani et al. (2004) identified that disruptive behaviour by a young person at school is found to be a predictive factor for future APVA against mothers and that these young people are likely to associate with peer groups that also display violent behaviours in the home (Kratcoski & Kratcoski, 1982; Agnew & Huguley, 1989). In support of this, several studies have identified that young people who exhibit APVA frequently interact with young people who display behavioural problems (Agnew & Huguley, 1989; Paulson, Coombs & Landsverk, 1990; Cottrell & Monk, 2004; Calvete, Orue, Gamez-Guadix, & Bushman, 2015); for example, Calvete, Orue & Sampedro (2011) found that an important ‘risk factor’ for APVA is young people who interact with friends who, in turn, present aggressive behaviour. Cottrell and Monk (2004) propose, within an ecological framework, that APVA could manifest because the young person is being victimised by peers and so, to compensate for feelings of powerlessness, they express their anger within a safe context (displacement). Alternatively, peer groups could also model violent behaviour as an effective strategy to gain power and control, which leads to the use of the learned behaviour within their relationships with their parents.

In line with this, the current research will measure a young person’s experience of bullying within the school environment to ascertain whether there is an association between school bullying behaviours amongst peers and APVA. In addition, APVA literature (see Chapter 2) has identified that there is a need for research into the occurrence of sibling aggression and APVA to determine whether there is an association between these experiences; therefore this will also be measured. For the research to be comparable to the plethora of research emerging from Spain, a cross-sectional community sample will be used. A sample of male and female students aged between 11 to 18 years old from secondary schools in Surrey, U.K, will contribute to the body of knowledge regarding the prevalence, sex, and peak age of young people that exhibit APVA behaviours. The research will also aim to contribute to existing empirical research that has considered whether a psychological profile for young people that experience APVA can be established (e.g. Calvete, Orue & Gamez-Guadix, 2013). Therefore, young people’s experience of different forms of aggression (reactive and proactive) will be measured, along with a measure of their strengths and difficulties, and alcohol and substance use. This will contribute to a better understanding of the

nature of APVA and whether individual characteristics of the young person, their experiences at home and at school, are associated with APVA.

This research seeks to identify the characteristics and experiences of young people who have exhibited APVA behaviours. There is a need for social care agencies to support the development of actuarial assessment tools to facilitate the disclosure of APVA by parents and young people experiencing it, and to equip social care agencies and practitioners with the skills to identify and respond confidently to this emergent problem (Coogan, 2014). The findings from this research will inform services and professionals working with families and young people, including social workers, mental health workers, youth justice professionals and teachers. It is hoped that the research will provide a better insight and thus understanding of the multifaceted nature of APVA and will go some way to raising awareness of APVA in the U.K.

1.5. RESEARCH AIMS, OBJECTIVES, DESIGN AND HYPOTHESIS

1.5.1. Research Aims

There are two main aims of the research project:

- To report the prevalence of APVA from a U.K cross-sectional community sample
- To examine whether adolescent characteristics and behaviours, familial characteristics, and school bullying experience are associated with, and can predict, APVA in a community sample

1.5.2. Research Objectives

To fulfill the aims of the research the following research objectives will be undertaken:

1) To review the existing research evidence and theoretical explanations regarding APVA

2) To create a self-report questionnaire for young people that measures:

- **Adolescent Characteristics and Behaviours;** *Sex, Age, Ethnicity, Strengths and Difficulties, Aggressive Behaviour, Alcohol / Substance use*
- **Familial Characteristics;** *Household Structure, Relative Poverty, Parent Relationship, Sibling Relationship*
- **School Bullying;** *Victim / Observer / Perpetrator*
- **APVA;** *Psychological, Physical*

- 3) To recruit participants aged 11 to 18 years old from secondary schools in Surrey, U.K.
- 4) To measure the prevalence of APVA amongst the cross-sectional community sample
- 5) To determine whether APVA is associated with the measures (see Research Objective 2) using statistical analysis
- 6) To determine whether APVA can be predicted with the measures (see Research Objective 2) using statistical analysis

1.5.3. Instruments and Procedure

The questionnaire is constructed from various validated instruments that capture data relating to the different measures as outlined above (see Appendix X):

- **APVA** is assessed with the Conflict Tactics Scale-Child Parents (CTS-CP; Straus & Fauchier, 2008) which consists of 6 items to assess aggressive acts by children towards parents. Three items reflect verbal violence and three items reflect physical violence using a three-point scale of: Never, Sometimes and Often.
- **Aggressive Behaviour** is assessed with the Reactive-Proactive Aggression Questionnaire (RPQ; Raine et al., 2006) which consists of 11 items for reactive aggression and 12 items for proactive aggression, using the same scale as above
- **School Bullying** is assessed with the Anti-Bullying Alliance (ABA, 2010) Children and Young People's Questionnaire, Key Stage 3 and 5 (School and Community) which consists of varied scales to measure the different types, frequency, and experience of bullying.
- **Strengths and Difficulties** are assessed with the Strengths and Difficulties Questionnaire, self-report version for 11-17-year old's (SDQ, Goodman, 2005). This is a validated mental health screening tool that measures 25 items on psychological attributes which are divided between five scales: emotional symptoms (5 items), conduct problems (5 items), hyperactivity/inattention (5 items), peer relationship problems (5 items), and prosocial behaviour (5 items). SDQ also uses a 3-point scale of: Not True, Somewhat True, and Certainly True (Goodman, Meltzer and Bailey, 1998).
- **Alcohol and Substance Use** is assessed using questions from the U.K Household Longitudinal Study (University of Essex, 2008-2011). Adolescents indicate the extent to which they consumed substances using varied scales.

- **Familial Characteristics** are assessed using questions from the U.K Household Longitudinal Study using varied scales (University of Essex, 2008-2011).

Procedure: The paper questionnaires were completed by participants during Anti-Bullying Week (November 2015) in school classroom settings under conditions agreed by the school and parents/guardians, with informed consent from the participants.

1.5.4. Hypothesis

Adolescent demographics and behaviours, familial characteristics, and school bullying experience will be associated with Adolescent-to-Parent Violence and Abuse (APVA). A model of the associated behaviours and characteristics can be created that can go some way to predicting the likelihood of APVA occurring.

1.6. STRUCTURE OF THE THESIS

Chapter Two (Literature Review) presents a comprehensive review of the literature commencing with a commentary on the varied terminology and definitions used. Consideration is given to how this may impact upon research methodologies and the subsequent conclusions that are drawn, particularly with regards to prevalence estimates and demographics. The most frequently cited characteristics of young people and their families who experience APVA are presented, as well as an exploration of the different types of APVA. U.K policy and practice is discussed and the chapter concludes with the core theoretical explanations that have been associated with APVA.

Chapter Three (Methodology) presents the methodological rationale, considerations and approach used to investigate the prevalence, associations and predictors of APVA within a U.K cross-sectional community sample. The stages of data analysis and ethical considerations are explained, taking into consideration the reliability, validity and generalisability of the research methodology.

Chapter Four (Findings: PART I) reports the APVA prevalence results of the research. It also presents the adolescent characteristics and behaviours, familial characteristics, and school bullying experiences that this research has identified to be significantly associated with APVA.

Chapter Five (Findings PART II) explains the statistical procedure of binomial logistic regression which has been used to create models for Psychological APVA, Physical APVA and Severe APVA. These models contain the adolescent characteristics and behaviours, familial characteristics, and school bullying experience that this research has identified can significantly predict the likelihood of APVA occurring.

Chapter Six (Discussion) discusses the research findings, as reported in Chapter Four and Chapter Five, within the context of the literature, the research aims and objectives and the core theoretical explanations. The methodological limitations and strengths of the study are considered.

Chapter Seven (Conclusion and Implications for Practice) draws conclusions from the research. The implications of the research findings upon policy and practice are considered. The substantive, methodological, and theoretical contributions to knowledge are presented and recommendations for future areas of research are made.

1.7. CONCLUSION

In England and Wales, there have been significant policy changes since 2013 that relate to APVA. Furthermore, the researcher; a senior practitioner within an integrated family and young people service in Surrey, U.K, has experienced several localised changes to service provision since 2012, some of which may prove to be helpful when working with young people and families that experience APVA. In line with these policy and practice changes, and to provide consistency for the research, a definition of APVA has been proposed.

Commonalities between the researcher's professional experience of APVA and emerging APVA literature has led to the development of the aims and objectives of the research. These are to report the prevalence of APVA from a U.K cross-sectional community sample and to examine whether adolescent characteristics and behaviours, familial characteristics, and school bullying experiences are associated with, and can predict, APVA within this sample.

Chapter Two follows with a discussion of the literature regarding APVA and a consideration of the limitations of existing research. The chapter presents relevant findings, and identifies gaps in the knowledge of APVA.

CHAPTER 2: LITERATURE REVIEW

2.0. CHAPTER SUMMARY

This chapter offers a critical analysis of the existing literature relevant to the aims and objectives of the research project; specifically, what is known about Adolescent-to-Parent Violence and Abuse (APVA), its prevalence, and the associated characteristics and behaviours of young people and families who have experienced it. Consideration is given to the challenges arising from the current literature and the implications that this has for the development of concepts, theory, policy and practice in relation to APVA. Explanations are provided about how the current research builds upon existing research findings and the chapter concludes with a rationale for the research project.

2.1. INTRODUCTION

APVA is a form of family violence that has, in recent years, received increasing attention within academic literature and is beginning to have more of a presence in policing, youth justice and domestic violence and abuse policy frameworks. However, APVA has been recognised by practitioners within the field for many years (Condry & Miles, 2014). To understand and address the issue, it is important that there is consistency and agreement amongst academics, practitioners and policy makers regarding the terminology used and subsequent definition of APVA. However, disparity remains within the vocabulary of this field of research. As such, this issue will be considered from the outset to inform the critical analysis of the current evidence base. Furthermore, different methodological approaches have resulted in conflicting findings, for example, in relation to the prevalence and demographic characteristics of APVA. These differences are critically discussed and consideration is given to the influence that they have on the current thinking and landscape of APVA research, theory and practice.

2.2. CONSIDERATIONS FOR A CRITICAL REVIEW OF THE LITERATURE

2.2.1. Terminology

APVA refers to abusive behaviours exhibited by a young person and directed towards a parent or caregiver (Cottrell, 2001; Holt, 2013). As established in Chapter One, this research uses the term ‘Adolescent-to-Parent Violence and Abuse’ in line with Home Office guidance (Home Office, 2015). However, as illustrated in Table 2.1, within the literature there is inconsistency in the

terminology used for this type of family violence and abuse and this has resulted in the use of a variety of terms. Further to the examples in Table 2.1, the behaviours have been described as ‘aggression’, ‘battering’, ‘violence’, ‘abuse’, and ‘victimisation’, the direction of which has been focussed on the ‘parent’, ‘mother’ or ‘father’, who have been described as ‘abused’, ‘victimised’, ‘battered’, and ‘maltreated’. The young people involved have been referred to as ‘adolescent’, ‘child’, ‘juvenile’, ‘youth’, ‘teenage’ and described as ‘aggressive’, ‘abusive’, ‘assaultive’, ‘domestically violent’ and ‘perpetrators’. As discussed earlier, the differences in terminology have far reaching implications upon research, policy and practice (see Chapter 1).

Table 2.1 Frequently Used Terms for APVA

Term	Country	Author / Year
Adolescent-to-Parent Abuse	UK	Holt (2013, 2015)
	Canada	Cottrell & Monk (2004)
	USA	Eckstein (2007)
Adolescent-to-Parent Violence	UK	Condry & Miles (2013, 2016); Selwyn & Meakings (2016)
Adolescent-to-Parent Violence and Abuse	UK	Clarke (2015); Home Office (2015); Clarke, Holt, Norris & Pel (2017)
Adolescent-Initiated Parent Abuse	USA	Hong, Kral, Espelage & Allen-Meares (2012)
Adolescent Violence and Abuse Towards Parents	UK	Holt (2016)
Adolescents’ Aggression Towards Parents	USA	Margolin & Baucom (2014)
Parent Abuse	Canada	Cottrell (2001)
	Australia	Kennair & Mellor (2007)
	UK	Holt (2009, 2011); Tew & Nixon (2010); Baker (2012); Biehal (2012); Nixon (2012); Wilcox (2012); Hunter & Piper (2012); Holt & Retford (2013)
	NZ	Murphy-Edwards (2012)
	Egypt	Fawzi, Fawzi & Fouad (2013)
Child-to-Parent Violence	Australia	Gallagher (2004, 2008)
	USA	Kennedy, Edmonds, Dann & Burnett (2010)
	Spain	Ibabe & Jaureguizar (2010); Ibabe, Jaureguizar & Bentler (2013); Calvete, Orue & Gamez-Guadix (2013, 2015); Ibabe & Bentler (2016); Ibabe (2016); Contreras & Cano (2016)
	Ireland	Coogan (2011, 2012, 2014)
	UK	Wilcox & Pooley (2015)
	Canada	Lyons, Bell, Frechette & Romano (2015)
Child-to-Parent Aggression	Spain	Calvete, Gamez-Guadix & Garcia-Salvador (2015); Calvete, Orue, Gamez-Guadix & Bushman (2015)

2.2.2. Definition and Policy

A key factor that contributes to APVA being under-researched and under-acknowledged until recent years is that there is no legal definition and there is no single or simple definition of what it constitutes (Coogan, 2014). Much of the literature related to APVA uses the definition provided by Cottrell (2001) who defines APVA as:

“any act of a child that is intended to cause physical, psychological or financial damage to gain power and control over a parent” (Cottrell, 2001, p.3).

However, it has been proposed that this definition does not clearly distinguish between abusive behaviours and more typical levels of interpersonal conflict during adolescence (Cottrell, 2001; Jackson, 2003; Gallagher, 2004; Clarke, 2015). Kennair and Mellor (2007) note that episodes of conflict between parents and their children are more common during adolescence, but differentiate between an age appropriate process of increased autonomy from a parent and concerning abusive behaviours that are intended to control a parent (Murphy-Edwards, 2012). To address this, Holt (2013) proposed to capture the temporal nature of the abusive behaviour, observing APVA as a “pattern of behaviour” (Holt, 2013, p.1). Despite there being no legal definition for APVA, the behaviour is increasingly recognised as a form of domestic violence and abuse (Home Office, 2015), the cross-government definition of which expanded in 2013 to include young people aged 16 and 17, and coercive controlling behaviours:

“any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of sex or sexuality. This can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse” (Home Office, 2015, p.3)

Since this time, those experiencing or perpetrating domestic violence and abuse aged 16 and 17 became ‘visible’, although young people under 16 years old remained outside of this definition (Condry & Miles, 2014). However, Miles and Condry (2016) note that APVA is emerging onto the domestic violence and abuse agenda as evidenced through the 2014 Her Majesty’s Inspection of Constabulary report which states that the definition of domestic violence and abuse includes APVA (HMIC, 2014, p.29). Furthermore, in March 2015, the Serious Crime Act introduced a new criminal offence of ‘coercive or controlling behaviour in an intimate or family relationship’. This can be applied to anyone over the age of criminal responsibility and could lead to the prosecution of young people who exhibit APVA (Miles and Condry, 2015). Therefore, a definition of APVA has been developed for this research to encompass recent U.K policy changes (see Chapter 1, p.3). In providing an operational definition for APVA for this research, careful consideration should be given to its breath and reach. Firstly, given that the foundation of the APVA definition is grounded

in the U.K definition of domestic violence and abuse and related legislation (Serious Crime Act 2015), there is a risk that the current APVA definition will not be applicable across different cultures. However, the definition does capture the range abusive behaviours consistent with the broader literature. Secondly, although there is merit in clearly differentiating between behaviours perpetrated by very young children, adolescents, and young adults (given the developmental differences and legal status), in using the term ‘adolescent’, this creates a narrow age-based focus of the abusive behaviour. However, as outlined earlier, the term APVA provides consistency with the terminology applied in governmental guidelines in England and Wales. Thirdly, the APVA definition provided is broad, with no examples provided of specific aggressive or abusive behaviours. Therefore, there is a risk that the definition may be understood too subjectively, resulting in varied and inconsistent behaviours being included within the definition which could produce generalized and contradictory findings.

2.2.3. Methodological Differences

Researchers such as Agnew and Huguley (1989), Brezina (1999), Ulman and Straus (2003) and Calvete, Orue and Gamez-Guadix (2013) have provided quantitative findings to establish the prevalence and demographic correlates of APVA. Encouragingly, a growing number of researchers are producing retrospective analysis of, for example, police records of APVA (e.g. Walsh & Krienert, 2007; Condry & Miles, 2014), qualitative analyses of parental experience of APVA (e.g. Holt, 2009, 2011; Clarke, 2015) and mixed-methods research (e.g. Edenborough, Jackson, Mannix & Wilkes, 2008; Murphy-Edwards, 2012). However, the results arising from these differing research methodologies tend to vary, particularly in relation to reported prevalence rates of APVA (largely due to the nature of the population samples) and the demographic profile of young people and families experiencing this form of abuse. Therefore, to produce a holistic understanding of APVA, throughout the literature review due consideration has been given to the potential impact that methodological differences have upon research findings.

2.2.4. Population Samples

Research on APVA has often been conducted on small, cross-sectional samples from narrowly-defined clinical populations (e.g. Laurent & Derry, 1999; Nock & Kazdin, 2002; Boxer, Gullan & Mahoney, 2009) which provides limited generalisability and comparability to a general population.

However, findings from large-scale non-clinical surveys also have restricted samples, for example, including only males (Peek, Fischer & Kidwell, 1985; Brezina, 1999) and excluding fathers (Jackson, 2003; Ulman & Straus, 2003; Pagani et al., 2004). More recently however, academics from the Spain have produced a wealth of research regarding APVA using a range of population samples and research designs, for example, cross-sectional community samples (e.g. Ibabe, Jaureguizar & Bentler, 2013; Ibabe & Bentler, 2016), prospective community samples (e.g. Calvete, Orue & Gamez-Guadix, 2013; Calvete, Gamez-Guadix, Garcia-Salvador, 2015), longitudinal community samples (Calvete, Orue, Gamez-Guadix & Bushman, 2015; Calvete, Orue & Gamez-Guadix, 2015), prospective clinical samples (Calvete, Orue, Gamez-Guadix, del Hoyo-Bilbao & Lopez de Arroyabe, 2015), cross-sectional forensic samples (Contreras & Cano, 2015) and retrospective forensic samples (Ibabe & Jaureguizar, 2010). Although useful in advancing our understanding of APVA, research such as this needs to be replicated in the U.K to ascertain whether the results are applicable across different cultures.

2.2.5. Measuring

There has been a paucity of instruments which are suitable for measuring APVA. The instruments that have been used within research have limitations that should be considered when interpreting and reporting results. The most commonly used instrument is The Conflict Tactics Scale (CTS) developed by Straus (2009) (see: Straus, 1979; Gallagher, 2008). A modified version of this instrument is The Conflict Tactics Scale-Child Parents (CTS-CP; Straus & Fauchier, 2008) which was used in APVA research conducted by Calvete, Orue and Gamez-Guadix (2013). This instrument consists of six items; three that measure verbal aggression and three that measure physical aggression. Young people indicate how often they have performed each behaviour in the past six months, using a three-point scale of; Never (0), Sometimes (1) and Often (2). However, this instrument can over-simplify interpersonal violence and provides little contextual meaning about APVA. Since this time, Calvete, Gamez-Guadix, Orue, Gonzalez-Diez, Lopez de Arroyabe et al. (2013) have developed the Child-to-Parent Aggression Questionnaire (CPAQ) which consists of 20 parallel items; 10 that relate to the father and 10 that relate to the mother. Within each block of 10 items, 7 describe psychological aggression and 3 describe physical aggression. Young people or parents indicate how often they have performed / experienced each of the behaviours in the last year following a four-point scale Never (0), Once or twice (1), Three to five times (2), and Six or

more times (3). Items are summed to obtain the total score for physical and psychological APVA. The CPAQ has been shown to have excellent psychometric properties in a sample of 2,700 Spanish adolescents. Exploratory and confirmatory factor analysis provide empirical support for its factor structure and reliability (Calvete, Orue, Gamez-Guadix, 2015). However, for this research, the CTS-CP instrument will be applied (see Chapter 3 and Chapter 6 for discussion).

2.2.6. Response Bias

APVA research can require self-reporting of violent and abusive behaviour by young people (Agnew & Huguley, 1989; Calvete, Orue & Gamez-Guadix, 2013; Ibabe, 2016) and parents (Nock & Kazdin, 2002; Calvete, Orue, Bertino et al, 2014; Calvete, Orue, Gamez-Guadix, del Hoyo-Bilbao, 2015; Clarke, 2015) and therefore the findings are likely to be impacted by reporting biases, such as hostile attribution bias and social desirability (see Baumeister & Vohs, 2007) in which research participants adapt their responses so that they are viewed more favourably by the researcher (Eckstein, 2007). Furthermore, Paterson, Luntz, Perlesz and Cotton (2002) report that young people who exhibit abusive behaviours also underreport or minimise acts of APVA and therefore this will be considered when interpreting the results of the research.

2.2.7. Reporting

All forms of domestic violence and abuse are under-reported (Groves & Thomas, 2014) and parents are particularly reluctant to disclose or report violence from their child (Condry & Miles, 2014) to frontline services, such as the police, health or education (Clarke, 2015). Therefore, incidents of reported APVA are likely to represent only a small percentage of actual incidents. Underreporting appears to be common both by parents and young people (Livingston, 1986; Howard & Rottem, 2008) and could be associated with a 'sense of shame' (Bailey, 2002. p.103). Bobic (2002) concluded that shame is a primary cause for low reporting rates. This opinion was shared by Haw (2010) who identified that mothers who had experienced APVA commonly felt shame and guilt, and at times blames themselves, which would often result in a reluctance to disclose APVA. This may go some way to explaining why APVA remains a 'hidden problem'. Young people may also choose not to disclose their behaviour due to guilt or fear of the social care and justice system; they may be concerned about the potential consequences, which in turn could result in the situation escalating to a crisis (Home Office, 2015).

2.3. PREVALENCE

The prevalence of APVA is difficult to establish. This is impacted upon by several factors; comparatively low levels of awareness of APVA in research, policy, and practice, varied definitions of APVA, the operationalisation of abusive behaviours, small sample sizes in surveys exploring APVA, and parents' reluctance to report/describe experiences of APVA (Coogan, 2011; Holt, 2013). In the U.K, the measurement of APVA has been especially limited with no large-scale cross-sectional surveys of adolescents being undertaken to date and 'assaults against parents' being included only in the 1996 British Crime Survey (Mirrlees-Black, Mayhew & Percy, 1996). Furthermore, APVA is not specifically recorded on police or health and social care databases and so it is difficult to quantify the number of reported cases on a national level (Home Office, 2015). A selection of research designed to measure the extent of APVA prevalence is presented in Table 2.2. This illustrates that research from the U.K, USA, Canada and Spain indicate prevalence rates ranging from 3.8% to 56.3% for physical assault of parents (e.g. Browne & Hamilton, 1998; Nock & Kazdin, 2002; Biehal, 2012; Condry & Miles, 2014) and as high as 92.7% for psychological aggression (Pagani et al., 2004, 2009; Calvete, Gamez-Guadix, Orue et al., 2013; Ibabe & Bentler, 2016).

In considering the variability of the results (see Table 2.2), it is useful to consider that APVA data arising from clinical and forensic populations may produce higher rates of APVA in comparison to general population samples. The former population sample are likely to have a different social profile, which may increase the likelihood of becoming involved in clinical or forensic services. Agnew & Huguley (1989) propose that survey data typically reports an annual physical APVA prevalence of approximately 10%, with 3% of young people engaging in severe violence. This figure would imply that APVA occurs as frequently as adult perpetrated forms of family abuse (Straus & Gelles, 1990), however Gallagher (2008) considers that although the prevalence rate of 10% for APVA is commonly reported, the figure produced by survey data may in fact be inflated. Reporting within journalism and an increase in research interest may give the impression that APVA is a relatively new phenomenon that is increasing. However, there is not yet enough related or methodologically comparable research, particularly arising from the U.K, to be able to assert with confidence whether there is a "real increase in this phenomenon" (Gallagher, 2008, p.167).

Table 2.2 APVA Prevalence

Author / Year	Country	Type of Research & Measure Used	Sample	APVA Prevalence
Biehal (2012)	U.K	Qualitative; Semi-structured interview with parents	209 Families receiving Specialist Intervention	54% APVA (past 6 months)
Browne & Hamilton (1998)	U.K	Quantitative; Questionnaire: The Conflict-Tactics Scale (CTS)	469 University Students	14.5% APVA 3.8% Severe APVA (past 12 months)
Calvete, Gamez-Guadix & Garcia-Salvador (2015)	Spain	Quantitative; Questionnaire: The Child-to-Parent Aggression Questionnaire (CPAQ)	1272 Secondary School Students	96.1% Psychological APVA (females) 90.4% Psychological APVA (males) 11.3% Physical APVA (females) 9.8% Physical APVA (males) (past 12 months)
Calvete, Gamez-Guadix, Orue et al. (2013)	Spain	Quantitative; Questionnaire: CPAQ	2719 Secondary School Students	92.7% Psychological APVA 14.2% Severe Psychological APVA 10.7% Physical APVA 3.2% Severe Physical APVA (past 12 months)
Condry & Miles (2014)	U.K	Quantitative; Police Records of APVA/Criminal Damage	1892 Police Records of APVA	56.3% common assault / assault with injury 23% criminal damage (from 2009-2010)
Ibabe & Bentler (2016)	Spain	Quantitative; Questionnaire: CTS: Child-Parents	585 Secondary School Students	88% Psychological APVA 5% Severe APVA (past 12 months)
Ibabe & Jaureguizar (2010)	Spain	Public Prosecution Files	413 Files relating to 103 Adolescents	67% Psychological & Physical APVA 29% Physical APVA only 4% Psychological APVA only (1999 to 2006)
Nock & Kazdin (2002)	USA	Quantitative; Questionnaire: Parent-Directed Aggression Inventory completed by Therapist	606 Children referred for Outpatient Therapy	12.2% Physical APVA
Pagani et al. (2004, 2009)	Canada	Quantitative; Questionnaire: Aggression Toward Mothers & Aggression Toward Fathers	1175 & 774 Adolescents (15/16 years old)	61.5% & 53.5% Psychological APVA (males) 65.9% & 57.5% Psychological APVA (females) 13.5% & 12.3% Physical APVA (males) 13.7% & 9.5% Physical APVA (females) (past 6 months)

2.4. CHARACTERISTICS & BEHAVIOURS OF YOUNG PEOPLE WHO EXHIBIT APVA

Interviews with practitioners and parents who have experienced APVA have been unable to identify a single characteristic or explanation for these behaviours. Instead, a range of potential influential factors are commonly referred to; including: substance and alcohol use, mental health problems, learning difficulties and a family history of domestic violence and abuse (Home Office, 2015). The literature relating to possible influential factors for APVA is considered below.

2.4.1. Age

The World Health Organisation (WHO; 2017) defines the age of adolescence as being between 10 to 19 years old. The available literature demonstrates a common finding that APVA typically emerges during puberty (Gallagher, 2008). However, the age of onset and peak age of young people experiencing APVA appears to vary depending on methodology and age inclusion parameters (Walsh & Krienert, 2009) which, in turn, impacts upon the findings and comparability of research. For example, Agnew and Huguley (1989) found no association between increasing age and males exhibiting APVA, but did identify that APVA by females increased with age, peaking at 17 to 18 years old. Cottrell (2001) found that 12 to 14-year olds were more likely to perpetrate APVA and Kethineni (2004) identified that 15 to 16-year olds were more likely to exhibit APVA. However, Walsh and Krienert (2007) found that APVA was more prevalent in 14 to 17-year olds. Paulson, Coombs and Landsverk (1990) reported an increase in risk of APVA with increasing age, peaking at 15 years old and reducing at 17 years old. Eckstein (2004) proposes that potential explanations for such findings could be due to maturation, an increase in autonomy (moving out of the family home), or less obligation from the parents to provide for their child or tolerate the behaviour. This research will measure the APVA behaviours of 11 to 18-year olds to contribute to the literature regarding the peak age of APVA.

2.4.2. Sex – Young Person

Data with regards to the sex differences of APVA are sparse and mixed (Calvete, Orue, Gamez-Guadix & Bushman, 2015). Pagani et al. (2004) attribute differences in sex ratio due to differences in research methodology, with more males being identified as exhibiting APVA in clinical, forensic, and case studies, and less sex differences arising from epidemiological research. For

example, research has indicated that APVA is more predominant in males (Walsh & Krienert, 2007; Boxer, Gullan & Mahoney, 2009), indeed, a meta-analysis conducted by Gallagher (2008) of 3,660 young people identified as exhibiting APVA reported that 72% (N=2,609) were male. However, research conducted by Bobic (2002) and McCloskey and Lichter (2003), report that APVA representation of males and females are more similar and more recent studies support the finding that an increasing number of females are also exhibiting APVA (Calvete, Gamez-Guadix, Orue, Gonzalez-Diez et al., 2013).

It is notable that, sex differences have been identified in the type of APVA expressed (Calvete, Gamez-Guadix, Orue et al., 2013). However, discrepancy remains, with some research identifying a higher rate of physical APVA in males (Walsh & Krienert, 2007; Boxer, Gullan, Mahoney, 2009; Calvete, Gamez-Guadix et al., 2015) and other research identifying no sex differences in physical aggression (Calvete, Gamez-Guadix, Orue et al., 2013). Females have been identified as being more likely to exhibit emotionally and verbally abusive behaviours (Evans & Warren-Sohlberg, 1988; Nock & Kazdin, 2002; Bobic, 2004). Calvete, Gamez-Guadix, Orue et al. (2013) found that females scored higher on all indicators of psychological aggression, including severe psychological aggression, and that except for the prevalence of physical aggression against mothers; which was higher in females, there were no significant sex differences in physical aggression against parents.

Gallagher (2008) explains that sex differences may increase with the seriousness of the violence. This distinction may provide an explanation as to why forensic and clinical studies find that males are more frequently reported as exhibiting APVA behaviours; parents may be more inclined to formally report acts of physically abusive behaviour committed by males. For example, Calvete, Orue, Gamez-Guadix, del Hoyo-Bilbao et al. (2015) found that based on young people reports, physical APVA did not differ depending on sex, however based on parents' reports', physical APVA was consistently higher for males. Furthermore, based on young people reports, psychological APVA was consistently higher for females, however parents' reports' did not identify any difference between frequency of psychological APVA for males and females. As such, this research will measure psychological and physical APVA behaviours, based on the reports of young people, to further inform the literature regarding APVA and sex differences.

2.4.3. Aggressive and Violent Behaviour

An awareness of risk factors for violence and aggression exhibited by young people is important when studying APVA, particularly as research has identified that young people who display APVA have histories of general violence (Kratcoski, 1985; Cochran, Browne, Adams & Doherty, 1994; McCloskey & Lichter, 2003).

Aggressive behaviour has been found to be a predictor of APVA (Pagani et al., 2004). Calvete and Orue (2011) identify two types of aggressive behaviour; reactive (a reaction to a perceived threat – intense anger) and proactive (deliberate actions aimed at achieving a desired goal) which may provide a better understanding of the nature of APVA. Yet, the available data is mixed. Pagani et al. (2009) proposed that APVA is associated with the reactive aggression of a young person in response to punitive or neglectful parenting. However, it has also been proposed that proactive aggression is instrumental in APVA and represents a means for the young person to fulfill their wishes/needs (Calvete, Orue & Gamez-Guadix, 2013). A longitudinal study of adolescents conducted by Calvete, Orue and Gamez-Guadix (2013) observed that proactive aggression, but not reactive aggression, predicted an increase in APVA over time. Furthermore, research suggests that males are more likely to engage in proactive aggressive behaviour, and APVA is more reactive in females (Annis Lai-Chu, Yu, & Raine, 2009; Calvete, Gamez-Guadix & Garcia-Salvador, 2015). Therefore, the association between APVA and proactive/reactive aggression is complex and may include both forms of aggression. Indeed, research conducted by Calvete, Gamez-Guadix, Orue, Gonzalez-Diez et al. (2013) illustrated that the reasons provided by young people for APVA includes both proactive (e.g. to obtain permission to get home late) and reactive reasons (e.g. self-defense). As such, this research will measure the reactive, proactive, and total aggression scores of young people to ascertain if there is an association between types of aggression and APVA.

2.4.4. School Bullying

Bullying is a form of aggressive and violent behaviour, however it is distinct from general aggression in that it is a repeated act, intended to harm and characterized by an imbalance of power (Farrington, 1993; Monks et al., 2009). Bullying includes physical abuse (e.g. hitting, kicking), verbal abuse (e.g. threatening, name calling) and social isolation or exclusion (Monks et al., 2009). Much research on bullying has focussed on bullying in schools, however, the term ‘bullying’ could

be applied to research in other contexts, such as between siblings, in children's homes, in prisons and the workplace. Monks et al. (2009) comments that, although not typically termed 'bullying', it is possible that behaviours within other abusive relationships may also meet the definition of bullying, such as domestic violence and abuse, due to the behaviours being repeated and there being a power imbalance. By viewing these behaviours as 'bullying', comparisons between settings and contexts can be made to support the development of a common theoretical framework to understand and reduce this phenomenon (Monks et al., 2009). Indeed, research has proposed that young people who bully their friends are more likely to have been exposed to domestic violence and abuse in the home and to go on to abuse intimate partners themselves (Knous-Westfall, Ehrensaft, MacDonell & Cohen, 2012; Narayan, Englund, Carlson & Egeland, 2014). Moreover, anecdotal evidence suggests that young people who exhibit APVA are often victims of bullying at school (Cottrell, 2001; Murphy-Edwards, 2012; Tucker, Finkelhor, Turner & Shattuck, 2014; Calvete, Orue, Gamez-Guadix, del Hoyo-Bilbao et al., 2015). Therefore, conceptualising APVA within the extensive and well-established framework of bullying literature could be enlightening.

Much of the research relating to peer-on-peer bullying within school focuses upon the prevalence, origins and prevention of bullying (Farrington, Friedrich, Ttofi & Theodorakis, 2012). The detrimental effect of school bullying and victimisation on a young person's mental health and psychosocial development is evident (see Fox, Elliott, Kerlikowske, Newman & Christeson, 2003; Farrington et al., 2012) and as such school bullying has become a topic of major public concern. The Education and Inspections Act 2006, Independent School Standard Regulations 2010, and the Equality Act 2010 outline that every school in the U.K must have measures in place to prevent all forms of bullying (Department for Education, 2017). Furthermore, the revised Ofsted framework includes 'personal development, behaviour and welfare' as one of its key criteria for inspections and as such, schools should be able to demonstrate the impact of anti-bullying policies (Department for Education, 2017, p.10). In the U.K, Anti-Bullying Week provides an opportunity for schools to raise awareness of bullying and to reiterate anti-bullying policy (ABA, 2017). However, despite the extensive research related to bullying, there appears to be little research examining whether there is an association between school bullying/victimisation and APVA.

Cawson, Wattam, Brooker and Kelly (2000) have proposed that the term bullying is typically perceived as intrinsic to the school setting, rather than a pattern of specific behaviours. The Anti-Bullying Alliance website (ABA, 2014) defines bullying as:

‘The repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power. Bullying can be physical, verbal or psychological. It can happen face-to-face or through cyberspace’.

This definition has similarities to that of APVA (see Chapter 1) and therefore, it may be that there is an association between bullying behaviours in the school environment and APVA behaviours in the home environment. If bullying and/or victimisation within school is identified as being associated with APVA then this could be a useful tool to facilitate the identification and potential prevention of APVA.

2.4.5. Alcohol and Substance Use

In assessing the nature of violent behaviour in young people, it is important to establish the context in which the behaviour arises (Hall, Mathews & Pearce, 2002). Some studies indicate that substance use is frequent among young people who perpetrate APVA (Cottrell & Monk, 2004; Calvete, Orue & Sampedro, 2011) as this may act as a catalyst for aggression (Ibabe & Jaureguizar, 2010) due to it being a disinhibitor for verbal and physical aggression, thus provoking parent-child confrontations (Pagani et al., 2009). Clarke (2015) cites that substance use has also been associated with reduced remorse and empathy (Cottrell & Monk, 2004). Therefore, substance and alcohol use by young people may have both a direct role (i.e. in terms of cognitive functioning and the severity of the behaviours) and indirect role (i.e. ‘asking patterns’ to gain money to finance substance use; Eckstein, 2002; Jackson, 2003; Haw, 2010) in initiating conflict (Pelletier & Contu, 1992; Cottrell & Monk, 2004) which can develop into APVA (Sampedro, Calvete, Gamez-Guadix & Orue, 2014).

A longitudinal study conducted by Young, Sweeting and West (2008) identified that the relationship between alcohol use and antisocial behaviour was reciprocal, suggesting that the use of substances can lead to aggression but that aggression can also lead to the use of substances

(Calvete, Orue, Gamez-Guadix, 2015). Calvete, Orue and Gamez-Guadix (2015) developed upon this and conducted research to examine the temporal relationship between substance use and APVA. The participants from 10 secondary schools in Spain (N=981, Mean Age=15.22 years) completed measures of substance use and APVA at three time points, with six month intervals. Substance use predicted an increase of psychological APVA (by males and females) and physical APVA (by males only) both directly and indirectly. However, APVA did not predict an increase in substance use. Contreras and Cano (2015) found that substance use is fairly generalized among young people known to the criminal justice system and as such, it is not a key variable able to differentiate between young people who commit offences and young people who have been charged for APVA. Therefore, this research will measure the self-reported alcohol and substance use of young people from a U.K community sample to further inform the literature.

2.4.6. Mental Health and Emotional Development

Feelings of anger and aggression can be linked to mental health problems or emotional development. Anger can contribute to or worsen existing mental health problems, leading to experiences of depression, anxiety, self-harm and alcohol and substance misuse. However, anger can also be a symptom of mental health problems such as personality disorders, psychosis or paranoia (Mind, 2016). Research has provided no conclusive results regarding the psychological functioning of young people who exhibit APVA (Kennedy, Edmonds, Dann & Burnett, 2010) or about their clinical profiles (Ibabe, Arnosó, & Elgorriaga, 2014b). However, some studies have provided evidence that these young people are more likely to have psychological disorders than young people who have been charged with other criminal offences. Moreover, young people who exhibit APVA present with a higher frequency of hospitalization and psychotropic medication use (e.g. Kennedy et al., 2010; Ibabe & Jaureguizar, 2012).

Ibabe and Jaureguizar (2012) note that the most common diagnostic categories for young people exhibiting APVA, as defined by the DSM-V classification (American Psychiatric Association, 2013) are: Disruptive, Impulse-Control and Conduct Disorders, and Attention Deficit Hyperactivity Disorder (ADHD). Indeed, Contreras and Cano (2015) found that the proportion of clinical diagnoses was higher in young people who exhibited APVA, with ADHD and Conduct Disorder being the most common. Within qualitative research, parents commonly explain APVA

through the diagnoses of specific clinical disorders, most frequently these are ADHD and Post-Traumatic Stress Disorder (PTSD) (Ghanizadeh & Jafari, 2010). Symptoms of depression have also been found to be more prevalent in young people who perpetrate APVA as it appears that they have experienced more psychological distress (Kennedy et al., 2010). For example, Ibabe, Arnoso, and Elgorriaga (2014a) found that young people who had experienced APVA presented with more behaviour problems outside the home and more characteristics associated with depressive symptomatology. In addition to depressive symptoms, other research has reported that young people who exhibit APVA are also characterized by feelings of unhappiness and low self-esteem (Paulson, Coombs & Landsverk, 1990; Calvete, Orue & Sampedro, 2011; Calvete, Orue & Gamez-Guadix, 2013; Ibabe, Jaureguizar & Bentler, 2013).

Contreras and Cano (2016b) found that young people who experienced APVA had lower levels of emotional intelligence, less prosocial attitudes, more antisocial attitudes, and higher levels of hedonism and power values. They concluded that young people who exhibit APVA behaviours have a lower ability to identify, express, and control emotions and feelings; implying that these young people present with emotional dysregulation. As discussed above, this could be impacted upon by several confounding variables, such as peer-on-peer bullying/victimisation within the school, or alcohol/substance use. Therefore, this research will measure the mental health and emotional development of young people using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2005) whilst also considering confounding variables which may impact upon the emotional wellbeing of young people.

2.5. CHARACTERISTICS OF PARENTS AND FAMILIES WHO EXPERIENCE APVA

2.5.1. Ethnicity

Research has shown APVA to be prevalent within White families in comparison to families of other ethnicities (see, Charles, 1986; Agnew and Huguley, 1989; Nock & Kazdin, 2002; Kethineni, 2004; Walsh & Krienert, 2007). For example, Condry and Miles (2014) identified that 59% of those young people exhibiting APVA were White and 24.3% were African/Caribbean. However, it should be noted that such statistics are only meaningful when accurate information on local ethnic profiles are available. For example, the results from Condry and Miles (2014) research are

based on a sample from London, U.K and therefore are likely to represent a more ethnically-diverse population, as opposed to how APVA presents nationally (Clarke, 2015).

It has been proposed that non-white parents may be less tolerant of abusive and violent behaviour within the home and so the behaviour does not escalate to APVA (Charles, 1986; Paulson, Coombs & Landsverk, 1990). However, it should also be considered that different ethnicities may vary in their conceptualisation of violence and abuse which, in turn, produces differences as to when parents consider their child's behaviour as problematic or acknowledge APVA as an issue. In addition, all ethnicities may not be equally willing to report APVA; it has been proposed that minority ethnic groups are less likely to formally report APVA due to a more generalised distrust of police or other social services (Walsh & Krienert, 2007). To further inform this body of literature, this research will record the ethnicities of young people to measure whether there is an association with APVA.

2.5.2. Socioeconomic Status

There does not appear to be a relationship between APVA and socioeconomic status (Murphy-Edwards, 2012). Rather, APVA can affect families from all levels of society, impacting upon parents who are not in full-time employment and struggling with financial and housing problems, and parents who are in professional jobs earning high incomes (Condry & Miles, 2014). Agnew and Huguley (1989) found that APVA rates were not related to socioeconomic status but commented that there was "a slight tendency for assault to be highest among those whose parents are in the most prestigious occupations" (Agnew & Huguley, 1989, p.707) which challenges an established finding in youth violence literature that low socioeconomic status is a risk factor. A critical review by Gallagher (2008) considered whether APVA might be associated with over-indulgent and lenient parenting style more typically associated with families with a high socioeconomic status. This research will seek to further explore this issue by measuring whether there is an association between APVA and households that access Free School Meals (FSM; see Chapter 3).

2.5.3. Sex - Parent

Despite the differences in methodologies used, most available research has consistently indicated that APVA is more frequently directed towards mothers than fathers (Nock & Kazdin, 2002; Walsh & Krienert, 2007; Gallagher, 2008). In a review of the literature, Robinson et al. (2004) found that 82% of APVA was directed at mothers; for example, Pagani et al. (2004, 2009) found that mothers experienced approximately 13% of physical abuse by their children, compared to fathers experiencing on average 11% of physical abuse (see Table 2.2). However, Calvete, Gamez-Guadix, Orue, Gonzalez-Diez et al. (2013) found that there was no difference in physical abuse towards mothers or fathers, but that mothers were more frequently the targets of psychological abuse.

Any disproportionate profile of abuse could be explained by mothers being more willing to report their victimisation compared to fathers, in addition to mothers typically being the primary caregiver in single-parent homes thus increasing the risk of becoming a victim of APVA (Walsh & Krienert, 2009). Alternatively, Ibabe and Jaureguizar (2010) propose that a mother may be perceived as weak and powerless, and that it may be considered more acceptable to control and dominate females (Agnew & Huguley, 1989; Cottrell, 2001; Ulman & Straus, 2003; Cottrell & Monk, 2004). This is supported by Evans and Warren-Sohlberg (1988) who found that sons abuse their mothers in 49% of cases, whilst 32% of cases involved daughters abusing their mothers. However, this reasoning is not supported through the findings of Calvete, Gamez-Guadix, Orue, Gonzalez-Diez et al. (2013) who identified that females showed significantly higher rates of aggression than males in all indicators of psychological and physical aggression directed at the mother.

2.5.4. Family Functioning

The link between violent behaviour in young people and witnessing violent behaviour or being abused themselves has long been the subject of research interest (Kendall-Tackett, Finkelhor & William, 1993). Research has indicated that exposure to family violence is a risk factor for APVA (Browne & Hamilton, 1998; Howard & Rottem, 2008; Boxer, Gullan & Mahoney, 2009; Calvete & Orue, 2011). For example, Kennedy et al. (2010) found that young people who had exhibited APVA behaviours were more likely to have been exposed to domestic violence and abuse and to

have been victimised by family members. Similarly, Calvete and Orue (2011) identified that exposure to family violence was more common for young people who displayed APVA in comparison to young people who did not display APVA. Furthermore, in a 3-year longitudinal study, Calvete, Orue, Gamez-Guadix and Bushman (2015) found that exposure to violence in Year 1 directly predicted APVA in Year 3, and that exposure to violence was a stronger predictor of APVA in males. Being victimised by their parents, observing their parents aggressing against each other or witnessing siblings aggressing against each other, all increased the likelihood of APVA (see Cornell & Gelles, 1982; Livingston, 1986; Howard & Rottem, 2008). However, Wood and Sommers (2011) surveyed 24 studies from 2000-2010 that explored the effects of domestic violence and abuse upon young people and concluded that a direct link between experiences of domestic violence and abuse and the emergence of APVA remained controversial. Their research concluded that although there is some evidence to support the hypothesis of intergenerational transmission of domestic violence and abuse, there is no evidence to support claims of a direct causation (Wood & Sommers, 2011).

Omer (2004, 2011) suggested that a characteristic shared by families experiencing APVA is an escalation process that leads to the development of a pattern of acting out and giving in, resulting in recurrent incidents of APVA. Such instances can be illustrated by case studies and interviews (see Charles, 1986; Gallagher, 2004; Holt, 2011; Clarke, 2015). Evans and Warren-Sohlberg (1988) analysed police reports of APVA to identify what factors preceded the aggression. The researchers found that family functioning could account for the disputes, including conflicts with siblings, arguments regarding household chores and privileges, arguments about money and spending, substance use, sexuality, peer group and school difficulties. Calvete, Orue and Gamez-Guadix (2013) propose that APVA may represent a means for the young person to achieve goals when their parents refuse to satisfy their wishes. In line with this, it has been reported that APVA is associated with the inability of parents to set boundaries and establish consequences for their child's behaviour, resulting in an indulgent and permissive parenting style that contributes to APVA (Howard, Budge & McKay, 2010; Tew & Nixon, 2010; Calvete, Orue & Sampedro, 2011).

2.5.5. Household Structure

It is well documented that there have been significant changes in family life over the past half-century, including an increase in divorce, lone parent and step-families, changes in socioeconomic wellbeing, and a decrease in family size (Collishaw, Goodman, Pickles & Maughan, 2007). Research has shown that APVA can occur in two parent and single parent households, however lone-parent mothers have been considered at greater risk (Pagani, Larocque, Vitaro & Tremblay, 2003; Stewart, Burns & Leonard, 2007; Routt & Anderson, 2011). Contreras and Cano (2014) undertook research to investigate whether there is a different family profile between young people who exhibit APVA behaviours, young people who have committed other offences, and young people who have no previous offending history. Differences were identified in relation to the type of household, family size, family incomes, and quality of communication with parents. Young people who had exhibited APVA behaviours were more likely to live in single-parent households (typically with the mother as the primary caregiver), within a smaller family size and experience parent-child relationships that are characterized by problematic communication.

Livingston (1986) proposed that higher rates of APVA reported by single mothers may be because of the child expressing themselves violently in response to the effects of family stress, which can arise from social and economic pressures more commonly associated with single parent households. Livingston (1986) additionally proposed that a male adult living within the family home may serve to inhibit a child's violence towards their mother, with the threat of retaliation from the father being removed if the father leaves the family. Alternatively, Cottrell and Monk (2004) propose that males are influenced by social messages that women can be victimised and controlled; whilst females perceive their mothers as weak and powerless and so engage in APVA as a means of rejecting this image of female vulnerability. To explore this further, this research will seek measure whether household structure, that is, who the young person lives with, is associated with APVA.

2.5.6. Sibling Aggression

When considering APVA, it is important to understand the pattern of behaviour in the family unit and that siblings may also be abused or be abusive (Home Office, 2015). Siblings may be affected directly and indirectly by APVA (Cottrell, 2001; Livingston, 1986; Holt, 2011). Aggressive

behaviour between siblings is commonly known and may affect up to 50% of children (Shadik, Perkins & Kovacs, 2013). Despite this, Payton and Robinson (2015) note that violence between siblings is a neglected area of domestic violence and abuse theory and practise, such is the prevalence of sibling abuse that it is often accepted as a typical feature of development between siblings. However, such sibling violence is indicative of an unhealthy family environment and correlates with domestic violence and abuse and APVA (Simonelli, Mullis, Elliott & Pierce., 2002; Hendy, Burns, Hakan Can, Scherer 2012), increased anxiety, eating disorders, alcohol misuse, depression, low self-esteem and criminality (Krienert & Walsh, 2011). Furthermore, it has been proposed that the sibling relationship is one of the most important influences on children's development (e.g. Dunn, 1988) and yet little is known about sibling abuse.

Research has referred to young people being abusive to both their parents and siblings (Charles, 1986; Howard & Rottem, 2008; Routt & Anderson, 2015), but there are few examples of investigations into whether there is an association between sibling aggression and APVA. Kratcoski (1985) found that young people who had demonstrated APVA behaviours were more violent towards siblings compared to a control group. Furthermore, Sheehan (1997) found that over half the young people in a clinical sample had been violent towards both their parents and siblings. Therefore, this represents an area of APVA that requires further study.

2.6. APVA - TYPES, SEVERITY AND IMPACT

2.6.1. APVA Types

APVA includes various types of violent and abusive behaviours that can occur together or separately which can encompass, but are not limited to, damage to property, emotional abuse, economic/financial abuse, stealing, humiliating language and threats, belittling a parent, hitting, kicking, punching and use of a weapon. The literature demonstrates that parents most typically experience an escalation to physical abuse, preceded by intimidating or threatening behaviours through verbal, financial, emotional or psychological abuse.

Pagani et al. (2003) measured verbal and physical forms of APVA towards mothers and characterised physical aggression as; pushing, shoving, punching, kicking, throwing objects, threatening or using weapons, and verbal aggression as; swearing, yelling / shouting, and insulting.

Verbal aggression was found to be more prevalent than physical aggression; however, physical abuse often marks the point when the child-parent dynamic becomes most harmful (Jackson, 2003; Edenborough, Jackson, Mannix & Wilkes, 2008). Cochran et al. (1994) reported physical assaults, threats of serious injury or death, verbal abuse, property violence, and use of weapons (including knives and firearms). The research concluded that physical assaults were the most common reason for seeking police or legal interventions for APVA (Murphy-Edwards, 2012).

2.6.2. APVA Severity

The frequency and intensity of APVA appears to progress over time, coinciding with hormonal changes, physical changes, and puberty (Steinberg, 1987; Eckstein, 2004). Nock and Kazdin (2002) found that less serious forms of abuse were perpetrated more frequently than serious forms of abuse and that 89% of young people in a clinical sample engaged in aggressive behaviour toward their parent, including throwing objects, hitting, kicking, biting, or beating. Eckstein (2004) completed interviews with parents who had experienced APVA and provided definitions for verbal, physical and emotional abuse. It was found that the definitions enabled the parents to classify and differentiate their experiences of APVA. This provided information on how parents assign a hierarchy to the severity of the behaviours, with verbal abuse commonly considered the least harmful form of abuse, followed by physical abuse, and emotional abuse (Murphy-Edwards, 2012). This research highlights that parents clearly distinguish between verbal and emotional abuse and these are experienced as causing different levels of harm.

Calvete, Gamez-Guadix, Orue et al. (2013) discriminated between cases of severe physical and severe psychological aggression. This helped to determine that 14.2% of young people had carried out severe psychological APVA in the past year, and 3.2% had exhibited severe physical APVA (see Table 2.2). These findings are lower than those obtained in previous studies (e.g. Pagani et al., 2004, 2009; Ullman & Straus, 2003; Calvete, Orue & Sampedro, 2011), but provide much more specific information about recurrent cases of APVA. Furthermore, Calvete, Gamez-Guadix & Garcia-Salvador (2015) identified that the prevalence of psychological aggression towards the mother was greater than the father; however, there were no significant differences in terms of severe psychological aggression.

2.6.3. Impact

In-depth interviews with parents through qualitative research have produced accounts of the impact of APVA upon the young people, parents and families who experience it. Devastating short and long-term impacts of APVA have been consistently identified, including a range of physical, emotional, social, employment and financial concerns (Murphy-Edwards, 2012; Clarke, 2015). Parents experiencing APVA have described fear, concern, self-blame, shame, resentment, loss and grief, hopelessness and helplessness (Cottrell, 2001; Cottrell & Monk, 2004; Kennair & Mellor, 2007; Haw, 2010; Laing, 2014). Young people may experience emotional and social difficulties that can lead to feelings of inadequacy, helplessness and alienation (Micucci, 1995; Murphy-Edwards, 2012). Some behaviours that parents have identified as more commonly associated with APVA are young people absconding from home, associating with a negative peer group and using alcohol and drugs; all of which can increase the vulnerability of the young person (Murphy-Edwards, 2012). Young people may also be at risk of homelessness due to APVA behaviours (Howard & Rottem, 2008) with parents asking the child to leave home or the severing of contact, instigated by either party, perceived as the only remaining option (Stewart, Burns & Leonard, 2007; Holt, 2011).

2.7. POLICY AND PRACTICE

Until recently in the U.K, there has been a lack of resources and policy guidance for practitioners to respond appropriately to APVA (Nixon, 2012). With no existing actuarial tool, cases of APVA are often identified through parent disclosure, professional observation, and through family work. Research has identified that social care practitioners prefer to use terms such as ‘challenging behaviour’ or ‘poor parenting’ when referring to APVA behaviours (Hunter, Nixon & Parr, 2010; Nixon, 2012; Holt & Retford, 2013). Furthermore, Miles and Condry (2016) critically examined current U.K police policy and practice in relation to responding to APVA and identified a high level of police discretion, leading to inconsistency in how reported incidents of APVA are managed. Consequently, in March 2015, the Home Office created governmental guidance regarding APVA for public services that may be the first point of contact for APVA, for example the police, social care, and criminal justice system etc. (Home Office, 2015).

In the U.K, a small number of youth offending services are adopting specialist intervention programmes and other localised specialist programmes for these families. This is on a localised basis, typically driven by individual practitioners with little resources or funding. Miles and Condry (2015) propose that all local authorities should have a systematic, tailored response to APVA. Such a response should include specialist trained staff and a specific APVA intervention programme for young people and parents, as opposed to a generic parenting programme which is not appropriate for the complex problem of APVA. Indeed, Holt (2013) comments upon the specific barriers that parents experiencing APVA may encounter when seeking support, such as increased risk of abuse (Pagani et al., 2003), fear of a relationship breakdown with their child (Paterson et al., 2002), and fear of retribution from their child. As such, specific APVA intervention programmes are available that offer a variety of therapeutic approaches, underpinned by theoretical explanations of APVA. Table 2.3 provides examples of APVA specific interventions and their therapeutic approach. As discussed by Holt (2013), although these intervention programmes vary in some aspects (lead agency, length and schedule, inclusion of a group for young people), they all feature some form of therapeutic, educational and/or mediation function, based upon various theoretical principles and goal setting (Holt, 2013).

Table 2.3 Responding to APVA; Examples of Therapeutic Approaches in the England & Wales

Therapeutic approach	Example of programme	Aims and techniques	Original programme schedule	Evaluation evidence
Solution-focussed brief therapy	Break4Change (Brighton & Hove, UK)	For parents: strategies to manage abuse and emotional response For young people: skill development	10 weekly sessions for parents and 10 weekly sessions for young people	Parents reported less violence & isolation, more assertiveness and wider range of strategies to manage behaviour. Young People reported increased empathy, reduced physical violence, increased satisfaction at home, & some re-engagement at school (Munday, 2009).
Functional family therapy	SAAIF (Colchester, UK)	For parents & young people: role-play, cognitive behavioural strategies, problem solving and skills training. Education.	Day workshops OR 14 weekly sessions for parents and 14 weekly sessions for young people	Parents, young peoples and practitioners reported learning of new communication skills & coping strategies (Priority Research, 2009).
Non-violence resistance (NVR)	Partnership Projects (London & South-East, UK)	For parents (& their support networks): development of non-violent resistant techniques and reconciliation gestures	12 weekly sessions for families; includes parents group, supporters meetings, telephone support.	Parents reported a reduction in 'permissive parenting', 'helplessness', child aggressiveness & increase in perception of social support (Weinblatt & Omer, 2008; Newman et al. 2014).
Attachment and trauma-based	Wish for a Brighter Future (Bristol, UK)	For young people & families: re-building attached caring child-parent relationships. Education re impact of trauma upon brain development	12 sessions 1:1 for the young person, in some cases with their families.	Positive effects including a reduction on frequency & severity of violence & improved family wellbeing (In-house research only).
Conflict resolution and mediation	Maidstone Mediation (Kent, UK)	For families: identify, listen and share individual feelings and needs to develop a future plan.	Up to 10 sessions for families	Positive effects including improves ability to reach family agreements, re-engagement with education, training or employment & reduction in violence at home & school (In-house research only)
Multi-modal (narrative; conflict resolution; solution-focussed; cognitive-behavioural; NVR; anger management)	Respect Young Peoples Programme; RYPP (UK wide)	For parents & young people: improve self-esteem, motivation, empathy, conflict resolution, develop communication.	18 sessions; includes 2 family sessions, 7 parent sessions and 9 young people sessions.	Improved parenting confidence & skills, family communication, support & cohesion, attendance at school, & association with positive peer groups. Reduction in aggressive & abusive behaviours (programme evaluation underway)

Source: Reproduced from Home Office (2015), p. 27.

However, many local authorities do not have specialist APVA provision and continued cuts in government funding and resources may make this an unrealistic goal. Therefore, services encountering young people and families may need to be creative in their response to APVA. Indeed, Holt (2016) comments that a productive area for intervention work is at the local level, so that a support agency can address APVA within its own community and structural context. As such, an approach that could be fruitful is non-violent resistance (NVR) (Weinblatt & Omer, 2008) which is derived from the principle of parental self-control and delayed responses to provocation (see Omer, 2004, 2011; Sharry & Fitzpatrick, 2004). NVR provides therapeutic and psychoeducational support to parents and is accessible and transferable to a range of support services. Therefore, the NVR programme could potentially be developed to address APVA without substantial time or resource implications upon support services.

To be positive and effective, any APVA intervention should include a holistic assessment that considers the whole family and focuses upon safeguarding, combined with a positive attitude towards working with families and a recognition of their potential for change (Miles & Condry, 2015). One such approach that would lend itself well to this ethos is a restorative approach which aims to encourage discussion between parties to repair the harm caused, often by completing a ‘contract’ – formally or informally. These approaches are becoming more widely used within criminal justice agencies and support services and could therefore be successfully applied to APVA (Daly & Nancarrow, 2010; Holt, 2013). The restorative practice concept is underpinned by the assumption that crime is committed against the individual or communities and therefore that reparation should consider their views. The role of the professional is to facilitate the restorative process, ensuring that the participants ‘own’ the decision making (Holt, 2013). Doran (2007) and Daly and Nancarrow (2010) examined the experiences of parents who participated in restorative justice in relation to APVA. Both studies concluded that, in many cases, a restorative approach was positive as parents felt listened to in a non-judgemental way, allowing them to talk to their child about the abuse in a safe environment. The restorative process is designed to support the whole family, rather than just the young person, and the contract has been shown to enforce change, especially if in the presence of authority figures (Holt, 2013).

Aligned with this approach, Youth Restorative Disposals (YRDs) are available for 10 to 17-year olds who have not received a Reprimand, Caution or Final Warning. They enable police to divert young people who have committed ‘minor’ offences away from the criminal justice system through a restorative intervention which typically requires the consent of the victim (Miles & Condry, 2016). Most parents want to develop and maintain a non-violent relationship with their child, as oppose to criminal prosecution, separation and estrangement (Miles & Condry, 2016). YRDs support the non-criminalisation of young people as the incidents are recorded locally by police and so are not recorded on the Police National Computer (PNC) (see Rix, Skidmore, Self, Holt & Raybould, 2011). Her Majesty’s Inspection of Constabulary (HMIC, 2014) has criticised the use of restorative approaches in cases of domestic violence and abuse; however, Miles and Condry (2016) found that police officers favoured the use of YRDs in ‘less serious’ cases.

Given the consistent finding of complexity related to APVA, it is unlikely that one type of intervention will be effective for all. Young people, parents and families develop complex behavioural strategies to cope with stress and adversity (Hester, Pearson & Harwin, 1999). Therefore, further research is required to aid policy makers and practitioners working with this client group to gain a better understanding of the multifaceted nature of this form of family abuse and to be mindful of the potential barriers to successful intervention.

2.8. THEORETICAL PERSPECTIVES

Few researchers have attempted to develop a theoretical explanation for APVA, and have instead drawn on existing psychosocial theories of youth and family violence, which will be summarised (Murphy-Edwards, 2012). Although these theories provide a useful foundation with which to interpret APVA research, each has their limitations and no holistic theory for understanding APVA has been identified within the literature.

2.8.1. Stress Theory (Strasburg, 1978)

Strasburg's (1978) stress theory attributes APVA to young people having inadequate resources to cope appropriately with intolerable stress. Stress can arise through experiences of or exposure to violence, economic deprivation, and interpersonal, social and environmental challenges (Murphy-Edwards, 2012). APVA has been correlated with intra-family conflict (Kratcoski, 1985), divorce, separation (Pagani et al., 2003) and maladaptive parenting practices (Laurent & Derry, 1999). This could therefore explain APVA as a response, for example, to a change in family structure or the marital sub-system (i.e. separation, divorce, new marriage) as this can create an environment of emotional distress and strain (Clarke, 2015). Furthermore, stress theory may help to explain the greater prevalence of APVA among single-parent families (Livingston, 1986; Agnew & Huguley, 1989; Cottrell, 2001; Cottrell & Monk, 2004) as a single-parent may have depleted emotional and coping resources (Clarke, 2015). However, Cornell and Gelles (1982) found no association between parental reports of stress and APVA and concluded that further research is required to understand what, if any, relationship there is between family stress and APVA.

2.8.2. General Strain Theory (Agnew, 1992) and Coercion Theory (Patterson, 1982)

General strain theory (Agnew, 1992) posits that a young person's 'delinquent' behaviours are a coping response to hardship and strain arising from their environment. Similarly, coercion theory (Patterson, 1982) proposes that aggressive behaviours by young people are a consequence of difficult interactions with their parents. It places emphasis on a young person learning aggressive behaviours and using these to end or minimise an attack by family members which is, in turn, reinforced (Brezina, 1999). These theories situate APVA as a means of young people using aggression as a behavioural strategy to stop or prevent negative behaviour from family members. General strain theory could provide an explanation as to the development of APVA whilst coercion theory could explain how APVA persists (Murphy-Edwards, 2012). These theories could be applied to explain the research findings of Cottrell and Monk (2004) who identified that some females who experienced victimisation by their parents used APVA as a means of protecting themselves and/or siblings. Furthermore, Browne and Hamilton (1998) found that four-fifths of young people who had committed APVA had also experienced parental violence. Similarly, Ibabe, Jaureguizar & Diaz (2009) found that 80% of young people reported for APVA had experienced some form of family abuse.

2.8.3. Social Learning Theory (Bandura, 1973)

Social learning theory (Bandura, 1973) theorises that behaviour can be learned vicariously through observation modelled by others. The development of APVA has been linked to social learning theory by several researchers (Kennair & Mellor, 2007; Ibabe & Jaureguizar, 2010; Ibabe, Jaureguizar & Bentler, 2013; Contreras & Cano, 2014). These researchers propose that young people who observe parents using violence and aggression as a method of coping with stress and interpersonal problems, learn that this is an effective and acceptable way of problem-solving and having their needs met (Murphy-Edwards, 2012). However, a young person's peer group can also be influential with regards to social learning, given the imitation, reinforcement and transmission of attitudes during such a malleable developmental stage with regards to a young person's identity. Indeed, Agnew and Huguley (1989) found that young people who experience APVA were more likely to have peers that assaulted their parents.

2.8.4. Social Cognitive Models of Aggression (Dodge, 1986)

An explanation for the cognitive and emotional processes that lead to aggressive behaviour in social scenarios can be provided through social cognitive models of aggression (Dodge, 1986). The Social Information Processing Model (SIP; Dodge, 1986; Crick & Dodge, 1994) proposes that when confronted with an ambiguous social situation, aggressive adolescents undertake a series of cognitive processes prior to behaving aggressively (Calvete, Orue, Gamez-Guadix & Bushman, 2015). Hostile attribution is a well-researched component of the SIP model and studies have demonstrated that hostile attribution biases can predict aggressive behaviour (see Burks, Laird, Dodge, Pettit & Bates, 1999; Godleski & Ostrov, 2010). It has also been observed that in addition to simple behaviours, young people can learn complex and generalisable social cognitive scripts which can be accessed from memory to direct information processing and behaviours during social interactions (Huesmann, 1988). If these cognitive scripts of aggressive behaviour are determined as having resulted in a positive outcome, these behaviours can become habitual (Calvete, Orue, Gamez-Guadix & Bushman, 2015). In addition, emotions can prime scripts that are associated in memory with autonomic activities that accompany a specific emotional state (Bower, 1981). In their one-year prospective study, Calvete, Gamez-Guadix & Garcia-Salvador (2015) provided evidence for APVA being consistent with social cognitive models of aggression. Aggression towards parents was found to increase the likelihood of young people making hostile attributions, experiencing anger, accessing aggressive scripts, and anticipating positive consequences due to these actions (Huesmann, 1988). As such, Calvete, Gamez-Guadix & Salvador (2015) recommend that emotional components are incorporated into the SIP process as they appear to go some way to explaining the role of anger and hostile attribution within APVA.

2.8.5. Intergenerational Transmission of Violence Theory (e.g. McCloskey & Lichter, 2003)

Exposure to family violence can be direct or indirect and the intergenerational transmission of violence approach (e.g. McCloskey & Lichter, 2003) hypothesises that, through observational learning and imitation of an adult model (see Social Learning Theory; Bandura, 1973), young people from violent homes or who are victims of violence are more likely to victimise others. For example, in their longitudinal study, Margolin and Baucom (2014) demonstrated that APVA was related to prior parental aggression and was the strongest indicator of physical APVA. Furthermore, Calvete, Orue and Gamez-Guadix. (2015) in their three-year longitudinal study

identified that exposure to violence in the home at year one directly predicted APVA at year three. In explaining their results, they comment that they are consistent with other studies that demonstrate the intergenerational transmission of violence within the family (Calvete & Orue, 2011). Contreras and Cano (2016a) also found that exposure to violence at home establishes the difference between adolescents who exhibit APVA in comparison to young people known to the criminal justice system and young people who have no previous convictions. Although this appears to be a characteristic of APVA, it is important to note that establishing a simple association between family violence and APVA would not be appropriate, as not all young people who experience violence in a family context will exhibit APVA behaviours (Contreras & Cano, 2016a).

2.8.6. Feminist Theories (e.g. Dobash & Dobash, 1979)

As discussed, APVA research, particularly qualitative research, has found that males are more frequently reported to exhibit APVA and mothers are most often reported to directly experience it. As such, feminist perspectives related to family violence have been applied to explain APVA. These typically propose that ‘traditional’ sex roles and patriarchal beliefs exist within families which result in male power and control being maintained through male dominance and violence against women (Downey, 1997; Ulman & Straus, 2003). These sexed stereotypes are propagated through media and wider social streams which, in turn, are thought to influence the use of power within the family (Cottrell & Monk, 2004) and as such are conveyed to young people as accepted roles which underpin the APVA dynamic (Holt, 2013). However, feminist perspectives do not so easily explain why fathers may also be targeted and why females exhibit APVA behaviours and therefore unique risk factors beyond gendered power influence should be carefully considered (Murphy-Edwards, 2012; Holt, 2013; Condry & Miles, 2014).

2.8.7. Ecological Theories (e.g. Cottrell & Monk, 2004)

The Nested Ecological Theory (Belsky, 1980; Cottrell & Monk, 2004) was developed to explain the causes of child abuse and neglect and to explore how parents and their children interact. It described the reciprocal interaction of the macrosystemic (broad cultural values and belief systems), exosystemic (socially structured influences upon individual and family functioning), microsystemic (interactive patterns in a family) and ontogenic (individual characteristics and experiences) levels of influence on family functioning (Cottrell & Monk, 2004; Murphy-Edwards,

2012). It is assumed that APVA is most likely to occur when multiple factors are present, and the broadest level (macrosystem) is typically seen to be influencing the other levels on a continual basis (Cottrell & Monk, 2004). Therefore, ecological models can be applied to better understand the diverse influences on the development and maintenance of APVA.

Cottrell and Monk (2004) examined the applicability of the nested ecological theory to APVA and concluded that it effectively considered the psychological, sociological, feminist and cultural factors important in our understanding of the phenomenon. This resulted in the development of the 'nested ecological model' which identifies nine primary themes arising from the accounts of practitioners, parents and young people who have experienced APVA (see Figure 2.1).

Later, Hong, Kral, Espelage and Allen-Meares (2012) produced The Social Ecology Theory, an ecological framework for understanding based upon Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1994). By incorporating the risk and protective factors for APVA within micro- (maltreatment, domestic violence and abuse, parenting style), meso- (peer influence), exo- (media influence), macro- (sex role socialisation), and chrono- system (change in family structure) levels, the interrelationships between various contexts can be examined to identify how they influence APVA (Hong, Kral, Espelage and Allen-Meares, 2012).

However, Cottrell and Monk (2004) note that a macrosystem is difficult to measure and therefore the impact of these factors are likely to remain unclear. In addition, the multiple levels of ecological theory can potentially overlook the detailed interpersonal dynamics that more focused theories may address. Therefore, care should be taken to understand each factor independently before considering its implication within the abuse-dynamic (Holt, 2013).

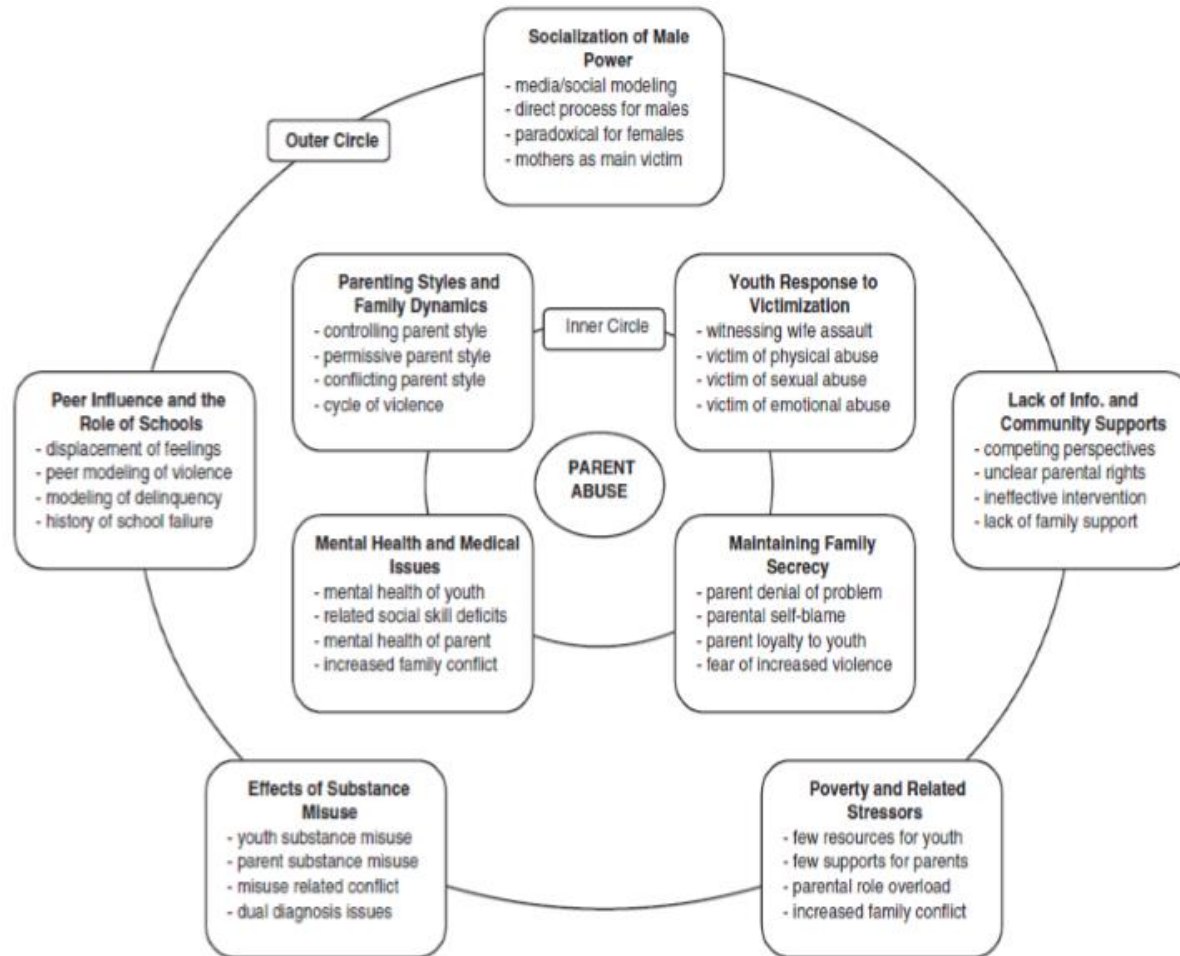


Figure 2.1 Circles of Influence (reproduced from Cottrell & Monk, 2004, p. 1091)

2.8.8. Parenting Style (e.g. Kratcoski, 1985)

Kratcoski (1985), along with other researchers, has referred to parenting styles as a contributing factor to APVA in some cases; with indulgent, permissive parenting which lacks boundaries, being a characteristic of APVA (Charles, 1986; Paulson, Coombs & Landsverk, 1990; Micucci, 1995; Laurent & Derry, 1999). Within these families, the young person can develop a sense of entitlement and inflated self-worth which can lead to perceived power-equality or dominance and increased attempts to gain control of the family (Harbin & Madden, 1979; Gallagher, 2004). Conversely, neglectful parenting can also result in similar patterns emerging, where the young person develops autonomy and authority in the absence of parental guidance or boundary setting (Charles, 1986; Laurent & Derry, 1999; Pagani et al., 2004). In contrast, authoritarian, aggressive and hostile parenting has also been related to APVA (Peek, Fischer & Kidwell, 1985; Brezina, 1999; Bailey, 2002; Kethineni, 2004; Pagani et al., 2004). This style of parenting may result in the young person becoming frustrated, developing a sense of injustice, and losing respect for the parent; in turn, resulting in APVA (Clarke, 2015).

2.8.9. Attachment Theory (Bowlby, 1969)

Attachment style, developed in early childhood, provides an internalised working model of the self, others and the environment to enable the development of empathy, security and trust. Insecure attachments may develop due to parental unavailability, separation, neglect or traumatic abuse. This can cause the development of ambivalent, avoidant or disorganised attachment styles which can result in reduced self-worth and emotion-regulation skills and heightened anxiety around loss and rejection (Ainsworth, Blehar, Waters & Wall, 1978; Evans, 2016; Selwyn & Meakings, 2016). Insecure attachments may result in an individual responding to others with higher levels of hostility and aggression (Monks et al., 2009). However, few studies have related insecure attachments to APVA and Clarke (2015) notes that the generalisability of attachment theory in relation to understanding APVA is restricted due to potential mediating factors, such as developmental disorders of child temperament.

2.8.10. Summary of Theoretical Perspectives

There is currently a good research base into APVA which has provided a sound description of the phenomenon. However, to fully understand the factors involved in the development and

maintenance of APVA, researchers need to consider theory which has been a key focus of APVA research (Miles & Condry, 2016). There appears to be a propensity for using existing theories that link parenting styles and family functioning to APVA. However, these do not consider the “multitude of interconnected dynamics contributing to the behaviour” (Cottrell, 2001, p.12). The most promising theoretical approaches appear to involve the integration of both individual and environmental factors, utilising a multi-dimensional approach directed at various levels: the individual, the peer group, the family and culture of these groups, and the general societal context (Miles & Condry, 2016). Therefore, there is a need for academics and professionals to progress such theoretical understandings of APVA, particularly in the U.K (Clarke, 2015).

2.9. SUMMARY OF THE LITERATURE AND RATIONALE FOR RESEARCH

Literature regarding APVA can be found across a range of disciplines and countries, with the majority of research originating from the USA, Spain, Canada and Australia (Miles & Condry, 2016). Quantitative research has provided an insight into the prevalence of the issue and the backgrounds and social demographics of the young people and families experiencing APVA (e.g. Peek, Fischer & Kidwell, 1985; Agnew & Huguley, 1989; Brezina, 1999; McCloskey & Lichter, 2003; Ulman & Straus, 2003; Gallagher, 2004; Pagani et al., 2004; Calvete, Orue & Gamez-Guadix, 2013; Contreras & Cano, 2016b). Qualitative research has described the dynamics and experiences of the young people and families experiencing APVA (e.g. Harbin & Madden, 1979; Charles, 1986; Sheehan, 1997; Jackson, 2003; Cottrell & Monk, 2004; Eckstein, 2004; Howard & Rottem, 2008; Murphy-Edwards, 2012; Clarke, 2015). Analysis of datasets from police recorded incidents of APVA provide some indication of the prevalence and incident characteristics of APVA; but are restricted to those reported incidents (e.g. Evans & Warren-Sohlberg, 1988; Kethineni, 2004; Snyder & McCurley, 2008; Walsh & Krienert, 2007, 2009; Howard, 2011; Routt & Anderson, 2011; Condry & Miles, 2014). However, as Miles and Condry (2015, 2016) remark, in the U.K, APVA literature is relatively sparse (e.g. Smith, Baker, Buchan & Bodiwala, 1992; Mirrlees-Black, Mayhew & Percy, 1996; Browne & Hamilton, 1998; Holt, 2009; Hunter, Nixon & Parr, 2010; Parentline Plus, 2008, 2010; Biehal, 2012; Hunter & Piper, 2012; Nixon, 2012; Holt & Retford, 2013; Wilcox, 2012; Condry & Miles, 2014; Clarke, 2015; Selwyn & Meakings, 2016) and to date no research has examined APVA within a U.K cross-sectional sample of adolescents.

In considering the most impactful approach to conduct such research, Ibabe, Arnosó and Elgorriaga (2014a) note that, when attempting to predict APVA, the behaviour problems (hyperactivity, indiscipline, social aggressiveness and substance use) of the young person outside of the home are better predictors of APVA than the emotional problems associated with depressive symptomatology, such as low self-esteem. Furthermore, Brezina (1999) suggested that future research should examine the functions of aggression beyond the family environment since aggressive behaviour may serve to deter victimisation across a variety of social contexts, including school.

Nock and Kazdin (2002) demonstrated that young people who display APVA show high levels of general aggressiveness which is extended to other contexts outside the family setting (Ibabe & Jaureguizar, 2010). Furthermore, research has shown that young people who had high levels of aggressiveness at school were more likely to physically and verbally abuse their parents during adolescence than their non-aggressive peers (Pagani et al., 2004, 2009; Contreras & Cano, 2016a). Research conducted by Calvete, Orue, Gamez-Guadix, del Hoyo-Bilbao et al. (2015) has advanced the understanding of the role of family processes on the etiology of APVA and indicates that there are several characteristics that can increase the risk of APVA. The research identified that exposure to violence in the family home and exposure to school violence, in particular being a victim of school bullying, may play a role in the development of APVA. Therefore, given these findings and similar references to the potential association between school bullying and APVA (Cottrell, 2001; Murphy-Edwards, 2012; Tucker et al., 2014; Calvete, Orue, Gamez-Guadix, del Hoyo-Bilbao et al., 2015), it is surprising that no U.K.-based research to date has investigated this further. In addition, ecological theories (see Cottrell & Monk, 2004; Hong, Kral, Espelage & Allen-Meares, 2012) highlight the importance of examining the interrelationships between various contexts to identify how they influence APVA. Hence, undertaking APVA research within a U.K secondary school-sample would be enlightening.

As discussed, there remains disparity regarding prevalence rates and characteristics of young people and families experiencing APVA. Therefore, more data is needed, particularly in the U.K, to inform the literature. This could go some way to raising the awareness of APVA among social care and public health services to inform a better understanding and consistent response to APVA.

Recent changes to the U.K cross-governmental definition of domestic violence and abuse and the development of APVA governmental guidance for practitioners (Home Office, 2015) indicates that APVA is a form of family violence that is, at last, receiving much needed attention.

2.10. CONCLUSION

This chapter has summarised how the literature relating to APVA has produced some inconsistent findings. Furthermore, it has examined how the different research methods applied to research in this field may have impacted upon our current understanding of the issue. Key to this are the varied definitions and terminology applied by researchers, in addition to more common methodological issues such as small ‘clinical’ samples, limited measurement instruments, and reporting biases (Murphy-Edwards, 2012). As such, APVA prevalence rates have varied (see Table 2.1) and there has been an over-reliance on general youth violence literature which does not appear to accurately relate to or explain APVA. This implies that young people and families experiencing APVA may be a heterogeneous group. As such, a niche research perspective is required to further inform the theoretical explanations applied to APVA which underpin prevention and intervention strategies.

The severe family consequences of APVA and the increasing recognition of APVA within academic research and professional contexts, makes the identification of its etiology, development, maintenance and cessation a critical area of research. From the English language literature reviewed (see Search Strategy, Appendix D), no research was identified that examines the prevalence of APVA from a cross-sectional community sample of U.K adolescents, despite there being a wealth of such research emerging from Spain in recent years (see Ibabe, Jaureguizar & Bentler, 2013; Calvete, Gamez-Guadix, Garcia-Salvador et al., 2015; Calvete, Orue & Gamez-Guadix, 2015; Ibabe & Bentler, 2016). However, it is important not to rely on research outcomes from international research, but to conduct domestic research with which to compare the nature and extent of APVA in the U.K. Therefore, this research has been undertaken to better understand APVA as it occurs in the U.K and the characteristics of the young people and families who experience it.

CHAPTER 3: METHODOLOGY

3.0. CHAPTER SUMMARY

This chapter discusses the methodology of the current research that has been used to investigate the prevalence, associations and predictors of Adolescent-to-Parent Violence and Abuse (APVA) within a U.K cross-sectional community sample. To achieve this, the questionnaire responses of 890 students, aged 11 to 18 years old, from two mainstream secondary schools in Surrey, U.K, were analysed. This chapter will explain the rationale for the methodological approach and describe the design of data collection tool which includes standardised questionnaires. The recruitment method of the host schools and the research sample will be described. The stages of data analysis and ethical considerations will be explained, taking into consideration the reliability, validity and generalisability of the research methodology.

3.1. QUANTITATIVE APPROACH

Research ‘methodology’ is concerned about the ways in which research is carried out - i.e. its structure and process, as well as with the ways in which information is analysed (Frankfort-Nachmias & Nachmias, 1992). The appropriateness of a research methodology should be considered in relation to the research question and, as such, researchers should choose a methodology that offers the best fit for a research topic (Whitehead & Elliot, 2007).

To meet the primary aims of this research (see Chapter 1) it was necessary to collect quantifiable data, including data collected via standardised measures. Quantitative research is characteristically concerned with the correlation, cause and effect of social phenomena and typically uses large samples to generate data which is statistically analysed to make generalisations and/or to test hypotheses (Institute of Lifelong Learning, 2009). Quantitative methods are argued as being more objective and scientific in approach and may seek to find out how much, how many, how often, and to what extent a social phenomenon occurs (Bryman, 2012). As such, a quantitative methodology was the most appropriate approach for this research. This approach would provide insight into the prevalence of APVA in addition to identifying familial and individual associations and predictors. Furthermore, as outlined in Chapter Two, a wealth of quantitative APVA research has been conducted in Spain over recent years (for example, Ibabe, Jaureguizar & Bentler, 2013;

Calvete, Gamez-Guadix, Garcia-Salvador, 2015; Calvete, Orue & Gamez-Guadix, 2015; Ibabe & Bentler, 2016), yet there has been little methodologically comparable research undertaken in the U.K. The quantitative methodology of this research goes some way to addressing this issue.

Pertinent features of quantitative research are that it is claimed by positivists to generate more reliable outcomes than research undertaken from a qualitative perspective. Power calculations based on sampling strategies can be used to establish the statistical significance of a finding and to generalise this to a wider population than that under immediate study. It does, however, often require that a complex problem is reduced and restructured to a limited number of variables to test a hypothesis (see Neuman, 2011; Bryman, 2012).

3.2. RESEARCH DESIGN

3.2.1. Rationale

This research was exploratory; the primary aim was to identify the prevalence of APVA amongst a sample of individuals (11 to 18-year olds) from a known population (two mainstream secondary schools in Surrey, U.K). When developing the research design, the practicalities of the research were considered; for instance, the time scale; the size of sample required and the available resources for collecting information (Bryman, 2012). The research objectives required the collection of a relatively moderate amount of information from a relatively large population and typically this would best be supported by utilising a survey research strategy (Robson, 2002; Myers, Well & Lorch, 2010). Therefore, to improve the validity of the research outcome, it was appropriate to design a quantitative research instrument, in the form of a questionnaire, which would support the gathering of data of a moderate sample from the identified secondary school population (Neuman, 2011).

3.2.2. Questionnaire

A questionnaire was designed to support the research objectives and to collect systematic participant responses (see Appendix X). A paper-based version was completed within the student's classroom. They were given one hour to complete the questionnaire. Younger children in Year 7 and Year 8 typically took the full hour, whereas older children in Year 10 and Year 11 completed the questionnaire in approximately 40 minutes.

The full questionnaire for this research is made up of validated instruments in the form of scale responses and demographic information to develop a profile of participant behaviours and experiences (see Table 3.2). Of note is that APVA is measured using the Conflict Tactics Scale – Child Parents (CTS-CP; Straus & Fauchier, 2008). This is an adaptation of the Conflict Tactics Scales-2 (CTS-2; Straus, Hamby, Boney-McCoy & Sugarman, 1996) which is the most widely applied research and clinical tool in measuring family conflict (Jones, Browne & Chou, 2017). Despite this, there are methodological limitations and theoretical criticisms of the CTS instruments which should be considered.

Dobash and Dobash (2004) noted concerns regarding the external validity of CTS instruments, with the behaviours, context, motivations and intentions of the acts being open to interpretation, thus distorting the reality of domestic violence and abuse; particularly in relation to the perpetrated gender symmetry of abusive behaviours (Jones, Browne & Chou, 2017). As such, CTS does not allow for the contextual nature and impact of domestic violence and abuse to be captured fully, for example, the impact of the abuse, the sex of the parent victim, and the history of experiencing domestic violence and abuse. In relation to the definition of APVA used for this research (see Chapter 1), the CTS-CP instrument also over simplifies interpersonal violence and provides little contextual meaning about APVA; for example, whether there is a ‘pattern of intended incidents, of controlling, coercive or threatening behaviour, violence or abuse’. Furthermore, although some psychological (shouting; insulting / swearing; threatening to hit) and physical (kick or punch; slap; hit with an object) behaviours are measured by the CTS-CP, the instrument fails to measure ‘sexual’ and ‘financial’ abuse as outlined in the APVA definition. Additionally, it does not differentiate between ‘verbal’, ‘emotional’ and ‘psychological’ abuse which research has demonstrated is an important distinction for parents when defining their experience of APVA (Eckstein, 2004. See Chapter 2). In saying this, despite its limitations, the CTS has been used for APVA research in the U.K (Browne & Hamilton, 1998) and internationally (e.g. Boxer, Gullan & Mahoney, 2009; Calvete, Orue & Sampedro, 2011; Calvete, Orue & Gamez-Guadix, 2013; Bartle-Haring, Slesnick & Carmona, 2015; Lyons, Bell, Frechette & Romano, 2015; Ibabe, 2016; Ibabe & Bentler, 2016) and so the results of this research can be compared. Furthermore, existing definitions for APVA (see Chapter 2) would have also been a poor fit with the CTS-CP

measurements, and so future research may benefit from applying an alternative standardised measurement for APVA, such as the CPAQ (see Chapter 2; Calvete, Orue, Gamez-Guadix, 2015.). The standardised Strength and Difficulties Questionnaire (SDQ; Goodman, 2005) supports the collection of continuous data that can produce scores for six measures of strengths and difficulties; Emotional Symptoms, Conduct Problems, Peer Problems, Pro Social, Hyperactivity/Inattention, and Total Difficulties. The SDQ scores can be categorised into a three-band or newer four-band categorisation (see Table 3.1) which provides a method for screening for disorders experienced by young people. To interpret the results for this research, the newer four-band categorisation will be used.

Table 3.1 Categorising SDQ Scores for 4 - 17-year olds

Self-completed SDQ	Original three-band categorisation			New four-band categorisation			
	Normal	Borderline	Abnormal	Close to Average	Slightly raised (/slightly lowered)	High (/Low)	Very High (/Very Low)
Emotional Problems Score	0 - 5	6	7 - 10	0 - 4	5	6	7 - 10
Conduct Problems Score	0 - 3	4	5 - 10	0 - 3	4	5	6 - 10
Peer Problems Score	0 - 3	4 - 5	6 - 10	0 - 2	3	4	5 - 10
Prosocial Score	6 - 10	4	0 - 4	7 - 10	6	5	0 - 4
Hyperactivity / Inattention Score	0 - 5	6	7 - 10	0 - 5	6	7	8 - 10
Total difficulties score	0 - 15	16 - 19	20 - 40	0 - 14	15 - 17	18 - 19	20 - 40

Adapted from: Youth in Mind Ltd. (2016)

Table 3.2 Validated Instruments Incorporated within the Questionnaire

Variable	Validated Instrument	Items	Scale	Reference
Adolescent-to-Parent Violence and Abuse (APVA)	Conflict Tactics Scale-Child Parents (CTS-CP)	6 items in total 3 verbal abuse 3 physical violence	0 – Never 1 – Sometimes 2 – Often	Straus and Fauchier (2008)
Aggressive Behaviour	Reactive-Proactive Aggression Questionnaire (RPQ)	23 items in total 11 reactive aggression 12 proactive aggression	0 – Never 1 – Sometimes 2 – Often	Raine, Dodge, Loeber, Gatzke-Kopp, Lynam, Reynolds, and Jianghong Liu (2006).
Bullying	Adapted from: Children and Young People's Questionnaire, Key Stage 3 and 5 School and Community	20 items in total 5 victim 5 witness 5 perpetrator 5 school policy	Varied	Anti-Bullying Alliance (ABA, 2010)
Emotions and Behaviour	Strengths and Difficulties Questionnaire, self-report version for 11-17 year olds (SDQ)	25 items in total 5 emotional symptoms 5 conduct problems 5 hyperactivity /inattention 5 peer problems 5 prosocial	0 – Not True 1 – Somewhat True 2 – Certainly True	Goodman (2005)
Substance and Alcohol use	Adapted from: UK Household Longitudinal Study, Self-Completion Questionnaire (10-15 yrs)	5 items in total 2 alcohol use 3 substance use	Varied	University of Essex (2008-2011)
Household Structure and Relationships	Adapted from: UK Household Longitudinal Study, Self-Completion Questionnaire (10-15 yrs)	5 items in total 1 household 2 parent relationship 2 sibling relationship	Varied and: 0 – Never 1 – Sometimes 2 – Often	University of Essex (2008-2011)
Demographics	Adapted from: Children and Young People's Questionnaire, Key Stage 3 and 5 School and Community	5 items in total 1 sex 1 age 1 school year 1 free school meals 1 ethnicity	Varied	Anti-Bullying Alliance (ABA, 2010)

3.2.3. Host Recruitment

Secondary schools in Surrey, U.K were contacted by the researcher via the researcher's University of Portsmouth email address. The email had attached a 'Letter of Introduction' (Appendix III and Appendix IV) which provided a summary of the research that was planned to take place during National Anti-Bullying week (November 2015). In return for a school's participation in hosting the research, it was proposed that the researcher would use part of the data collected to produce a report on the school bullying climate as viewed by their students. Schools were invited to contact the researcher or research supervisor via email or telephone if they were willing to consider taking part in the research.

Of the 70 secondary schools contacted, 3 responded. The researcher met with a representative of these 3 schools to provide further information and draft documentation (questionnaire, participant information sheet etc. Appendix V and VI) to help inform their decision. Two mainstream secondary schools (School A and School B) agreed to host the research and one school declined, as they were concerned about a potential negative response from parents. The researcher had expected there to be difficulty in getting responses and / or accessing secondary school populations due to the sensitivity of the research topic.

The researcher provided School A and School B with a choice of how the questionnaire was to be distributed, either paper-based or online. Both schools decided that a paper-based questionnaire would be preferable as it would increase the number of participants because computer resources would not need to be arranged and the questionnaire could be completed during any lesson.

The schools were asked to identify at least one class from each year group (Year 7 to Year 11/Year 12 to Year 13) with the aim of recruiting an evenly distributed age-range and thus more representative sample. The schools identified the classes that were to take part in the research, primarily based on timetables. There was some difficulty for the schools to include students from Year 11 due to mock exams being prioritised at that time of year (November).

The schools communicated with the parents about the research at least two weeks prior to the research commencing to allow parents an opportunity to contact the school and 'opt-out'. School

A sent approximately 1600 emails to parents and received four responses requesting that their child not be included in the research. One parent requested further clarification (Appendix IX). School B did not report that any parents requested that their child ‘opt-out’ of the questionnaire.

3.2.4. Sample Characteristics

The total research sample consisted of 890 young people, made up of males (N=535, 60.1%), females (N=287, 32.3%) and missing data (N=68, 7.6%). Table 3.4 shows that School A has less females on roll than the national average and that this impacted upon the total number of female participants in the research sample.

Figure 3.1 below illustrates the age distribution of the research sample; the majority of participants were 13 years old (N=193, 21%) and the fewest participants were 18 years old (N=8, 0.9%), resulting in a mean sample age of 13.49 years old (N=829, 93%; Missing N=61, 7%). Table 3.4 shows that the age range of School B is from 11 to 16 years old which has impacted upon the age distribution of the total sample.

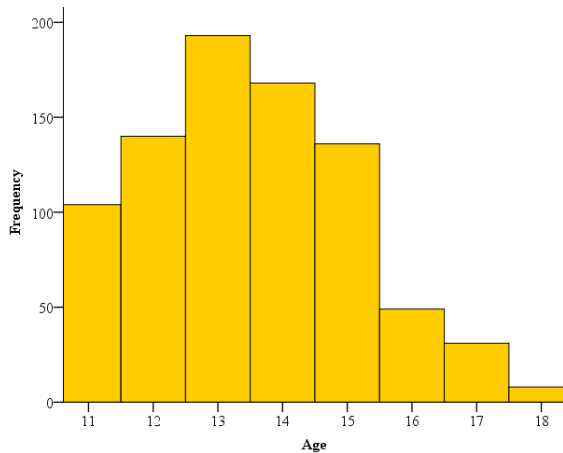


Figure 3.1 Age Distribution of the Research Sample

Figure 3.2 shows the school year group of participants (valid %) and the mean age of participants within each school year group. The majority of participants were in Year 9 (N=188, 22.7 valid %, mean age=13.65 years) and the least participants were in Year 13 (N=29, 3.5 valid %, mean

age=17.27 years). Only School A had students in Year 12 and Year 13 which accounts for the uneven distribution of the sample.

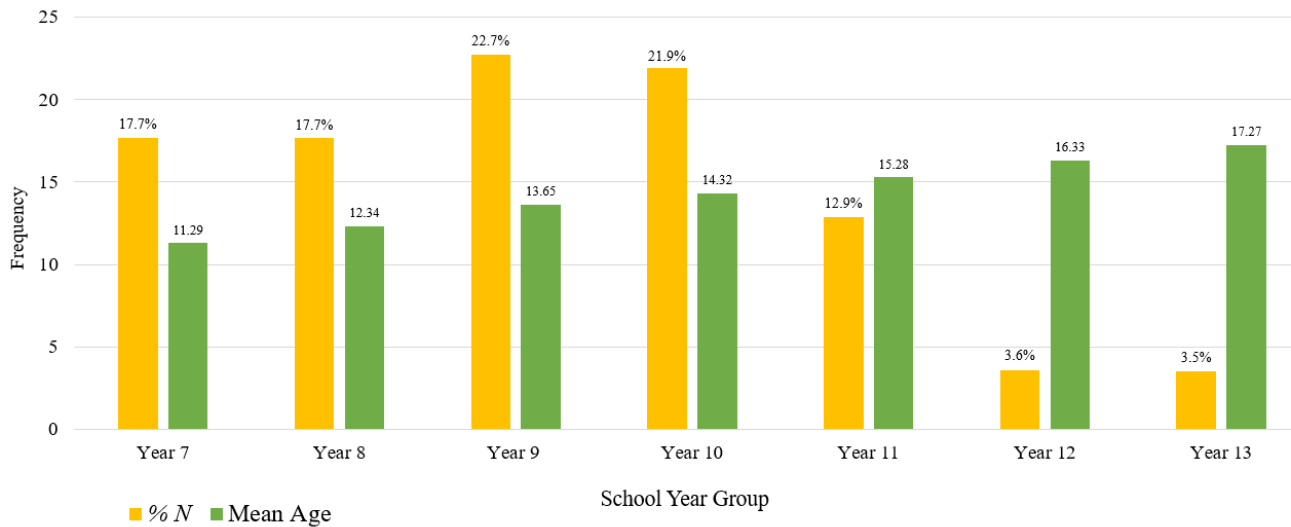


Figure 3.2 Valid Percent of the Research Sample School Year Group and Mean Age

Table 3.3 shows the ethnicity profile of the research sample recorded by five categories in comparison to data from 2011 census regarding the ethnicity profile of the population of Surrey, England and the South East of England. This shows that the ethnicity profile of the sample population is more representative of the national population, than the ethnicity profile of the South East of England and the county of Surrey.

Table 3.3 Ethnicity Profile of the Research Sample and 2011 Census in Surrey, South East England and England

Ethnicity	Research Sample		Surrey	South East	England
	N	%	%	%	%
Asian or British Asian	61	6.9	5.7	5.3	7.8
Black or Black British	32	3.6	1.1	1.6	3.5
Mixed	52	5.8	2.1	1.9	2.3
White	590	66.3	90.4	90.9	85.5
Other Ethnic Group	26	2.9	0.8	0.6	1.0
Do not know / Prefer not to say	46	5.2	-	-	-
Total	807	90.7	-	-	-
Missing	83	9.3	-	-	-
Total	890	100	-	-	-

To provide a framework in which to interpret and compare the research, consideration should be given to the geographic, socioeconomic and demographic background of the host schools from which the participants were recruited (see Table 3.4). The Office for Standards in Education, Children's Services and Skills (Ofsted) inspect schools, as required by law, to provide an independent assessment of the quality and standard of education in schools (Ofsted, 2016). Table 3.4 shows that both host schools received positive Ofsted ratings. School A received an 'outstanding' judgement in 2012, and so was exempt from an inspection for three years (Department for Education, n.d).

In England, a Free School Meal (FSM) is a statutory benefit. Families who receive other qualifying benefits and have school aged children are entitled to receive FSM (Department for Work and Pensions, 2013). As such, FSM can be used as an indicator of absolute or relative poverty. School A has less pupils who are eligible for FSM than the national average, however School B reflects the national average with respect to FSM. This indicates that the population of School B is likely to be relatively more deprived than the population of School A. The total sample of the research includes 9% (N=78) of participants who reported to be receiving FSM indicating that the sample is not representative of the national population with respect to socio-economic status.

In summary, School A can be characterised as a relatively privileged and predominately male population sample. School B can be characterised as being more representative of the national average with respect to FSM and having a mix of male and female students.

Table 3.4 Comparison of Host Schools Against the National Average and Research Sample

	School A	School B	National (England)	Research Sample
Type of school	Academy	Maintained	-	Academy & Maintained
Ofsted Rating	Outstanding (2012)	Good (2013)	-	-
Age Range	11 – 18	11 – 16	-	11 - 18
Total number of pupils on roll	1665	786	3184728	890
Females on roll	5.8%	47.3%	49.7%	32.3% (287)
Males on roll	94.2%	52.7%	50.3%	60.1% (535)
Pupils with a statement of special educational needs (SEN) or education, health and care plan (EHCP)	0.8%	3.4%	1.8%	-
Pupils whose first language is not English	8.9%	13%	15.0%	-
Pupils eligible for free school meals at any time during the past 6 years	9.3%	29.3%	29.4%	9.0% (78)

**Data from 2015/2016 Government Statistics*

3.3. DATA ANALYSIS

Participant responses were systematically collected through a paper-based questionnaire which served as the basis of a computerised database, developed using a Statistical Package for the Social Sciences (SPSS; Field, 2005). Statistical analyses were undertaken on the dataset using SPSS; these will be explained.

Where appropriate, participant responses were reduced to two categories to identify those participants who had experienced a behaviour and those who had not. The six APVA behaviours (shouted, insulted/sworn, threatened, slapped, hit with object, and kicked/punched) were the dependent variables (DV) - the outcome variables which may be influenced by the independent variable (IV). The APVA behaviour was scored as either present or absent for each participant and was thus a dichotomous nominal measure. The DV was compared to several IV's which, depending upon the IV measure, required different statistical analysis (see Figure 3.3).

3.3.1. Pearson's Chi-Square and Fisher's Exact test measure the association/independence between two nominal, dichotomous variables. However, it should be noted that these tests do not distinguish between dependent and independent variables despite the design of the study doing so (Laerd Statistics, 2016). There are different recommendations for deciding which of these tests to report. A common recommendation is to use Fisher's Exact test for a small sample size, i.e. one or more of the expected cell frequencies is less than five (Blalock, 1972), and to use Pearson's Chi-Square for a larger sample size. For example, to determine whether there was an association between a young person trying glue/solvent sniffing which has two groups ('yes' and 'no') and whether they had insulted or sworn at their parents which also has two groups ('yes' and 'no'), Pearson's Chi-Square was used as the expected cell frequency (sample) was more than five. However, to determine if the same IV was associated with a young person kicking or punching their parents (two groups; 'yes' and 'no'), Fisher's Exact test was used because the expected cell frequency (sample) was less than five. For both tests, if there is an association (positive or negative) the strength/magnitude of this association can be determined. A statistical significance value (i.e. *p*-value) is produced and if $p < .05$ this indicates a statistically significant result which is unlikely to occur by chance and therefore there is a statistically significant association between the two

dichotomous variables. If $p > .05$, this indicates that the result is not statistically significant (Hanneman, Kposowa & Riddle, 2012).

3.3.2. The independent t-test is used to determine if a difference exists between the means of two independent groups on a continuous DV and whether the difference is statistically significant (Laerd Statistics, 2015b). For example, an independent t-test was used to determine whether the mean scores of a young person's strength and difficulties (SDQ score), differed between those who hit their parents with an object and those who did not hit their parents with an object (i.e. the DV was the SDQ score and the IV was APVA which has two groups: 'yes' and 'no'). The t-statistic is used to establish whether two means from independent samples differ significantly (Field, 2005); a significance level (p -value) is calculated, which is the probability of the two means being different. If the probability is sufficiently small ($p < .05$), it can be concluded that it is unlikely that the two-group means are equal in the population (Hanneman, Kposowa & Riddle, 2012). Therefore, the alternative hypothesis (the population means of the two groups are not equal) can be accepted and the null hypothesis (the population means of the two groups are equal) can be rejected.

3.3.3. Binomial logistic regression, often referred to as logistic regression, attempts to predict the probability that an observation falls into one of two categories of a dichotomous DV based on one or more continuous or categorical IV's. An observation is assigned to whichever category is predicted as most likely. Binomial logistic regression can also use interactions between IV's to predict the DV (Menard, 2010; Laerd Statistics, 2015a). However, there should be a minimum of 15 cases per IV. For example, binomial logistic regression might be used to predict whether young people will have exhibited physical APVA behaviours (dichotomous DV of 'APVA' which has two categories – 'yes' and 'no') based upon their sex, whether they have mocked their siblings (both nominal IV's - 'male' or 'female', and 'yes' and 'no' respectively), and their SDQ score (continuous IV). A binomial logistic regression can determine which of the IV's (if any) have a statistically significant effect on the DV, and how well the binomial logistic regression model predicts the DV. If the estimated probability of the APVA event occurring is greater than or equal to 0.5 (better than even chance), SPSS classifies the event as occurring (e.g. young person has

exhibited physical APVA behaviours). If the probability is less than 0.5, SPSS classifies the event as not occurring (Hanneman, Kposowa & Riddle, 2012; Laerd Statistics, 2015a).

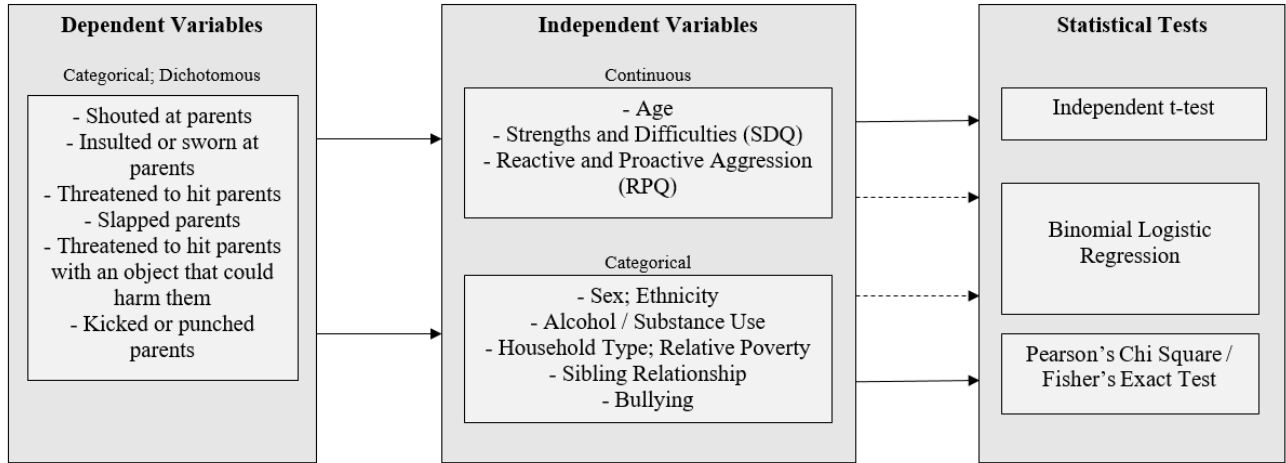


Figure 3.3 Dataset and Data Analysis

3.3.4. Managing Missing Data

In real-world research, it is often the case that there will be missing data. This can occur for several reasons, for example, participants accidentally missing out questions, or choosing not to respond to questions due to the sensitive nature of the research (Field, 2005). This research collected data using an 18-page questionnaire (see Appendix X) and participants should have been allocated at least one hour to complete it. However, following the completion of the questionnaire, School B raised that there were some timetabling issues which meant that some classes were only provided with 30 minutes to complete the questionnaire. In all instances of missing data, the responses were coded '999' so that SPSS could differentiate between missing data in the analysis (Field, 2005). Statistical tests were performed including and excluding the missing data and the results were compared. There was only a minimal difference made to the results which did not impact upon the overall statistical significance of associations and differences identified, therefore it was decided to include the whole dataset throughout the analysis and report the missing values and/or the valid percentage in the results (Hanneman, Kposowa & Riddle, 2012).

3.4. ETHICAL CONSIDERATIONS

3.4.1. Ethics

Prior to research commencing, an application for Research Governance was sought from The University of Portsmouth Faculty Ethics Committee and the research gained ethical approval (Appendix II). The researcher contacted secondary schools in Surrey, U.K directly to gain relevant permission and to ensure that their consent was fully informed. Once a school agreed to be a research host, the parents of the potential participants were informed by the school that a research study focussed on bullying and risk factors for aggressive behaviour in adolescents was to be undertaken (Alderson & Morrow, 2011; Farrimond, 2013). Parents were given the option of refusing to allow their child to participate. Student participation was voluntary and informed. Participants completed the questionnaires in classrooms and all responses are confidential (Farrimond, 2013).

3.4.2. Sensitivity of the Research Topic and Age of Participants

It is important to acknowledge the special and additional ethical responsibilities that apply to research with children, especially in violence and abuse research. Downes, Kelly and Westmarland (2014) highlight the importance of considering confidentiality and safeguarding when researching violence and abuse. It is recognised that the young people participating in the research may disclose perpetration of abusive behaviours towards their family members, and/or disclose being a victim, perpetrator or witness of bullying in the school environment; all of which may require professional support. Participants may experience psychological distress if they have a personal experience of any of the issues addressed; for example, participants who have experienced bullying or demonstrated abusive behaviour towards their parents/carers (Alderson & Morrow, 2011). To address this, the research was conducted around National Anti-Bullying week (November 2015) to provide context to the research; both preparing participants and parents for the research topic and allowing the schools to prepare for any potential emotional or behavioural repercussions of the research, i.e. disclosure of bullying. The school was provided with information leaflets for the participants containing the contact details of national helplines, local services and a point of contact within their school. The local services and relevant individuals were notified of the sensitivity of the research topic taking place and forewarned that the research could trigger referrals (Campbell & Groundwater-Smith, 2007).

3.4.3. Gathering, Storing and Destruction of Data

The research is sponsored by the University of Portsmouth, which provides indemnity. The raw data belongs to the University and the researcher. All electronic data is encrypted and stored as per the Data Protection Act (1998) behind secure firewalls. Paper documentation is kept in a locked draw and is fully anonymised. The raw data cannot be used for Human Resources or performance-related issues (Israel & Hay, 2006) and will be destroyed after 10 years.

3.4.4. Confidentiality

All data is treated as confidential. The only identifier for a school is by a code number known only to the researcher. The identity of participating students is anonymous. If safeguarding concerns were disclosed to the researcher by any party involved in the research (school, parent/carer, participant etc.), the researcher was to be open and transparent about the duty to report any safety concerns. This would be a limit to confidentiality and anonymity and all participating in the research were informed of this (Appendix VI and Appendix VIII) (Downes, Kelly & Westmarland, 2014).

3.4.5. Implications for Host Schools

There were some costs to host schools as outlined in the 'Letter of Introduction' (Appendix IV). Firstly, time implications as a result of three meetings at the school (initial meeting, administration of the survey; feedback from the survey results). Schools were also asked to provide suitable time and an appropriate environment for the surveys to be administered, which required a consideration of resources and class timetables. Furthermore, schools were required to notify the parents/carers of the participating students about the research via the school bulletin or email to ensure that the parents were informed and that the researcher did not have access to privileged information (Israel & Hay, 2006).

3.4.6. Informed Consent

Schools that responded to the initial email and 'Letter of Introduction' (Appendix IV) were provided with a draft version of the questionnaire and accompanying documentation (school consent form, participant consent form, participant information sheet, parent/carer information

sheet; see Appendices). A representative from the School also met with the researcher and had an opportunity to ask any questions.

The parents/carers of participants were provided with information about the research prior to their child being informed about the research (Appendix V), therefore allowing them the opportunity to ‘opt-out’ of their child being invited to take part in the research (Downes, Kelly & Westmarland, 2014).

Participants were provided with information forms (Appendix VI) and had the opportunity to ask the researcher questions about the research. They were informed that their participation was entirely voluntary, that they could skip questions, and/or withdraw from the study at any time up until submission of the questionnaire. Informed consent was required prior to their completion of the survey (Appendix VIII) (Israel & Hay, 2006; Alderson & Morrow, 2011).

3.4.7. Role Confusion

It is possible that some of the participants may have known the researcher within a professional capacity which could lead to role confusion and could have impacted upon the responses of those participants. However, participants were aware that all responses were anonymous and confidential and that no names were to be written on the questionnaire (Campbell & Groundwater-Smith, 2007). It is also possible that the research proposal could have been agreed by schools because of the researcher’s professional background. Whilst being employed by an established frontline youth support service may provide credibility to the researcher’s presence at a school, this was a privileged position to be in. Access to such a large number of students in a school is difficult for a researcher to secure, and it was important to uphold research and professional integrity (Campbell & Groundwater-Smith, 2007; Downes, Kelly & Westmarland, 2014).

3.4.8. Reliability, Validity and Confounding Variables

Reliability is the ability of a measure to produce consistent results (Field, 2005). Despite efforts to design a questionnaire that was based on validated measures (see Table 3.2), that was clear and concise, participants are likely to construe the meaning of each question and reply based on their interpretation. If this happens it can decrease the reliability and comparability of the responses

(Heiman, 2002; Myers, Well & Lorch, 2010). This level of participant subjectivity was demonstrated during the administration of the research and following the submission of the questionnaire. Specifically, some participants were unsure of how to respond to the question: *'How many times in the last 6 months have you used or taken drugs?'*, requesting clarification as to whether the question referred to the use of illegal drugs. Some participants responded by explicitly writing that they had used paracetamol, for example, but not consumed illegal drugs. The question was preceded by questions regarding the use of alcohol and illegal drugs, however despite this there appears to have been some ambiguity regarding the question and this was considered when inputting and analysing the data. To maximise the validity of the data gathered, the researcher inputted all questionnaire responses into SPSS. This ensured that any interpretation of participant responses was consistent and could be accurately reflected within the analysis and results.

This research used an independent design, whereby different participants took part in different experimental conditions (Myers, Well & Lorch, 2010). These participants will differ in many respects; some of these differences are measured in the questionnaire as an independent variable (such as age, gender, FSM etc.), but some of the differences will not have been measured (such as IQ, attention span etc.), and these are known as confounding variables. A confounding variable can potentially affect the dependent (outcome) variable and therefore consideration should be given to ensuring that these variables are distributed evenly across experimental conditions (Hanneman, Kposowa & Riddle, 2012). Fortunately, the schools randomly allocated participants based upon timetable scheduling, therefore confounding variables, such as the time of day that the questionnaire was completed, would be unlikely to contribute systematically to the variation between experimental conditions (Field, 2005).

3.4.9. Generalisability

Generalisability refers to the ability of a statistical model to predict outcomes beyond the sample on which it is based; to a wider population (Field, 2005). For research that permits meaningful comparisons among different settings, there is a need for researchers to develop clear operational definitions (Bryman, 2012). This allows the audience to consider the relevance of the knowledge in relation to present challenges in the workplace, thus determining the 'immediacy' of the research (Scott, Brown, Lunt & Thorne, 2004, p153). A common method to classify abuse is according to

the type of act, for example, physical abuse, sexual abuse, and emotional or psychological abuse. However, it must be recognised that almost all domestic violence and abuse is a combination of many forms of abuse (Home Office, 2013). Literature on this specific form of family abuse varies in terms of its definition and terminology (see Chapter 2 for full discussion). To address this and to increase the generalisability of the research, the term APVA is used, consistent with the Home Office (2015) guidance (see Chapter 1). Furthermore, a definition of APVA was developed based upon the governmental definition of domestic violence and abuse and related legislation (Serious Crime Act 2015) that captures the range abusive behaviours consistent with the broader literature (see Chapter 2).

To further increase the generalisability of the research findings, the profile of participants should be representative of other settings. The total sample of the research appears to be moderately representative of a high achieving secondary school in the U.K (see Table 3.4); however, the sample has more male participants (65%) than female participants (35%). This will be taken into consideration when interpreting the results. Furthermore, this research has an age inclusion parameter of 11 to 18 years old, with only a small percentage of participants being aged 18 (see Figure 3.1). This age distribution will impact upon the interpretation of the peak age of young people exhibiting APVA within the research and the generalising of this result to the general population and previous APVA research.

3.5. CONCLUSION

The aims and objectives of this research are most appropriately met using a quantitative research methodology. The design of the research (survey) and the chosen methods of data analysis will enable the findings to be compared to APVA research that uses similar research methods; specifically, the recent quantitative APVA research emerging from Spain. The design, recruitment, and delivery of the research was undertaken ethically, giving particular consideration to the sensitive nature of the research topic and the potential impact upon the participants. Attention has been given to issues that may have impacted upon the delivery, reliability, validity and generalisability of the research which will be taken into account when interpreting the results. Chapter Four now follows which reports the findings of APVA prevalence and the associated individual, familial and school-bullying variables identified in this research.

CHAPTER 4: FINDINGS PART I

PREVALENCE, ASSOCIATIONS & DIFFERENCES

4.0. CHAPTER SUMMARY

This chapter sets out to fulfil part of the aims of the research which are to report the prevalence of Adolescent-to-Parent Violence and Abuse (APVA) from a U.K community sample, and to examine the adolescent characteristics and behaviours, familial characteristics, and school bullying experience associated with APVA. The results from descriptive and inferential statistics undertaken on the data collected from 890 participant responses are presented. Significant associations and differences arising from the data are identified.

4.1. INTRODUCTION

Part of the hypothesis of this research is that adolescent characteristics and behaviours, familial characteristics, and school bullying experience will be associated with APVA (see Chapter 1). To classify the specific characteristics and behaviours of adolescents who identified themselves as committing APVA, a series of statistical analyses were completed to comprehensively understand and draw conclusions from the data. Table 4.1 illustrates the themes in which the findings are presented, along with the corresponding data type and statistical analysis applied.

Table 4.1 Findings Chapter, Themes, Data Type and Statistical Analyses

Findings Chapter and Theme	Data Type	Statistical Analysis
Chapter Four: APVA Prevalence	Categorical	Descriptive
Chapter Four: Young Person Characteristics & Behaviours <i>Sex, Ethnicity, Alcohol / Substance Use</i>	Categorical	Descriptive and Pearson’s Chi Square / Fisher’s Exact Test
<i>Age, Strengths & Difficulties (SDQ) Reactive/Proactive Aggression (RPQ)</i>	Continuous	Descriptive and Independent t-test
Chapter Four: Familial Characteristics <i>Household Structure, Relative Poverty, Sibling Relationship</i>	Categorical	Descriptive and Pearson’s Chi Square / Fisher’s Exact Test
<i>Parent Relationship</i>	Categorical	Descriptive
Chapter Four: School Bullying Experience <i>Victim, Observer, Perpetrator</i>	Categorical	Descriptive and Pearson’s Chi Square / Fisher’s Exact Test
Chapter Five: APVA Predictors & Models	Categorical	Binomial Logistic Regression

4.2. APVA PREVALENCE

To meet the aims of the research, it is necessary to identify the prevalence of APVA within the sample of 890 participants, taking into consideration the different types of APVA that were recorded. APVA was assessed using the Conflict Tactics Scales – Child Parents (CTS-CP; Straus & Fauchier, 2008. See Chapter 3 for critique).

4.2.1. APVA Prevalence: Summary of Results

- **APVA:** Most participants (N=574, 64.5%) report some form of APVA within the last 6 months (see Table 4.2).
- **Psychological APVA:** Psychological APVA is the most common form of APVA, with 573 participants (64.4%) reporting behaviours that fall into this category.
- **Physical APVA:** A minority of participants (N=38, 4.3%) report exhibiting behaviours in the last 6 months that can be categorised as physical APVA.
- **APVA Severity & Frequency:** The most frequent APVA behaviours are shouting at parents (N=567, 63.7%) and insulting or swearing at parents (N=205, 23%). The more concerning APVA behaviours are less frequent, with 41 participants (4.6%) threatening to hit their parents in the last 6 months through to the least commonly reported APVA behaviour of hitting a parent with an object that could harm (N=16, 1.8%).

Table 4.2 Self-reported incidents of APVA in the last 6 months

Adolescent-to-Parent Violence and Abuse Type	<i>N</i> (%)	<i>Missing N</i> (%)
Psychological APVA	573 (64.4)	64 (7.2)
Shouted at parents	567 (63.7)	61 (6.9)
Insulted or sworn at parents	205 (23.0)	63 (7.1)
Threatened to hit parents	41 (4.6)	62 (7.0)
Physical APVA	38 (4.3)	65 (7.3)
Slapped parents	21 (2.4)	62 (7.0)
Hit parents with an object that could harm them	16 (1.8)	63 (7.1)
Kicked or punched parents	29 (3.3)	64 (7.2)
Total APVA	574 (64.5)	62 (7.0)

4.2.2. APVA Prevalence: Descriptive Statistics

Figure 4.1 below presents the responses of the sample to the questions: ‘How often have you: **shouted, insulted or sworn, threatened to hit, slapped, hit with an object that could harm, kicked or punched, your parents / guardians / carers?**’

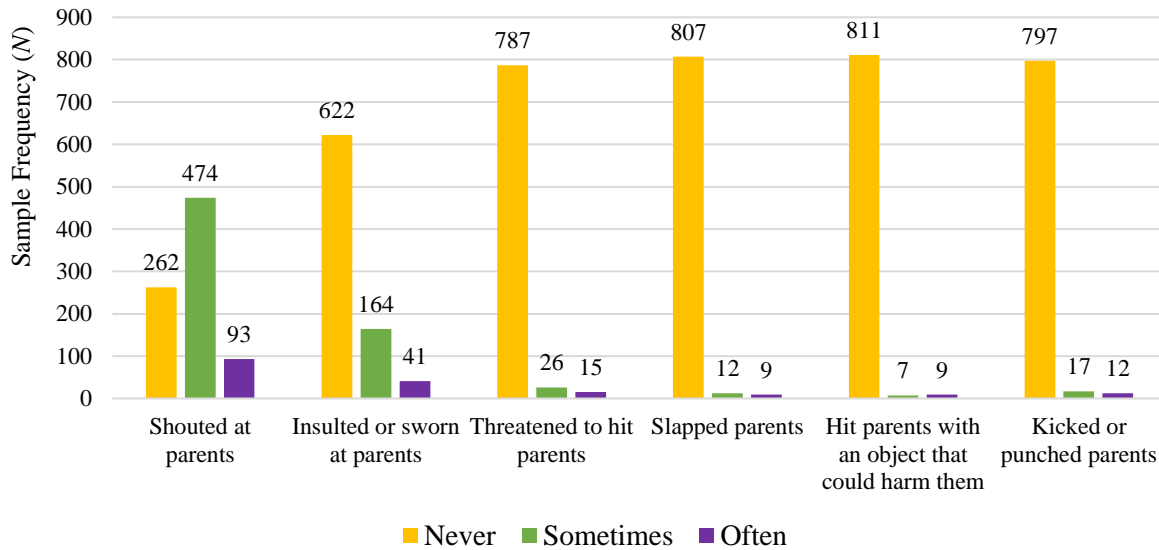
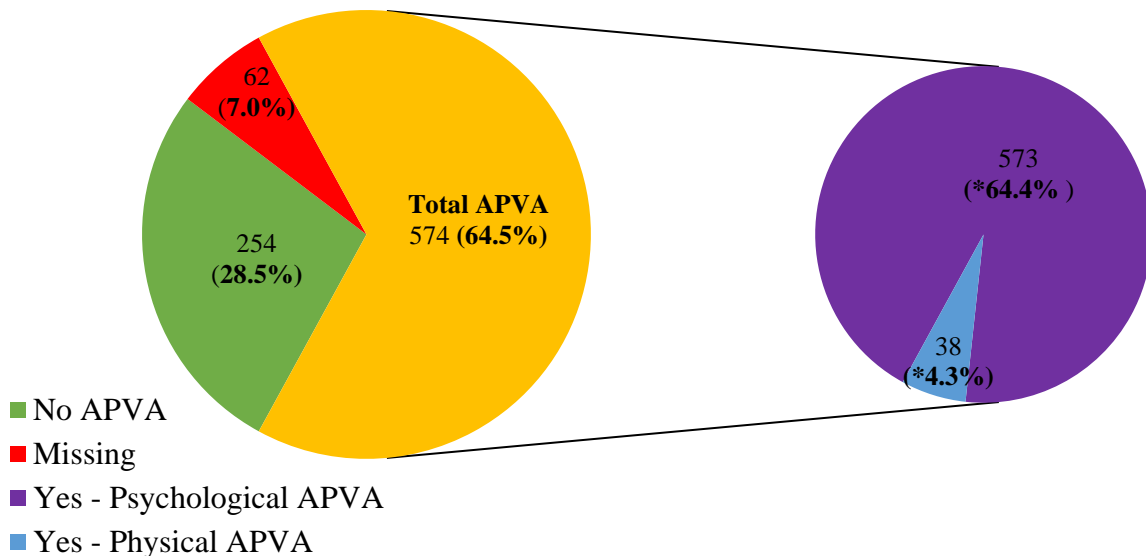


Figure 4.1 Conflict Tactics Scales – Child Parents (CTS-CP) Total Sample Responses

As illustrated in Figure 4.1, the most common APVA behaviour is ‘shouted at parents’ with 474 participants (53.3%) reporting that they have ‘sometimes’ exhibited this behaviour in the last 6 months. In addition, 93 participants (10.4%) indicated that they have shouted at their parents ‘often’ in the past 6 months. Insulting or swearing at parents is less common than shouting, with 164 participants (18.4%) reporting to have ‘sometimes’ ‘insulted or sworn’ at their parents in the last 6 months and fewer reporting that they had ‘often’ sworn at their parents (N=41, 4.6%). The remaining APVA behaviours are less prevalent, with 15 participants (1.7%) reporting to have ‘often’ threatened to hit their parents, and 12 participants (1.3%) having reported to have ‘often’ kicked or punched their parents in the last 6 months. ‘Often’ slapping parents and hitting parents with an object that could harm them are the least common APVA behaviours, both with 9 participants (1.0%) reporting this behaviour.

The responses of the six APVA behaviour types were reduced from three categories ('never', 'sometimes', 'often') to two categories; 'yes' (made up of 'sometimes' and 'often' responses) and 'no' (made up of 'no' responses). Therefore, the APVA behaviour was coded as either present or absent for each participant. These behaviour types can also be categorised into 'Physical APVA' (slapped, hit with an object, kicked or punched) and 'Psychological APVA' (shouted, insulted or sworn).

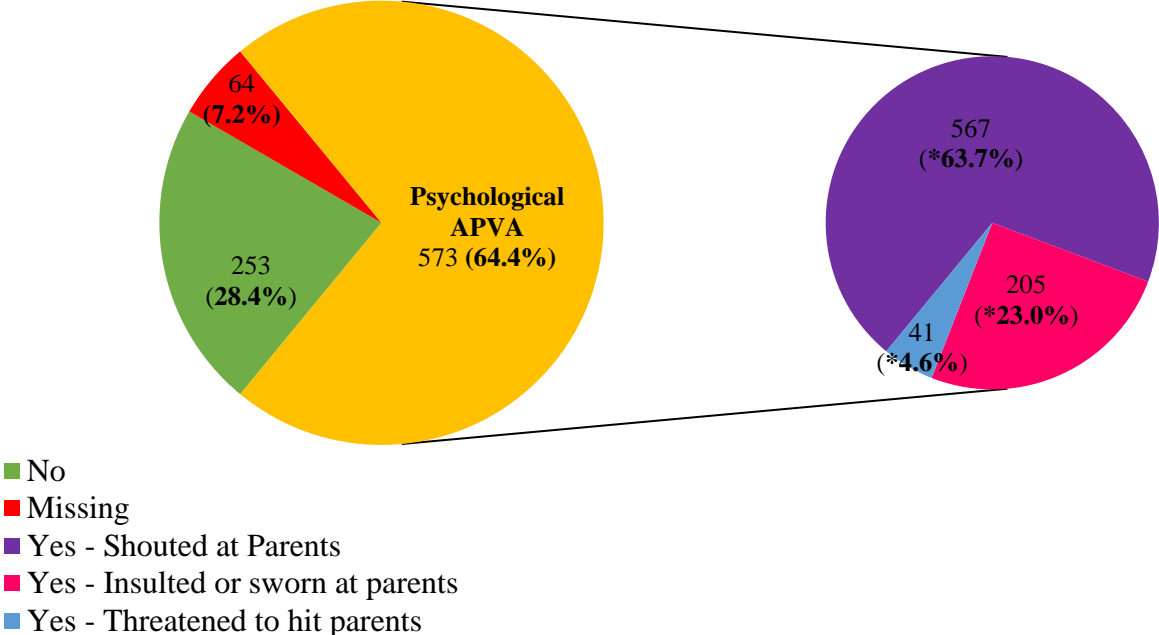
As illustrated by Figure 4.2 below, of the 828 respondents, a minority (N=254, 28.5%) reported **not** to have exhibited any APVA behaviour in the last 6 months. Of the majority of participants (N=574, 64.5%) who reported to have displayed an APVA behaviour in the last 6 months, most (N=573, 64.4%) reported behaviours that can be categorised as 'Psychological APVA' and only 38 participants (4.3%) reported behaviours that can be categorised as 'Physical APVA'.



* Percentage shown as a proportion of the total sample as multi-response present

Figure 4.2 Total Reported APVA

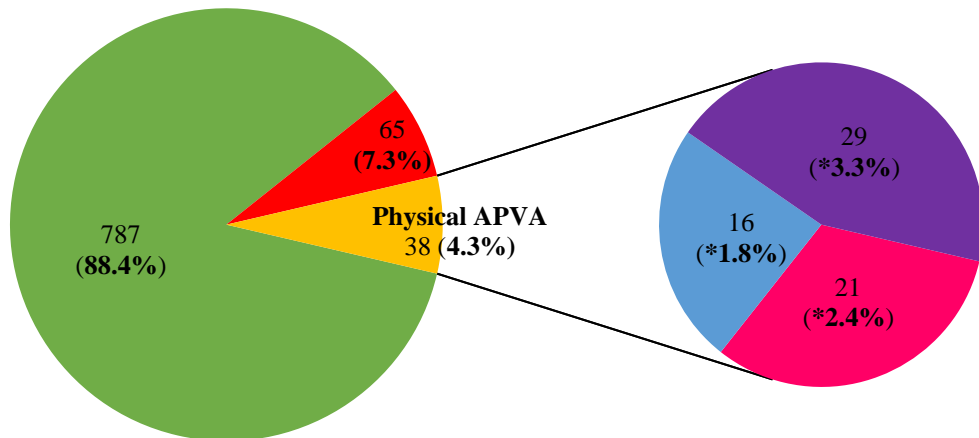
Figure 4.3 below illustrates that of the 573 participants (64.4%) who indicated they had exhibited 'Psychological APVA' in the last 6 months, most participants (N=567, 63.7%) reported to have shouted at their parents, followed by 205 participants (23.0%) who reported to have insulted or sworn at their parents, and 41 participants (4.6%) who reported to have threatened to hit their parents.



* Percentage shown as a proportion of the total sample as multi-response present

Figure 4.3 Total Reported Psychological APVA

Figure 4.4 below shows that of the 38 participants (4.3%) that reported to have exhibited ‘Physical APVA’ in the last 6 months, most reported to have kicked or punched their parents (N=29, 3.3%), followed by 21 participants (2.4%) who reported to have slapped their parents, and 16 participants (1.8%) who reported to hit their parents with an object that could harm them.



- No
- Missing
- Yes - Slapped parents
- Yes - Hit parents with an object that could harm them
- Yes - Kicked or punched parents

* Percentage shown as a proportion of the total sample as multi-response present

Figure 4.4 Total Reported Physical APVA

APVA will co-occur alongside individual, familial and social characteristics and behaviours experienced by the young person. The associations of these factors in relation to APVA are explored in the stages that follow.

4.3. YOUNG PERSON CHARACTERISTICS & BEHAVIOURS

4.3.1. Young Person Characteristics & Behaviours: Summary of Results

- **Sex:** The sex of a young person (i.e. being female) is significantly associated with young people shouting at their parents.
- **Age:** Young people who shout, insult or swear, and hit their parents with an object are older than those that do not exhibit these behaviours.
- **Ethnicity:** The ethnicity of a young person is not associated with APVA.
- **Strengths & Difficulties:** The Strengths and Difficulties scores (as measured by SDQ; Goodman, 2005) are associated with APVA; in particular: ‘Conduct Problems’, ‘Peer Problems’, ‘Hyperactivity / Inattention’, and ‘Total Difficulties’.
- **Aggression:** Reactive, Proactive and Total Aggression scores (as measured by the Reactive-Proactive Aggression Questionnaire; RPQ, Raine et al., 2006) are associated with APVA. Young people who exhibited APVA report higher mean scores across reactive, proactive and total aggression.
- **Alcohol / Substance Use:** There is an association between APVA and alcohol and substance use, particularly in relation to glue/solvent sniffing, cannabis and trying any other illegal drug.

4.3.2. Young Person Characteristics & Behaviours: Descriptive & Inferential Statistics

Measures were taken to establish the characteristics and behaviours of the sample. The results of the descriptive statistics are presented below, as well as the inferential statistics undertaken to identify if there were significant associations / differences between these measures and APVA.

4.3.3. SEX

The total research sample consisted of 60.1% males (N=535), 32.3% females (N=287) and 7.6% missing data (N=68). Pearson’s Chi-square Test for Independence was calculated on the categorical data comparing the reported frequency of APVA by males and females (see Appendix XII, Table 9.1). The significant results are presented in Table 4.3 and show that there was a **significant association** between sex and whether young people **shouted** at their parents $X^2(1) = 4.73, p < .05$. The result indicates that approximately 73% of females’ shout, compared to 27%

that do not shout. Approximately 66% of males' shout, compared to 34% that do not shout. Therefore, it can be inferred that **the sex of a young person (i.e. being female) is significantly associated with young people shouting at their parents**. However, there was no significant association between the sex of a young person and the other APVA behaviours.

Table 4.3 APVA and Sex: Pearson's Chi-square Test of Independence Significant Result

		Sex		$X^2(1)$	
		Male	Female		
Shouted at parents	No	<i>N</i>	180	76	4.73*
		%	34.1%		
	Yes	<i>N</i>	348	209	
		%	65.9%	73.3%	

4.3.4. AGE

The age profile of the total research sample is shown in Table 4.4. The age range of the sample was from 11 years old to 18 years old. Of the 829 participants (93.1%) that reported their age, most participants were aged 13 ($N=193$, 21.7%) resulting in a mean sample age of 13.49 years old.

Table 4.4 Age Profile of the Total Research Sample

Age	Frequency (<i>N</i>)	Percent (%)
11	104	11.7
12	140	15.7
13	193	21.7
14	168	18.9
15	136	15.3
16	49	5.5
17	31	3.5
18	8	.9
Total	829	93.1
Missing	61	6.9
Total	890	100.0

Table 4.5 below shows the results from an independent samples t-test that was conducted to compare the age of young people (continuous data) who reported to have committed APVA in the last 6 months and those who did not (categorical data).

There were significant differences in the mean age of those that shouted at their parents ($M = 13.63$, $SD = 1.61$) and those that did not shout at their parents ($M = 13.22$, $SD = 1.65$); $t(818) = -3.35$, $p < .001$, those young people that insult or swear at their parents ($M = 13.94$, $SD = 1.68$) and those that did not ($M = 13.34$, $SD = 1.58$); $t(817) = -4.59$, $p < .001$, and for those young people that hit their parents with an object ($M = 14.19$, $SD = .98$) and those that did not ($M = 13.48$, $SD = 1.64$); $t(17) = -2.79$, $p < .05$. Therefore, it can be inferred that the (observed) difference in mean scores between these groups is statistically different and that **those young people who shout, insult or swear, and hit their parents with an object are older than their counterparts who report not to commit these APVA behaviours.**

Table 4.5 APVA and Age: Independent Samples t-test Results

		Age		N df	t
		M	SD		
Shouted at parents	No	13.22	1.65	258	-3.35****
	Yes	13.63	1.61	562	
Insulted or sworn at parents	No	13.34	1.58	616	-4.59****
	Yes	13.94	1.68	203	
Threatened to hit parents	No	13.50	1.63	779	-.06
	Yes	13.51	1.66	41	
Slapped parents	No	13.49	1.63	799	-.48
	Yes	13.67	1.62	21	
Hit parents with an object that could harm them	No	13.48	1.64	803	-2.79*
	Yes	14.19	.98	16	
Kicked or punched parents	No	13.50	1.64	789	.28
	Yes	13.41	1.62	29	

* $p < .05$ **** $p < .001$

4.3.5. ETHNICITY

Pearson’s Chi-square Test for Independence was calculated on categorical data comparing the reported frequency of APVA by different ethnicities. There were no significant associations identified; therefore, it can be inferred that the **ethnicity of a young person is not associated with APVA** (see Chapter 3, Table 3.3 for ethnicity profile of sample).

4.3.6. STRENGTHS & DIFFICULTIES

The strengths and difficulties experienced by participants were measured using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2005). The SDQ calculates scores for six measures of strengths and difficulties; Emotional Problems, Conduct Problems, Peer Problems, Pro-Social, Hyperactivity / Inattention and Total Difficulties. Responses can be categorised into four-bands (see Chapter 3, Table 3.1). The SDQ profiles of the total sample are presented in a series of bar charts below.

4.3.6.1. Strengths and Difficulties: Descriptive Statistics

Figure 4.5 illustrates the number of participants in each category of the **SDQ Emotional Problems** measure (N=886, 99.6%, Missing N=4, 0.4%). The majority of participants (N=652, 73.2%) scored a total of between 0 to 4 which falls in the ‘Close to Average’ category. Of note, more participants scored in the ‘Very High’ category for emotional problems (score between 7-10, N=92, 10.2%) than in the ‘High’ category (score of 6, N=67, 7.5%) and the ‘Slightly Raised’ category (score of 5, N=75, 8.4%).

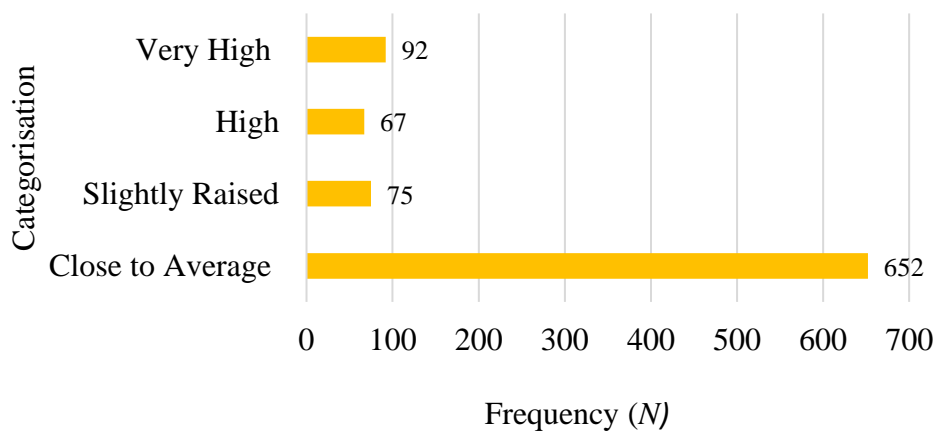


Figure 4.5 SDQ Emotional Problems Categorisation for the Total Sample

Figure 4.6 below presents the number of participants in each category of the **SDQ Conduct Problems** measure (N=888, 99.8%, Missing N=2, 0.2%). Most participants (N=685, 77%) scored a total of between 0 to 3 which falls in the ‘Close to Average’ category. As expected, the number of participants in the ‘Slightly Raised’ (N=89, 10%), ‘High’ (N=62, 7%) and ‘Very High’ (N=52, 5.9%) categories reduced respectively.

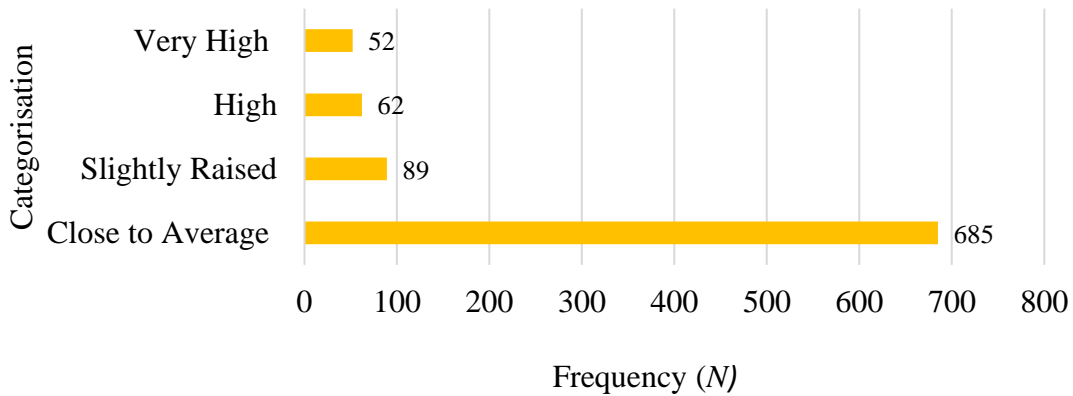


Figure 4.6 SDQ Conduct Problems Categorisation for the Total Sample

Figure 4.7 below shows the number of participants in each category of the **SDQ Peer Problems** measure (N=886, 99.6%, Missing N=4, 0.4%). The majority of participants (N=612, 68.8%) scored a total of between 0 to 2 which falls in the ‘Close to Average’ category. The number of participants in the ‘Slightly Raised’ (N=121, 13.6%) ‘High’ (N=78, 8.8%) and ‘Very High’ (N=75, 8.5%) categories reduced respectively.

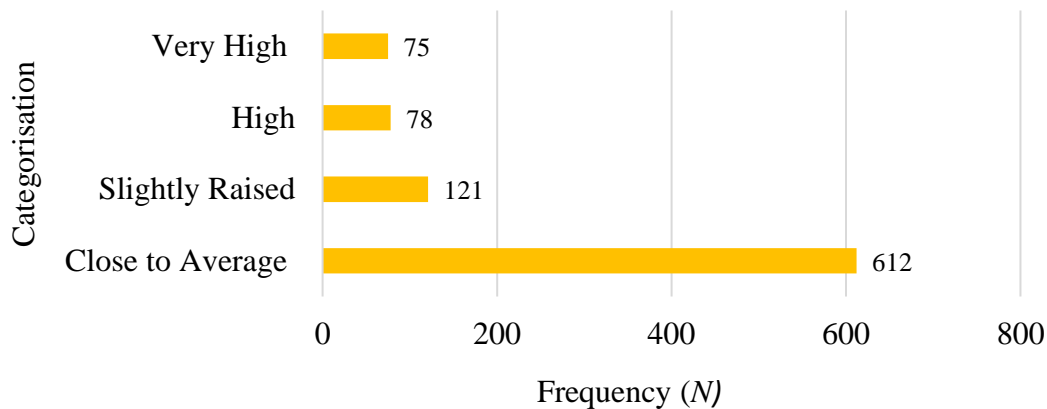


Figure 4.7 Peer Problems Categorisation for the Total Sample

Figure 4.8 below presents the number of participants in each category of the **SDQ Pro Social** measure (N=888, 99.8%, Missing N=2, 0.2%). The majority of participants (N=561, 63.2%) scored a total of between 7 to 10 which falls in the ‘Close to Average’ category. High numbers of participants scored as having ‘Slightly Lowered’ (N=128, 14.4%) and ‘Low’ (N=119, 13.4%) prosocial scores. The minority of participants (N=80, 8.9%) scored a total of between 0 to 4 which falls in the ‘Very Low’ category.

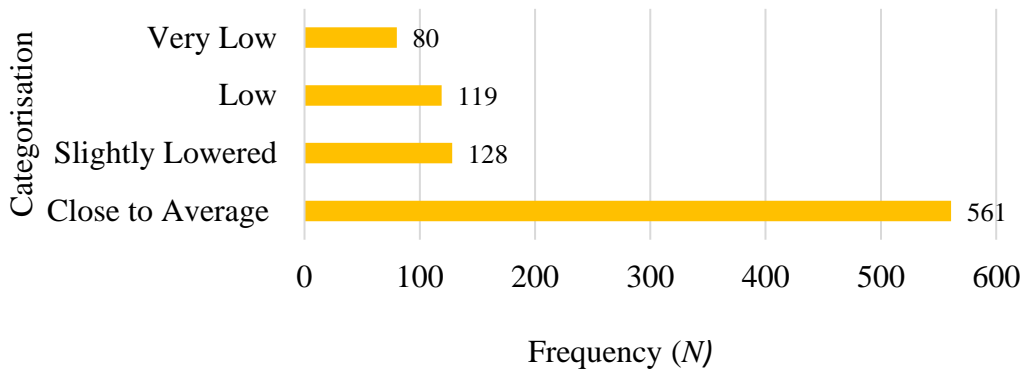


Figure 4.8 SDQ Pro Social Categorisation for the Total Sample

Figure 4.9 shows the number of participants in each category of the **SDQ Hyperactivity/Inattention** measure (N=880, 98.9%, Missing N=10, 1.1%). The majority of participants (N=630, 70.7%) scored a total of between 0 to 5 which falls in the ‘Close to Average’ category. Similar to ‘SDQ Emotional Problems’ and of note, more participants scored in the ‘Very High’ category (N=83, 9.3%) for Hyperactivity/Inattention than the ‘High’ category (N=68, 7.6%).

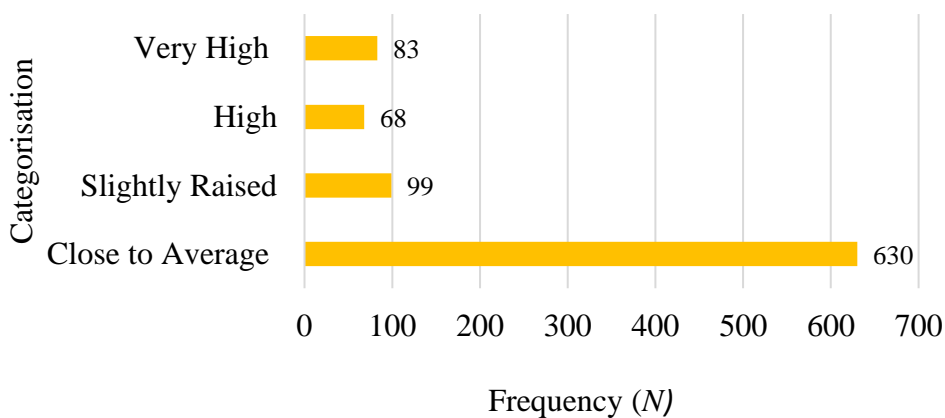


Figure 4.9 SDQ Hyperactivity / Inattention Categorisation for the Total Sample

Figure 4.10 below presents the number of participants in each category of the **SDQ Total Difficulties** measure (N=878, 98.7%, Missing N=12, 1.3%). The majority of participants (N=632, 69.6%) scored a total of between 0 to 14 which falls in the ‘Close to Average’ category. There were 115 participants (12.9%) who scored in the ‘Slightly Raised’ category; however, similar to ‘SDQ Hyperactivity / Inattention’ and ‘SDQ Emotional Problems’, and of note, is that more participants scored in the ‘Very High’ category (N=87, 9.8%) than the ‘High’ category (N=55, 6.1%).

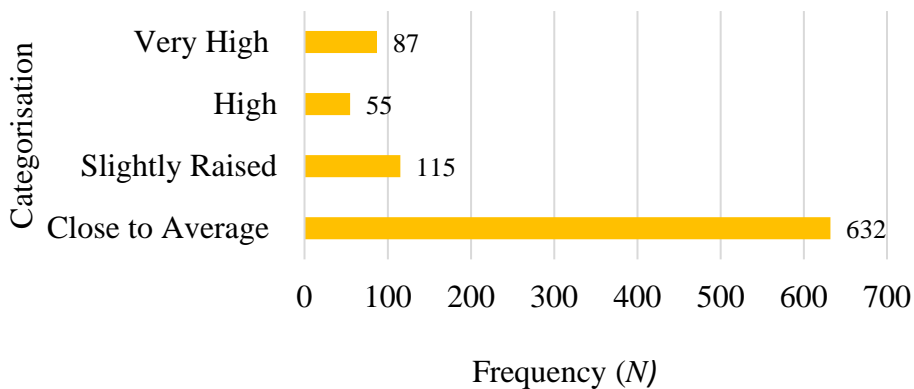


Figure 4.10 SDQ Total Difficulties Categorisation for the Total Sample

4.3.6.2. Strength and Difficulties: Independent Samples t-test

Independent samples t-tests were conducted on continuous data to compare the strengths and difficulties experienced by young people (measured by the SDQ) who reported to have committed APVA and those who reported not to have committed APVA (see Table 4.6). There were significant differences observed in many of the measures of the SDQ across a range of APVA behaviours. Of note are the APVA behaviours that can be significantly differentiated by the SDQ categorisation (see Chapter 3, Table 3.1). Those young people who reported to have threatened to hit their parents, slap their parents, hit their parents with an object that could harm them, and kick or punch their parents in the last 6 months scored in a higher SDQ category for ‘Conduct Problems’, ‘Peer Problems’, ‘Hyperactivity / Inattention’, and ‘Total Difficulties’ compared to their counterparts, as outlined below.

There was a significant difference in the mean **‘Conduct Problems’** scores for those young people that:

- threatened to hit their parents ($M = 4.32$, $SD = 2.09$, $SE = .33$) and those that did not ($M = 2.07$, $SD = 1.76$, $SE = .06$); $t(826) = -7.90$, $p < .001$;
- slapped their parents ($M = 4.33$, $SD = 2.34$, $SE = .51$) and those that did not ($M = 2.12$, $SD = 1.79$, $SE = .06$); $t(826) = -5.78$, $p < .001$;
- hit their parents with an object that could harm them ($M = 4.56$, $SD = 2.53$, $SE = .63$) and those that did not ($M = 2.13$, $SD = 1.79$, $SE = .06$); $t(15) = -3.83$, $p < .005$;
- kicked or punched their parents ($M = 3.76$, $SD = 2.50$, $SE = .46$) and those that did not ($M = 2.11$, $SD = 1.80$, $SE = .06$); $t(29) = -3.51$, $p = .001$.

It can be surmised that the (observed) difference in mean scores between these groups is statistically different and that those **young people who threaten to hit their parents, slap their parents, and kick or punch their parents score moderately highly on the SDQ Conduct Problems scale and fall within ‘slightly raised’ SDQ range** (4 of the newer four band categorisation).

Those **young people who hit their parents with an object score very highly on the SDQ Conduct Problems scale and fall within the ‘high’ SDQ range** (5 of the new four band categorisation). The SDQ scores of those young people who do not display APVA behaviours fall within the ‘close to average’ range (0-2 of new four band categorisation).

There was a significant difference in the **‘Peer Problems’** scores for those young people that:

- threatened to hit their parents ($M = 2.66$, $SD = 2.06$, $SE = .32$) and those that did not ($M = 1.88$, $SD = 1.71$, $SE = .06$); $t(43) = -2.37$, $p < .05$;
- slapped their parents ($M = 2.95$, $SD = 2.16$, $SE = .47$) and those that did not ($M = 1.89$, $SD = 1.72$, $SE = .06$); $t(825) = -2.77$, $p < .01$;
- hit their parents with an object that could harm them ($M = 3.25$, $SD = 2.52$, $SE = .63$) and those that did not ($M = 1.89$, $SD = 1.71$, $SE = .06$); $t(15) = -2.15$, $p < .05$;
- kicked or punched their parents ($M = 2.86$, $SD = 2.20$, $SE = .41$) and those that did not ($M = 1.89$, $SD = 1.71$, $SE = .06$); $t(29) = -2.36$, $p = .05$.

The (observed) difference in mean scores between these groups is statistically significant indicating that those **young people who threaten to hit their parents, slap their parents, hit their parents with an object, and kick or punch their parents score moderately highly on the SDQ Peer Problems scale and fall within the ‘slightly raised’ SDQ range** (3 of the new four band categorisation). The SDQ scores of those young people who do not display APVA behaviours fall within ‘close to average’ range (0-3 of new four band categorisation).

An Independent-samples t-test was conducted to compare the **‘Hyperactivity/Inattention’** experienced by young people who reported to have committed APVA in the last 6 months and those who reported to have committed APVA in the last 6 months. There was a significant difference in the scores for those young people that:

- threatened to hit their parents ($M = 6.25, SD = 2.02, SE = .32$) and those that did not ($M = 4.04, SD = 2.30, SE = .08$); $t(819) = -5.97, p < .001$;
- slapped their parents ($M = 6.05, SD = 2.38, SE = .52$) and those that did not ($M = 4.10, SD = 2.31, SE = .08$); $t(819) = -3.14, p < .001$;
- hit their parents with an object that could harm them ($M = 6.81, SD = 2.20, SE = .55$) and those that did not ($M = 4.09, SD = 2.30, SE = .08$); $t(818) = -4.69, p < .001$;
- kicked or punched their parents ($M = 6.00, SD = 2.51, SE = .47$) and those that did not ($M = 4.08, SD = 2.30, SE = .08$); $t(817) = -4.32, p < .001$.

Therefore, the (observed) difference in mean scores between these groups is statistically significant and it can be concluded that those **young people who threaten to hit their parents, slap their parents, and kick or punch their parents score moderately highly on the SDQ Hyperactivity / Inattention scale and fall within the ‘slightly raised’ SDQ range** (6 of the new four band categorisation). Those **young people who hit their parents with an object score very highly on the SDQ Hyperactivity/Inattention scale and fall within the ‘high’ SDQ range** (7 of the new four band categorisation). The SDQ scores of those young people who do not display APVA behaviours fall within the ‘close to average’ range (0-5 of new four band categorisation).

There was a significant difference in the ‘**Total Difficulties**’ scores for those young people that:

- threatened to hit their parents ($M = 17.17$, $SD = 4.70$, $SE = .73$) and those that did not ($M = 11.10$, $SD = 5.81$, $SE = .21$); $t(826) = -6.58$, $p < .001$;
- slapped their parents ($M = 17.76$, $SD = 5.10$, $SE = 1.11$) and those that did not ($M = 11.24$, $SD = 5.83$, $SE = .21$); $t(826) = -5.08$, $p < .001$;
- hit their parents with an object that could harm them ($M = 17.94$, $SD = 4.23$, $SE = 1.06$) and those that did not ($M = 11.25$, $SD = 5.84$, $SE = .21$); $t(825) = -4.55$, $p < .001$;
- kicked or punched their parents ($M = 16.14$, $SD = 5.26$, $SE = .98$) and those that did not ($M = 11.22$, $SD = 5.86$, $SE = .21$); $t(824) = -4.45$, $p < .001$.

The (observed) difference in mean scores between these groups is statistically significant. Therefore, it can be inferred that those **young people who threaten to hit their parents and kick or punch their parents score moderately highly on the SDQ Total Difficulties scale and fall within the ‘slightly raised’ SDQ range** (15-17 of the new four band categorisation). Those **young people who slap their parents and hit their parents with an object score very highly on the SDQ Total Difficulties scale and fall within the ‘high’ SDQ range** (18-19 of the new four band categorisation). The SDQ scores of those young people who do not display APVA behaviours fall within ‘close to average’ range (0-14 of new four band categorisation).

Table 4.6 Independent Samples t-test: APVA and Strengths and Difficulties Questionnaire (SDQ) Scores

		Emotional Symptoms					Conduct Problems					Peer Problems					Pro Social					Hyperactivity / Inattention					SDQ Total Difficulties				
		M	SD	N	t	df	M	SD	N	t	df	M	SD	N	t	df	M	SD	N	t	df	M	SD	N	t	df	M	SD	N	t	df
Shouted at parents	No	2.60	2.15	262	-5.19****	565	1.48	1.58	262	-8.10****	591	1.76	1.71	262	-1.78	826	7.30	2.00	262	2.17*	466	3.42	2.18	258	-6.23****	820	9.22	5.18	262	-7.89****	577
	Yes	3.47	2.41	566			2.50	1.87	567			1.99	1.75	566			6.98	1.81	567			4.49	2.32	564			12.42	5.94	567		
Insulted or sworn at parents	No	3.05	2.33	621	-3.11***	824	1.81	1.66	622	-9.74****	312	1.84	1.71	622	-2.20*	824	7.27	1.80	622	4.57****	317	3.80	2.26	615	-7.58****	818	10.45	5.69	622	-8.25****	825
	Yes	3.63	2.43	205			3.27	1.92	205			2.15	1.81	204			6.54	2.02	205			5.18	2.23	205			14.22	5.61	205		
Threatened parents	No	3.15	2.37	786	-2.51*	825	2.07	1.76	787	-7.90****	826	1.88	1.71	786	-2.37*	43	7.15	1.84	787	3.51****	43	4.04	2.30	781	-5.97****	819	11.10	5.81	787	-6.58****	826
	Yes	4.10	2.00	41			4.32	2.09	41			2.66	2.06	41			5.88	2.27	41			6.25	2.02	40			17.17	4.70	41		
Slapped parents	No	3.17	2.36	806	-2.24*	825	2.12	1.79	807	-5.78****	826	1.89	1.72	806	-2.77**	825	7.12	1.85	807	3.16***	826	4.10	2.31	800	-3.14****	819	11.24	5.83	807	-5.08****	826
	Yes	4.33	2.35	21			4.43	2.34	21			2.95	2.16	21			5.81	2.42	21			6.05	2.38	21			17.76	5.10	21		
Hit parents with an object that could harm them	No	3.19	2.37	810	-.21	824	2.13	1.80	811	-3.83***	15	1.89	1.71	810	-2.15*	15	7.12	1.86	811	3.97****	825	4.09	2.30	804	-4.69****	818	11.25	5.84	811	-4.55****	825
	Yes	3.31	2.12	16			4.56	2.53	16			3.25	2.52	16			5.25	2.32	16			6.81	2.20	16			17.94	4.23	16		
Kicked or punched parents	No	3.18	2.38	796	-1.22	823	2.11	1.79	797	-3.51****	29	1.89	1.71	796	-2.36*	29	7.12	1.85	797	2.26*	29	4.08	2.30	791	-4.32****	817	11.22	5.86	797	-4.45****	824
	Yes	3.72	1.83	29			3.76	2.50	29			2.86	2.20	29			6.10	2.38	29			6.00	2.51	28			16.14	5.26	29		

* $p < .05$ ** $p < .01$ *** $p < .005$ **** $p < .001$

4.3.7. REACTIVE / PROACTIVE AGGRESSION

Aggressive behaviour was assessed using the Reactive-Proactive Aggression Questionnaire (RPQ; Raine et al., 2006) which produces continuous data that can be totalled to produce scores for reactive, proactive and total aggression. The results of the descriptive and inferential statistics are presented below.

4.3.7.1. Reactive / Proactive Aggression: Descriptive Statistics

Below are a series of charts to illustrate the distribution of Reactive, Proactive and Total Aggression scores across the total sample.

Figure 4.11 presents the scores for **proactive aggression** (N=885, 99.4%, Missing N=5, 0.6%). Scores ranged from 0 to 22, with 453 participants (50.9%) scoring 0 for proactive aggression and 1 participant (0.1%) scoring 22 for proactive aggression. The mean proactive aggression score for the total sample is 1.59.

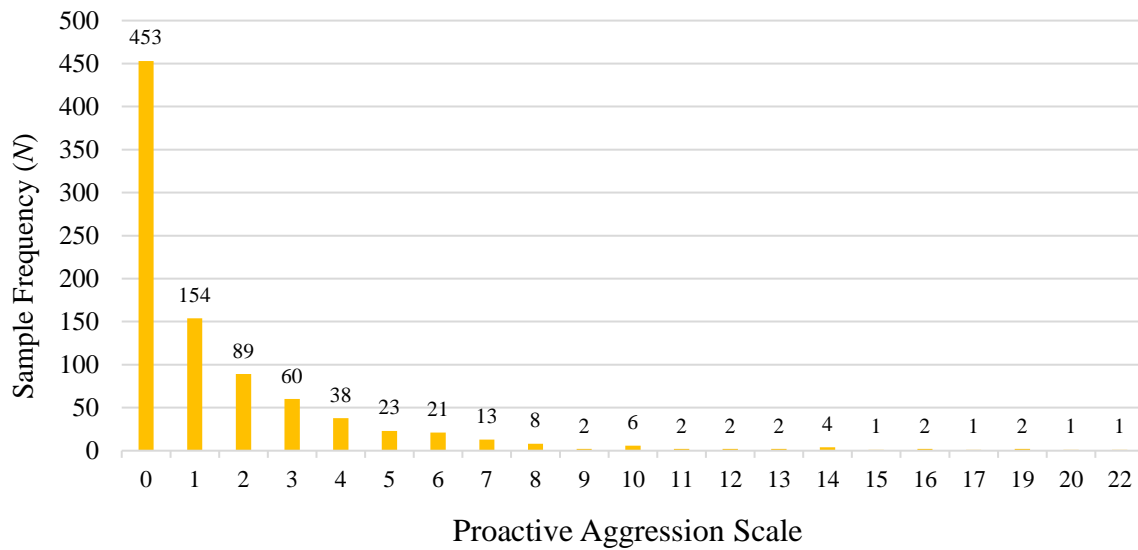


Figure 4.11 Proactive Aggression Total Sample Scores

The total sample shows **consistently higher scores for reactive aggression than proactive aggression**. Figure 4.12 below presents the scores for **reactive aggression** across the sample (N=885, 99.4%, Missing N=5, 0.6%). Scores ranged from 0 to 22, with 49 participants (5.5%) scoring 0 for reactive aggression and 4 participants (0.4%) scoring 22 for reactive aggression. The mean reactive aggression score for the total sample is 7.04.

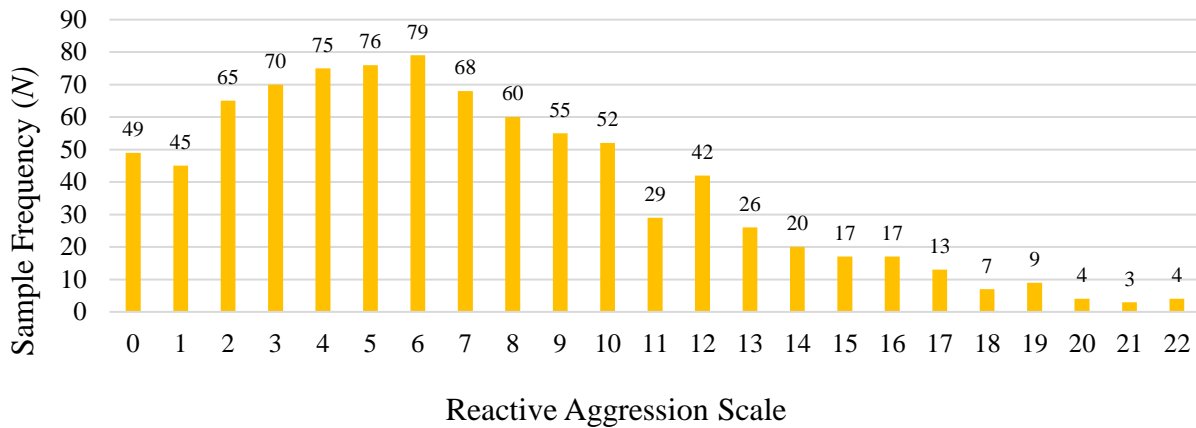


Figure 4.12 Reactive Aggression Total Sample Scores

Figure 4.13 below presents the scores for **total aggression** across the sample (N=885, 99.4%, Missing N=5, 0.6%). Scores ranged from 0 to 41, with 44 participants (4.9%) scoring 0 for total aggression and 1 participant (0.1%) scoring 41 for total aggression. The mean total aggression score for the total sample is 8.63.

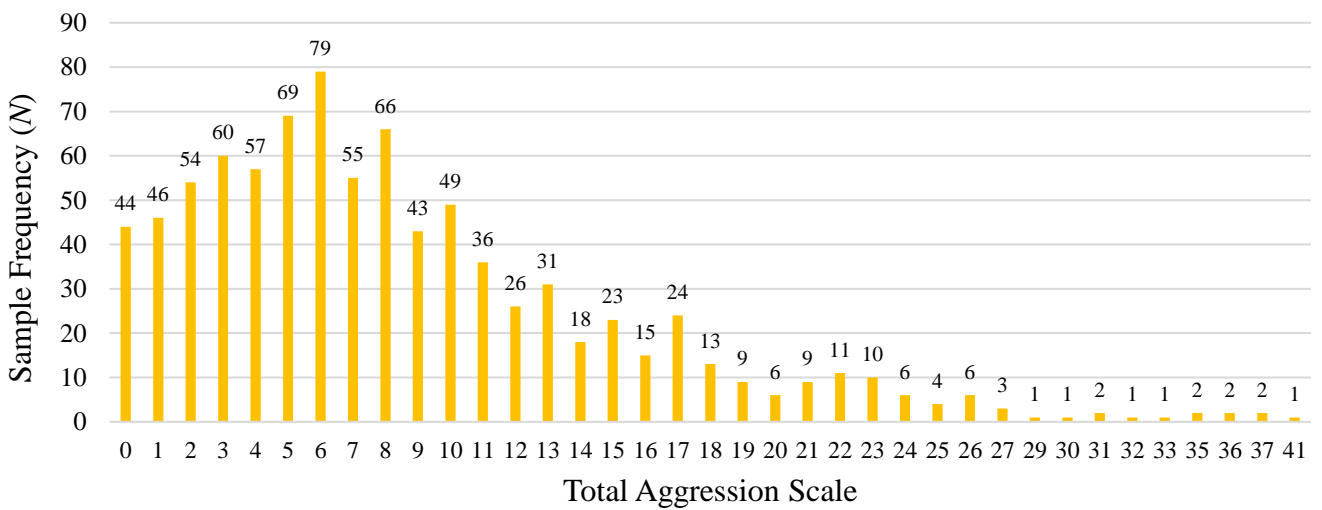


Figure 4.13 Total Aggression Total Sample Scores

Similar to the total sample, **young people who report to have exhibited APVA behaviours consistently score higher for reactive aggression than proactive aggression** (see Figure 4.14). Figure 4.14 illustrates that the **less common the APVA behaviour, the higher the mean reactive aggression and total aggression score**; for example, those young people that report to have hit their parents with an object (N=16, 1.8%) have a higher mean total aggression score (M=20.19) than those young people that report to have slapped their parents (N=21, 2.4%, M=18.10), kicked or punched their parents (N=29, 3.3%, M=17.83), threatened to hit their parents (N=41, 4.6%, M=17.66), insulted or sworn at their parents (N=205, 23.0%, M=13.47), and shouted at their parents (N=567, 63.7%, M=9.95).

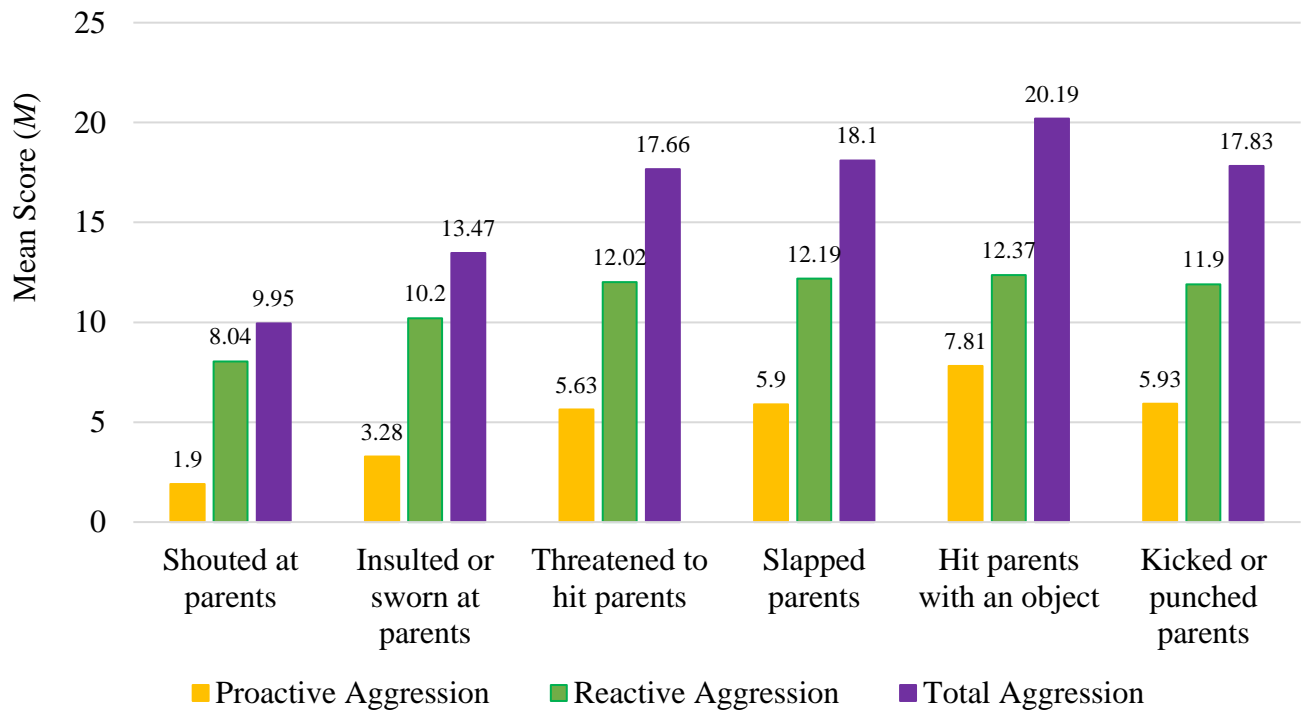


Figure 4.14 Mean Reactive, Proactive & Total Aggression (RPQ) Scores of Young People that Report APVA

4.3.7.2. Reactive / Proactive Aggression: Independent Samples t-test

Independent-samples t-tests were conducted to compare the proactive, reactive and total aggression experienced by young people who reported to have committed APVA and those who reported not to have committed APVA (see Table 4.7 for results). All the (observed) differences in mean scores between these groups are statistically significant, with **higher mean scores across reactive, proactive and total aggression for those young people who reported to have exhibited APVA behaviours in the last 6 months.**

Table 4.7 APVA and Reactive, Proactive & Total Aggression (RPQ) Scores

		Proactive Aggression					Reactive Aggression					RPQ Total Aggression				
		M	SD	N	<i>t</i>	df	M	SD	N	<i>t</i>	df	M	SD	N	<i>t</i>	df
Shouted at parents	No	.82	1.63	262	-6.67****	810	4.71	3.89	262	-10.69****	609	5.53	4.97	262	-10.46****	685
	Yes	1.90	3.04	567			8.04	4.74	567			9.95	6.92	567		
Insulted or sworn at parents	No	1.00	1.94	622	-8.19****	239	5.92	4.22	622	-11.29****	312	6.92	5.52	622	-11.52****	280
	Yes	3.28	3.83	205			10.20	4.85	205			13.47	7.51	205		
Threatened to hit parents	No	1.35	2.27	787	-4.67****	41	6.72	4.59	787	-7.17****	826	8.07	6.18	787	-6.52****	42
	Yes	5.63	5.87	41			12.02	5.00	41			17.66	9.30	41		
Slapped parents	No	1.45	2.46	807	-3.08**	20	6.85	4.68	807	-5.16****	826	8.30	6.43	807	-4.77****	20
	Yes	5.90	6.62	21			12.19	4.48	21			18.10	9.35	21		
Hit parents with an object that could harm them	No	1.44	2.42	811	-3.59***	15	6.87	4.68	811	-4.66****	825	8.31	6.39	811	-4.49****	825
	Yes	7.81	7.09	16			12.37	4.98	16			20.19	10.54	16		
Kicked or punched parents	No	1.40	2.31	797	-3.54****	28	6.80	4.66	797	-5.78****	824	8.20	6.26	797	-4.80****	29
	Yes	5.93	6.88	29			11.90	4.86	29			17.83	10.72	29		

** $p < .01$ *** $p < .005$ **** $p < .001$

4.3.8. ALCOHOL / SUBSTANCE USE

4.3.8.1 Alcohol/Substance Use: Descriptive Statistics

Alcohol and substance use were measured using varied scales. Figure 4.15 below illustrates the participant responses to the question: ‘**How many times in the last 6 months have you had an alcoholic drink?**’ (N=867, 97.4%, Missing N=23, 2.6%). The majority of participants (N=561, 63.0%) stated that they had not had an alcoholic drink in the past 6 months. At the high end of consumption, 7.3% (N=65) of participants stated that they had an alcoholic drink more than ten times in the past 6 months.

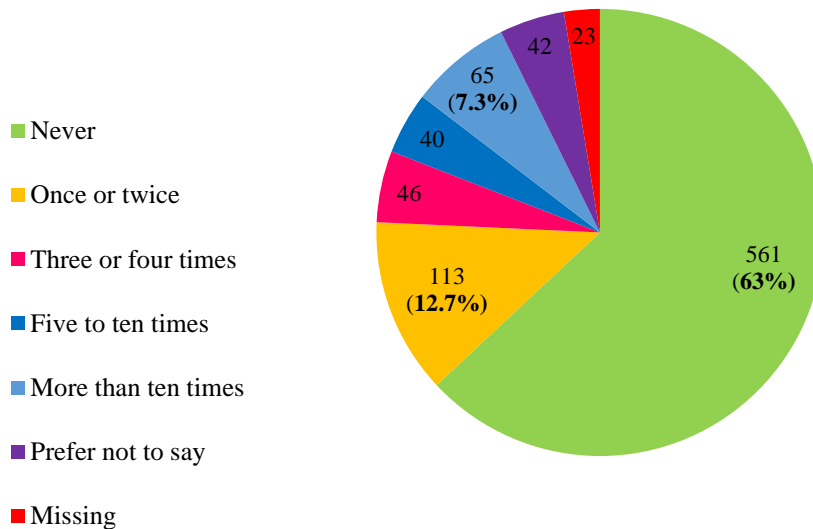


Figure 4.15 Alcoholic Drink in the Last 6 Months

For additional analyses, the responses were reduced to three groups ‘yes’, ‘no’ and ‘missing’. The ‘no’ group consisted of 63.0% of participants (N=561); the ‘yes’ group totalled 29.7% of participants (N=264) and was made up of participants that responded to have tried alcohol ‘once or twice’ (N=113, 12.7%), ‘three or four times’ (N=46, 5.2%), ‘five to ten times’ (N=40, 4.5%) and ‘more than ten times’ (N=65, 7.3%). The ‘missing’ group (N=65, 7.3%) encompassed those participants who responded ‘prefer not to say’ (N=42, 4.7%) and those with ‘missing’ data (N=23, 2.6%).

Figure 4.16 below presents the participant responses to the question: ‘Do you have any friends that drink alcohol regularly, that is at least once a week?’ (N=859, 96.5%, Missing N=31, 3.5%). Most participants responded ‘No’ (N=596, 67.0%) and 19.8% of participants (N=176) responded ‘Yes’. Participants were given the option to not respond, of which 9.8% (N=87) indicated that they would ‘prefer not to say’ and 3.5% (N=31) provided no response and therefore was recorded as ‘missing’ data.

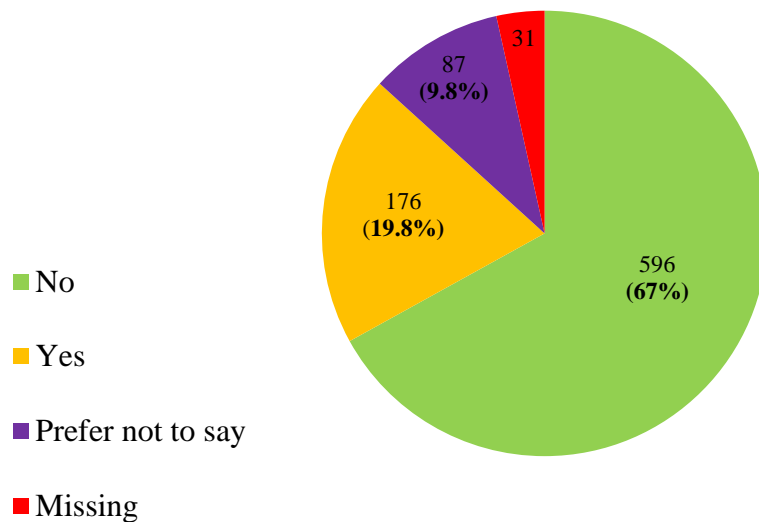


Figure 4.16 Friends that Drink Alcohol at least Once a Week

For later analyses, the responses were reduced into three groups, ‘yes’ (N=176, 19.8%), ‘no’ (N=596, 67.0%) and ‘missing’ (N=118, 13.3%). The latter was made up of the ‘prefer not to say’ (N=87, 9.8%) and ‘missing’ (N=31, 3.5%) responses.

Figure 4.17 below illustrates the responses to the following three questions: ‘**Have you ever tried any of the following? Glue/Solvent sniffing; Cannabis; Any other illegal drug (including ecstasy, cocaine, speed)**’ (N=887, 98.5%, Missing N=13, 1.5%).

Most participants responded ‘No’ to each question, with 94% (N=837) stating that they had never tried any other illegal drug, 90.4% (N=805) reporting to have never tried glue/solvent sniffing, and 86% (N=765) reporting that they had never tried cannabis. However, 8% of participants (N=71) did report to have tried cannabis, and 5.1% of participants (N=45) reported to have tried glue/solvent sniffing. Only 2.7% of participants (N=24) reported to have used any other illegal drug.

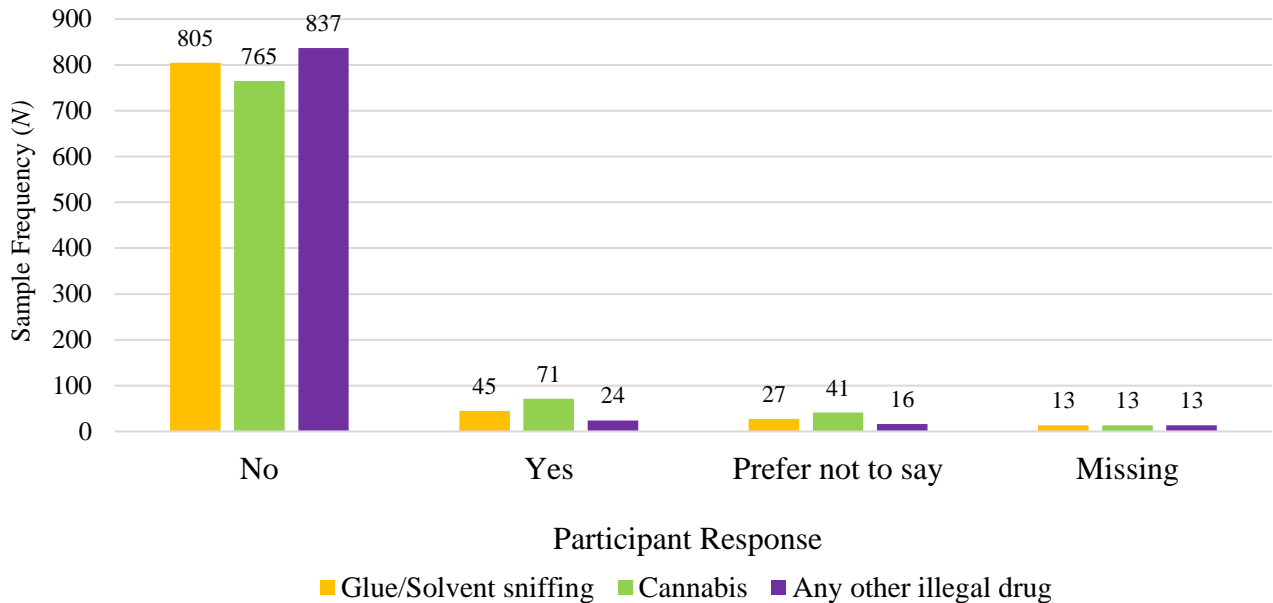


Figure 4.17 Ever tried: Glue / Solvent Sniffing; Cannabis; Any Other Illegal Drug (including Ecstasy, Cocaine, Speed)

Some participants indicated that they would ‘prefer not to say’ or did not provide a response (‘missing’ data). For example, 4.6% of participants (N=41) indicated that they would ‘prefer not to say’ whether they had ever tried cannabis and for the same question, 1.5% of participants (N=13) did not provide a response and as such it was recorded as ‘missing’ data. For additional analyses, these two groups were subsumed to form one ‘missing’ group. So, for example, the ‘missing’ cannabis group totalled 54 participants (6.1%).

4.3.8.2. Alcohol/Substance Use: Pearson's Chi-Square Test for Independence

Using the reduced categorical variables for the alcohol and substance use questions (i.e. 'Yes' and 'No' response categories), a Pearson's Chi-square Test for Independence was calculated to determine whether there is an association between alcohol and substance use (of young people and their friends) and APVA. This statistical test requires that there are two nominal variables, i.e. 'Alcoholic drink in the last 6 months', which has two groups – 'yes' and 'no' – and, for instance, 'Kicked or punched parents', which also has two groups, 'yes' and 'no'. This test provides information about whether two variables (i.e. 'Alcoholic drink' and 'Kicked or punched parents') are statistically independent. This analysis was repeated for each APVA behaviour.

There were significant associations observed in many of the alcohol and substance use measures across a range of APVA behaviours (see Table 4.8). The most commonly identified associations will be described below.

There was a significant association between a young person ever trying **glue/solvent sniffing** and whether or not they had:

- shouted at their parents ($X^2(1) = 5.84, p < .05$)
- insulted or sworn at their parents ($X^2(1) = 9.31, p < .005$)
- threatened to hit their parents ($p < .001$, Fisher's Exact Test)
- slapped their parents ($p < .001$, Fisher's Exact Test)
- hit their parents with an object ($p < .05$, Fisher's Exact Test)
- kicked or punched their parents ($p = .001$, Fisher's Exact Test).

Of note is that the result indicates that **when young people report to have tried glue/solvent sniffing, approximately 19.5% threatened to hit their parents**, however this figure reduces to approximately 4% when young people report *not* to have tried glue/solvent sniffing. Similarly, **when young people report to have tried glue/solvents, approximately 15% slapped and kicked or punched their parents**, but this reduces to 2% when young people report not to have tried glue/solvent sniffing. Therefore, it can be deduced that **the use of glue/solvent sniffing is significantly associated with all of the APVA behaviours recorded in this research.**

There was a significant association between a young person reporting to have ever **tried any illegal drug** (including ecstasy, cocaine, speed) and whether they had:

- shouted at their parents ($X^2 (1) = 6.20, p < .05$)
- insulted or sworn at their parents ($X^2 (1) = 24.67, p < .001$)
- kicked or punched their parents, ($p < .05$, Fisher's Exact Test).

The results indicate that **when any other illegal drug is used, approximately 92% of young people shout at their parents and 67% of young people insult or swear at their parents**, however when any other illegal drug is *not* used, these figures reduce to approximately 68% and 23% respectively. Similarly, **when any other illegal drug is used, approximately 13% of young people kick or punch their parents**, but this figure reduces to approximately 3% when any other illegal drug is *not* used. Therefore, it can be inferred that that **ever trying any other illegal drug (including ecstasy, cocaine, speed) is significantly associated with young people shouting, insulting or swearing, and kicking or punching their parents.**

There was a significant association between a young person reporting to have ever **tried cannabis** and whether they had:

- shouted at their parents ($X^2 (1) = 13.93, p < .001$)
- insulted or sworn at their parents ($X^2 (1) = 56.62, p < .001$)
- threatened to hit their parents ($p < .05$, Fisher's Exact Test)
- slapped their parents ($p < .05$, Fisher's Exact Test)
- hit their parents with an object ($p < .005$, Fisher's Exact Test)
- kicked or punched their parents, ($p < .05$, Fisher's Exact Test).

Of note is that the results show that when **young people report to have ever tried cannabis, approximately 88% of young people shout at their parents and 60% of young people insult or swear at their parents**, however when cannabis is *not ever* used, these figures reduce to approximately 66% and 20% respectively. Similarly, **when young people have ever tried cannabis, approximately 7% of young people hit their parents with an object that could harm them**, but this figure reduces to approximately 1% when cannabis has not ever been tried. Therefore, it can be inferred that that **ever trying cannabis is significantly associated with all of the APVA behaviours recorded in this research.**

Table 4.8 APVA and Alcohol / Substance Use

		Alcoholic drink in the last 6 months			Friends that drink alcohol at least once a week			Ever tried glue / solvent sniffing			Ever tried cannabis			Ever tried any other illegal drug including ecstasy, cocaine, speed			Used or taken drugs in the last 6 months			Friends that use drugs at least once a week		
		No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$
Shouted at parents	No	<i>N</i> 201	52	25.21***	204	29	20.53***	248	6	5.84'	244	8	13.93***	254	2	6.20'	238	15	7.16'	219	24	24.31***
	%	38.2%	20.3%		36.3%	17.6%		32.7%	14.6%		33.8%	11.8%		32.3%	8.3%		33.1%	18.5%		36.4%	15.6%	
	Yes	<i>N</i> 325	204		358	136		511	35		477	60		532	22		481	66		383	130	
	%	61.8%	79.7%		63.7%	82.4%		67.3%	85.4%		66.2%	88.2%		67.7%	91.7%		66.9%	81.5%		63.6%	84.4%	
Insulted or sworn at parents	No	<i>N</i> 449	147	76.23***	466	84	73.79***	583	23	9.31***	576	27	56.62***	606	8	24.67'	572	35	53.45***	495	75	75.89***
	%	85.7%	57.4%		83.1%	50.9%		77.0%	56.1%		80.1%	39.7%		77.3%	33.3%		79.8%	43.2%		82.5%	48.7%	
	Yes	<i>N</i> 75	109		95	81		174	18		143	41		178	16		145	46		105	79	
	%	14.3%	42.6%		16.9%	49.1%		23.0%	43.9%		19.9%	60.3%		22.7%	66.7%		20.2%	56.8%		17.5%	51.3%	
Threatened to hit parents	No	<i>N</i> 512	231	19.75***	543	149	12.03***	729	33	Fishers***	693	61	Fishers'	751	21	3.56 ^{NS}	688	72	Fishers'	582	134	24.16***
	%	97.5%	90.2%		96.8%	90.3%		96.2%	80.5%		96.3%	89.7%		95.7%	87.5%		95.8%	88.9%		96.8%	87.0%	
	Yes	<i>N</i> 13	25		18	16		29	8		27	7		34	3		30	9		19	20	
	%	2.5%	9.8%		3.2%	9.7%		3.8%	19.5%		3.8%	10.3%		4.3%	12.5%		4.2%	11.1%		3.2%	13.0%	
Slapped parents	No	<i>N</i> 518	245	6.71''	552	157	Fishers***	744	35	Fishers***	708	63	Fishers'	766	23	.29 ^{NS}	704	75	Fishers'	594	142	Fishers***
	%	98.7%	95.7%		98.4%	95.2%		98.2%	85.4%		98.3%	92.6%		97.6%	95.8%		98.1%	92.6%		98.8%	92.2%	
	Yes	<i>N</i> 7	11		9	8		14	6		12	5		19	1		14	6		7	12	
	%	1.3%	4.3%		1.6%	4.8%		1.8%	14.6%		1.7%	7.4%		2.4%	4.2%		1.9%	7.4%		1.2%	7.8%	
Hit parents with an object that could harm them	No	<i>N</i> 521	245	Fishers***	557	154	Fishers***	746	38	Fishers***	711	63	Fishers***	772	22	6.33 ^{NS}	708	76	Fishers''	597	144	Fishers***
	%	99.2%	95.7%		99.3%	93.3%		98.5%	92.7%		98.9%	92.6%		98.5%	91.7%		98.7%	93.8%		99.3%	93.5%	
	Yes	<i>N</i> 4	11		4	11		11	3		8	5		12	2		9	5		4	10	
	%	0.8%	4.3%		0.7%	6.7%		1.5%	7.3%		1.1%	7.4%		1.5%	8.3%		1.3%	6.2%		0.7%	6.5%	
Kicked or punched parents	No	<i>N</i> 512	239	7.86**	547	150	13.65***	738	35	Fishers***	699	63	Fishers'	761	21	Fishers'	696	76	2.73 ^{NS}	584	142	9.91***
	%	97.7%	93.7%		97.7%	91.5%		97.6%	85.4%		97.4%	92.6%		97.2%	87.5%		97.2%	93.8%		97.5%	92.2%	
	Yes	<i>N</i> 12	16		13	14		18	6		19	5		22	3		20	5		15	12	
	%	2.3%	6.3%		2.3%	8.5%		2.4%	14.6%		2.6%	7.4%		2.8%	12.5%		2.8%	6.2%		2.5%	7.8%	

* $p < .05$ ** $p < .01$ *** $p < .005$ **** $p < .001$

Fishers = Fisher's Exact Test with corresponding p-value

^{NS} - not significant, $p > .05$

4.4. FAMILIAL CHARACTERISTICS

4.4.1. Familial Characteristics: Summary of Results

- **Household Structure:** Insulting or swearing at parents increases when a father is *not* living with the young person. This APVA behaviour also increases when a young person is living with a step-sibling (i.e. step-brother). Furthermore, a young person living with a step-sibling (i.e. step-sister) is associated with kicking or punching parents.
- **Relative Poverty:** There is an association between households that access Free School Meals (FSM) and slapping or threatening to hit parents in the last 6 months.
- **Parent Relationships:** Similar to APVA, most young people report to ‘hardly ever’ argue with their parents, and a minority argue with their parents ‘most days’.
- **Sibling Relationships:** APVA behaviours are significantly associated with sibling to young person directed conflict, and young person to sibling directed conflict.

4.4.2. Familial Characteristics: Descriptive & Inferential Statistics

Measures were taken to establish the familial characteristics of the sample. The results of the descriptive statistics are presented, as well as the inferential statistics undertaken to identify if there were significant associations / differences between these measures and APVA.

4.4.3. HOUSEHOLD STRUCTURE: Descriptive Statistics

Participants were asked who they lived with (N=827, 92.9%; Missing N=63, 7.1%). The results are illustrated in the charts that follow.

Figure 4.18 presents the sample distribution of who participants live with. Most participants indicated that they lived with their ‘mother’ (N=789, 88.7%) and with their ‘father’ (N=629, 70.7%). Fewer participants reported to be living with a ‘step mother’ (N=38, 4.3%) or ‘step father’ (N=89, 10.0%). 62 participants (7.0%) reported that they lived with ‘Other Family Member’ which includes grandparents, aunt/uncle, cousin etc. None of the sample reported to ‘Live in a care home’, however 2 participants (0.2%) and 1 participant (0.1%) reported to live with a ‘foster mother’ and ‘foster father’ respectively.

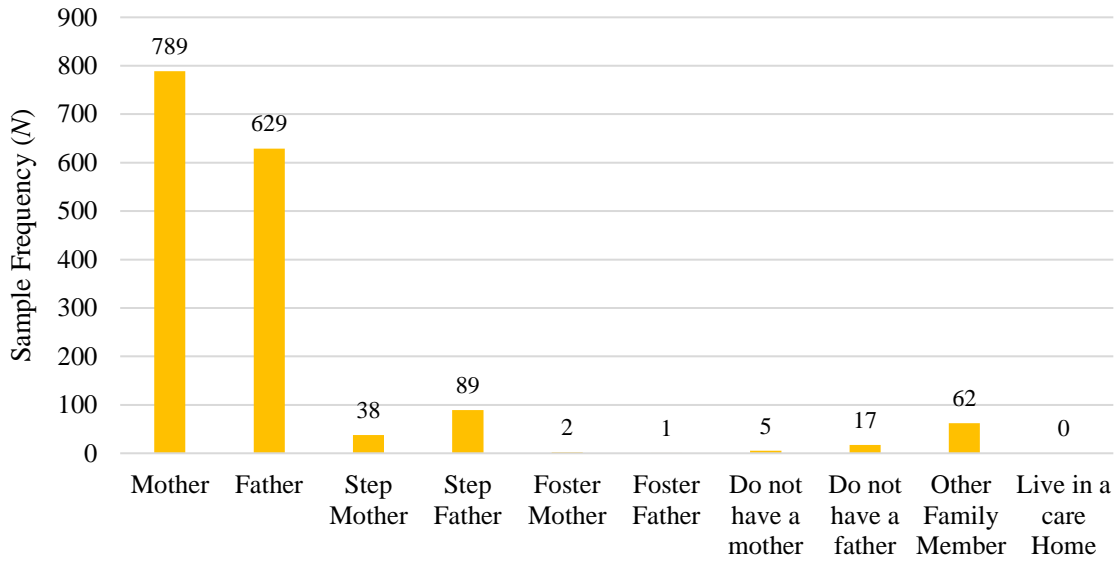


Figure 4.18 Frequency of Sample Living with Parents / Guardians / Carers

This question also requested that participants report whether they live with any siblings. Figure 4.19 presents this data. Most participants indicated that they lived with a ‘brother’ (N=446, 50.1%). Slightly fewer participants reported to be living with a ‘sister’ (N=434, 48.8%). 48 participants (5.3%) reported that they lived with a ‘step brother’ and 34 participants reported to live with a ‘step sister’ (3.8%). None of the sample reported to live with a ‘foster sister’ but 1 participant (0.1%) lived with a ‘foster brother’.

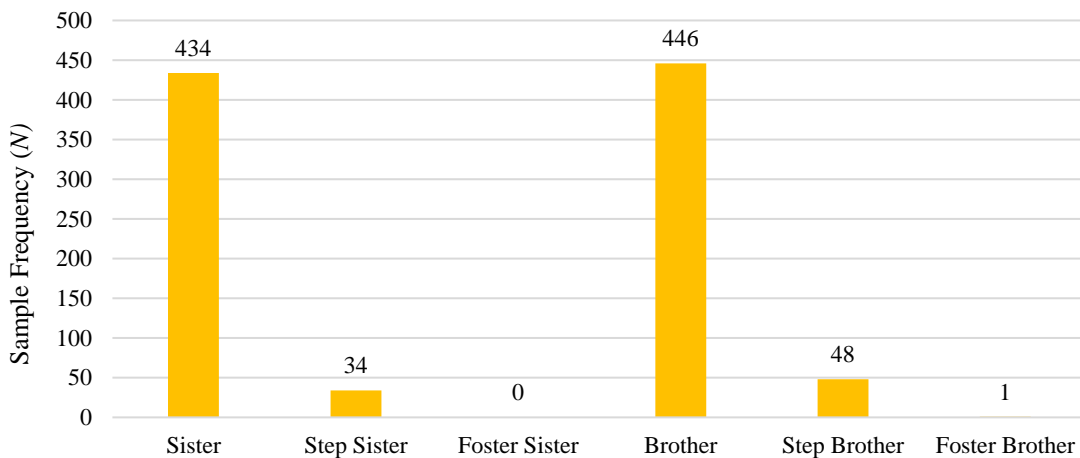


Figure 4.19 Frequency of Sample Living with Siblings

This data can be further broken down into how many siblings participants reported that they lived with. This data is presented in the Figure 4.20. Most the sample reported to live with a sibling. Participants that reported to live with siblings primarily lived with one sibling, either a sister (N=351, 44.2%), brother (N=339, 38.1%), step brother (N=36, 4.0%) or step-sister (N=24, 2.7%).

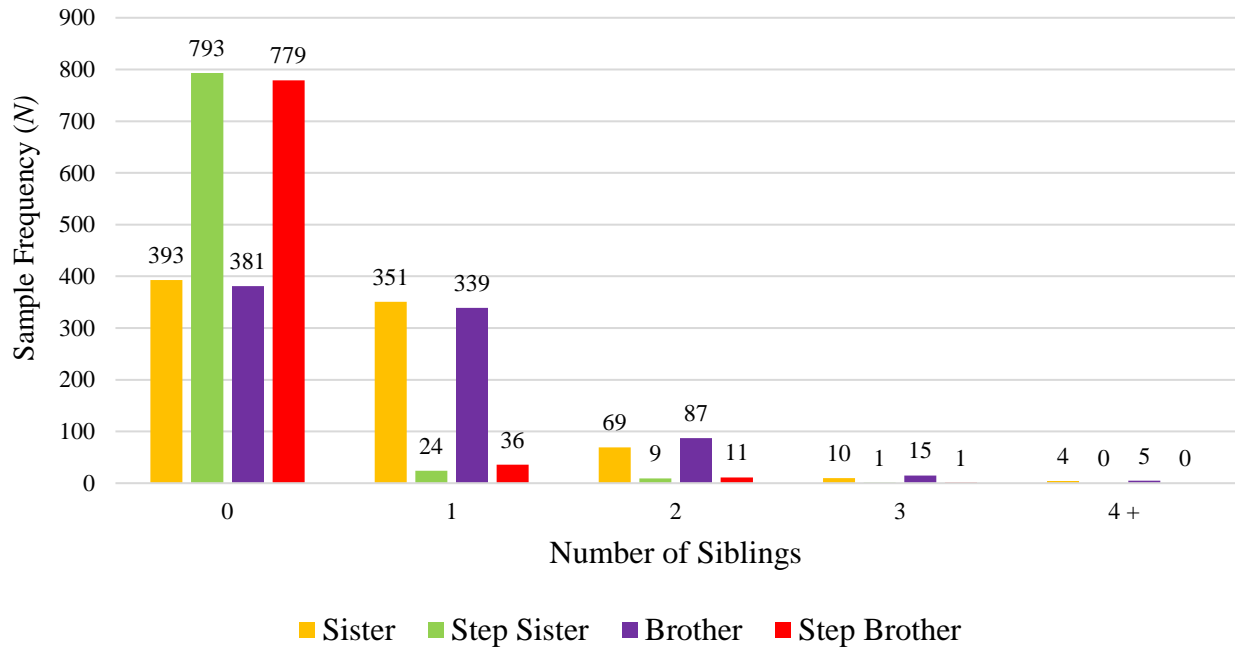


Figure 4.20 Frequency of Sample & Number of Siblings

4.4.3.1. Household Structure: Pearson’s Chi-Square Test for Independence

Pearson’s Chi-square Test for Independence was calculated comparing the reported frequency of APVA by the household structure that the young person lived in; that is, who the young person reported to be living with. Table 4.9 below illustrates that there was a significant association between young people who had insulted or sworn at their parents and:

- a father living in the household ($X^2(1) = 5.11, p < .05$)
- a step brother living in the household ($X^2(1) = 4.76, p < .05$).

Table 4.9 Chi-Square Results for Insulting or Swearing at Parents and Living with a Father or Step-Brother.

		Father			Step Brother			
			No	Yes	$X^2(1)$	No	Yes	$X^2(1)$
Insulted or sworn at parents	No	<i>N</i>	133	478	5.11 *	582	29	4.76 *
		%	68.9	77.0		75.9	61.7	
	Yes	<i>N</i>	60	143		185	18	
		%	31.1	23.0		24.1	38.3	

* $p < .05$

The results indicate that **when living with a father, approximately 23% of young people insult or swear at their parents**, however when a father is not living in the household, this increases to approximately 31% of young people that insult or swear at their parents. Furthermore, **when living with a step-brother, approximately 38% of young people insult or swear at their parents**, however when a step-brother does not live in the household, this reduces to approximately 24% of young people that insult or swear at their parents. Therefore, it can be concluded **that a father not living in the household, or a step-brother living in a household, are both significantly associated with young people insulting or swearing at their parents**

Table 4.10 shows that there was also a significant association between young people who had kicked or punched their parents and:

- a step-sister living in the household ($p < .05$, Fisher's Exact Test).

Table 4.10 Chi-Square Results for Kicking or Punching Parents and Living with a Step-Sister

		Step Sister			
			No	Yes	$X^2(1)$
Kicked or punched parents	No	<i>N</i>	754	30	6.932 Fishers *
		%	96.8	88.2	
	Yes	<i>N</i>	25	4	
		%	3.2	11.8	

Fishers = Fisher's Exact Test with corresponding p-value

* $p < .05$

The result indicates that when living with a step-sister, approximately 12% of young people kick or punch their parents, however when a step-sister does not live in the household, this figure decreases to approximately 3%. Therefore, it can be inferred that **a step-sister living in the household is significantly associated with young people kicking or punching their parents.**

4.4.4. RELATIVE POVERTY: Descriptive Statistics

Relative poverty was measured using categorical data; being in receipt of Free School Meals (FSM) was used as an indicator of relative poverty. Figure 4.21 presents how many participants access FSM. Most participants reported not to access FSM (N=745, 83.7%) however 78 participants (8.8%) indicated that they do access FSM. There was a total of 67 missing responses (7.5%).

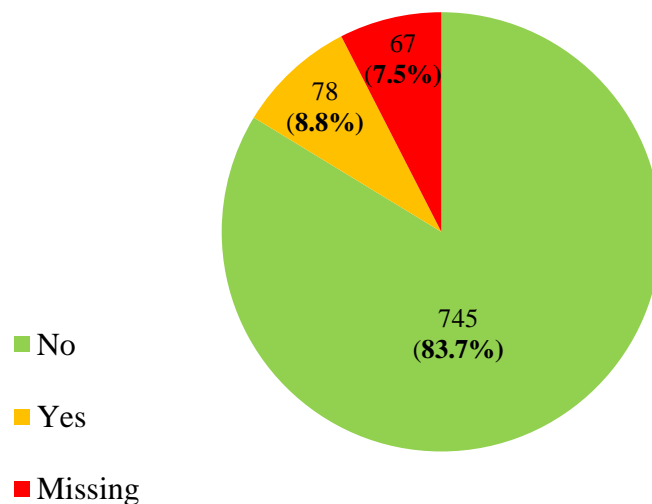


Figure 4.21 Sample Distribution of Free School Meals

4.4.4.1. Relative Poverty: Pearson's Chi-square Test for Independence

To analyse whether there is an association between FSM and APVA, Pearson's Chi-square Test for Independence was calculated. Table 4.11 presents the significant results. There was a significant association between a household which accesses FSM and whether young people had

threatened to hit their parents ($p < .05$, Fisher's Exact Test) and had slapped their parents ($p < .05$, Fisher's Exact Test).

Table 4.11 Chi-Square Results for Threatening to Hit Parents, Slapping Parents & Free School Meals

		Free School Meals			
		No	Yes		$X^2(1)$
Threatened to hit parents	No	<i>N</i> 703	70	Fishers*	
		% 95.5	89.7		
	Yes	<i>N</i> 33	8		
		% 4.5	10.3		
Slapped parents	No	<i>N</i> 721	72	Fishers*	
		% 98	92.3		
	Yes	<i>N</i> 15	6		
		% 2	7.7		

Fishers = Fisher's Exact Test with corresponding p-value

* $p < .05$

The results show that **when in receipt of FSM, approximately 10% of young people threaten to hit their parents**, however this figure reduces to 4.5% when the household is not in receipt of FSM. In addition, when receiving FSM, **approximately 8% of young people slap their parents**, however this again reduces to approximately 2% of young people when the household is not in receipt of FSM. Therefore, it can be surmised that **households who access FSM are significantly associated with young people who threaten to hit and slap their parents**.

4.4.5. PARENT RELATIONSHIPS: Descriptive Statistics

To provide a baseline with which to compare APVA behaviours, participants were asked how often they argued with their parents in the last six months, this was measured using categorical data.

As illustrated by Figure 4.22, in relation to arguments with a mother-figure, most participants reported to ‘hardly ever’ have arguments with the mother-figure that they live with (N=404, 45.4%), and a minority reported to have arguments ‘most days’ (N=87, 9.8%). Fourteen participants (1.6%) reported not to have a mother-figure, and 77 participants (8.7%) did not provide a response.

In comparison, participants reported to have less arguments with the father-figure that they live with. Most participants (N=464, 52.1%) indicated that they ‘hardly ever’ had arguments and only 51 participants (5.7%) reported to have arguments ‘most days’. However, in comparison with mother-figures, more participants stated that they had ‘no father figure’ (N=59, 6.6%) and provided no response (‘missing’; N=87, 9.8%).

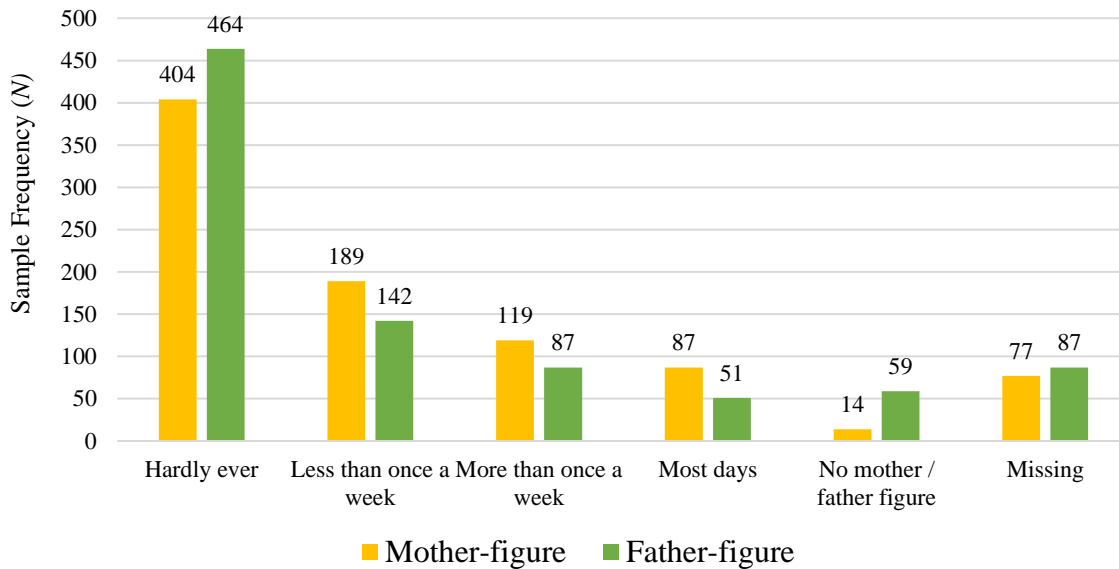


Figure 4.22 Arguments with Parents over the last 6 Months

4.4.6. SIBLING RELATIONSHIPS: Descriptive Statistics

Amongst sibling present households, participants were asked how often they experienced common problematic aspects of sibling relationships which included: hitting, kicking and pushing, taking belongings, name calling, and mocking.

Figure 4.23 below shows participant responses to two questions: In the last 6 months, **how often has your sibling(s) hit, kicked or pushed you?** (N=724, 81.3%; Missing N=70, 7.9%) and, **how often have you hit, kicked or pushed your sibling(s)?** (N=718; Missing N=172)

Most participants (N=430, 48.3%) reported that they had not ‘hit, kicked or pushed’ their sibling in the last 6 months; however, this figure reduced when participants were asked if they had been hit, kicked or pushed by their sibling (N=388, 43.6%). 80 participants (9.0%) stated that their siblings had ‘often’ hit, kicked or pushed them but reported less reciprocated behaviour, with 46 participants (5.2%) indicating that they had ‘often’ hit, kicked or pushed their siblings in the last 6 months.

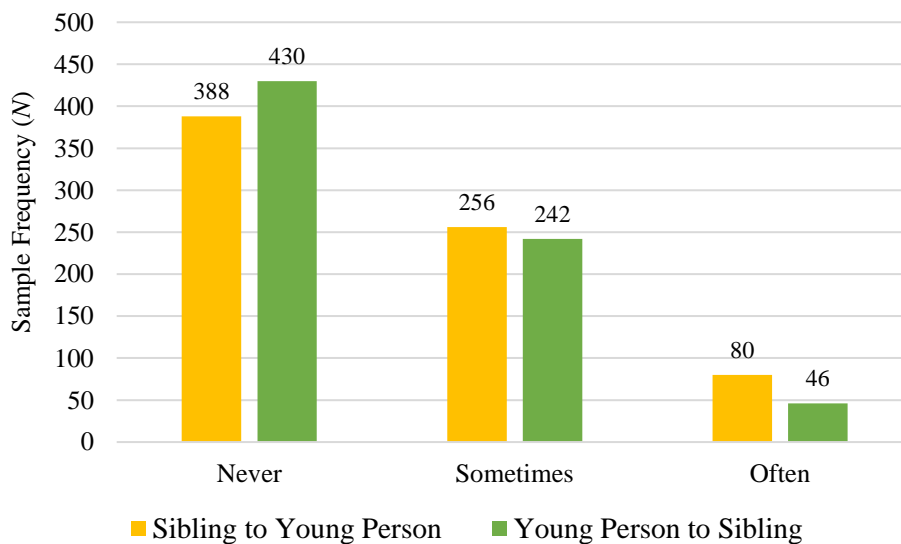


Figure 4.23 Sibling Relationships; Hit, Kicked or Pushed in the last 6 months

Figure 4.24 shows participant responses to two questions: In the last 6 months, **how often has your sibling(s) taken your belongings?** (N=722, 81.1%; Missing N=72, 8.1%) and, **‘how often have you taken your siblings belongings?’** (N=717, 80.6%; Missing N=76, 8.5%).

Most participants (N=525, 59.0%) reported that they had not taken the belongings of their sibling in the last 6 months; however, this figure reduced when participants were asked if their siblings had taken their belongings (N=444, 49.9%). 75 participants (8.4%) stated that their siblings had ‘often’ taken their belongings but reported less reciprocated behaviour, with 30 participants (3.4%) indicating that they had ‘often’ taken their siblings belongings in the last 6 months.

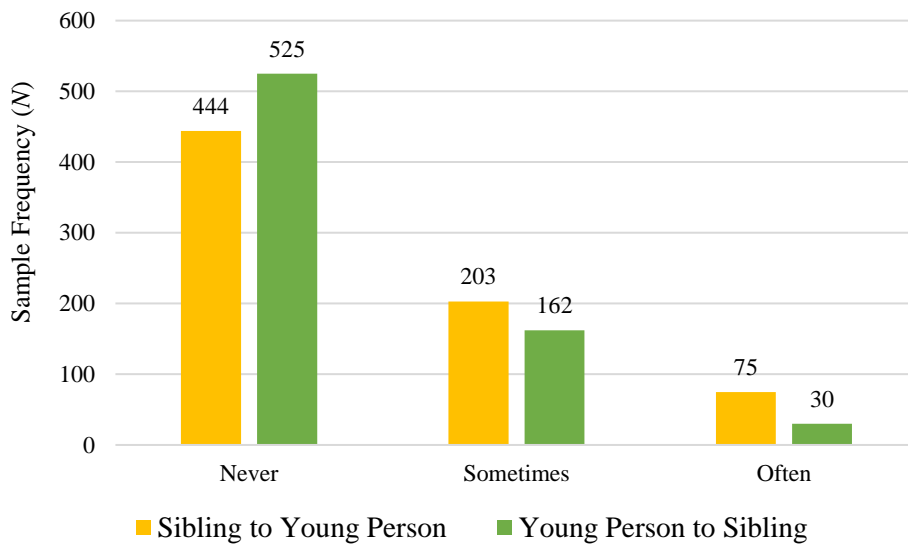


Figure 4.24 Sibling Relationships; Taken Belongings in the last 6 months

Figure 4.25 shows participant responses to two questions: In the last 6 months, **how often has your sibling(s) called you nasty names?** (N=724, 81.3%; Missing N=70, 7.9%) and, **‘how often have you called your sibling nasty names?’** (N=717, 80.6%; Missing N=76, 8.5%).

Most participants (N=445, 50.0%) reported that they had not called their sibling derogatory (‘nasty’) names in the last 6 months; however, this figure reduced when participants were asked if their siblings had called them ‘nasty names’ (N=420, 47.2%). In contrast to the two previous sibling transgressions, participants reported to have ‘sometimes’ called their sibling derogatory names (N=221, 24.8%), more than their sibling reciprocated the behaviours (N=213, 23.9%). However, 91 participants (10.2%) stated that their siblings had ‘often’ called them derogatory names but reported less reciprocated behaviour, with 51 participants (5.7%) indicating that they had ‘often’ behaved the same.

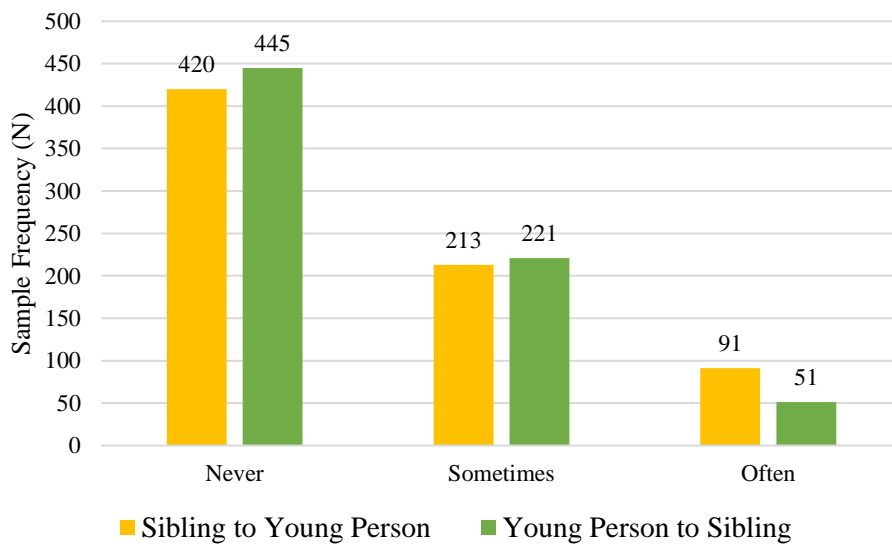


Figure 4.25 Sibling Relationships; Derogatory Names in the last 6 months

Figure 4.26 shows participant responses to two questions: In the last 6 months, **how often has your sibling(s) made fun of you?** (N=724, 81.3%; Missing N=70, 7.9%) and, **‘how often have you made fun of your sibling?’** (N=716, 80.4%; Missing N=77, 8.7%).

Most participants (N=452, 50.8%) reported that they had not mocked (‘made fun of’) their sibling in the last 6 months; however, this figure reduced when participants were asked if their siblings had mocked them (N=421, 47.3%). However, 85 participants (9.6%) stated that their siblings had ‘often’ mocked them but reported less reciprocated behaviour, with 45 participants (5.1%) indicating that they had ‘often’ behaved the same toward their sibling/s.

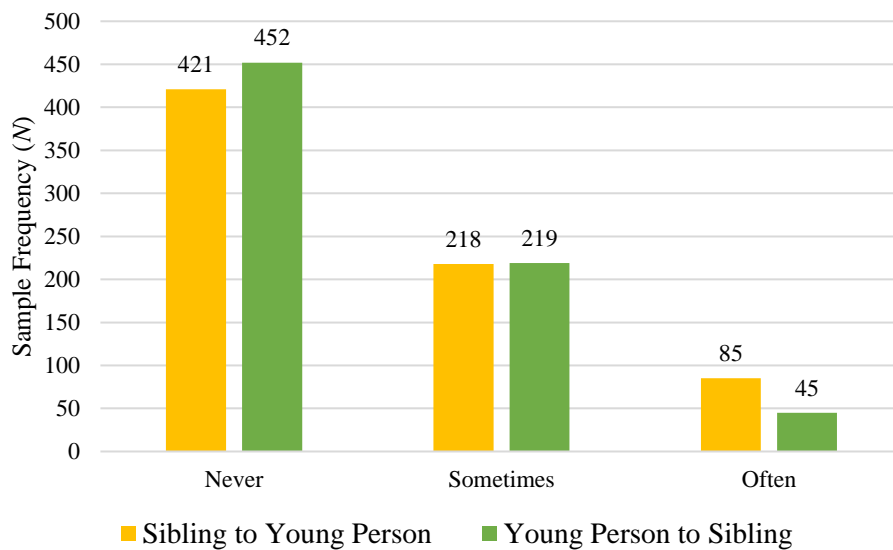


Figure 4.26 Sibling Relationships: Made Fun Of in the last 6 months

4.4.6.1. SIBLING TO YOUNG PERSON BEHAVIOURS: Chi-square Test for Independence

To measure whether there is an association between problematic behaviours within sibling relationships and APVA, participant responses were reduced from three categories, ‘never’, ‘sometimes’ and ‘often’, to two categories, ‘yes’ (made up of ‘sometimes’ and ‘often’ responses) and ‘no’ (made up of ‘never’ responses). Pearson’s Chi-square Test for Independence was then calculated comparing the reported frequency of APVA by the problematic sibling behaviours.

There were significant associations observed in many of the sibling perpetrated behaviour measures across a range of APVA behaviours (see Table 4.12). The most significant associations ($p < .005$ and $p < .001$) will be outlined.

As shown in Table 4.12, there was a significant association between a young person being hit, kicked or pushed by a sibling in the last 6 months and whether they had:

- shouted at their parents ($X^2(1) = 20.71, p < .001$)
- insulted or sworn at their parents ($X^2(1) = 8.81, p < .001$)
- threatened to hit their parents ($X^2(1) = 11.03, p < .001$)
- kicked or punched their parents ($X^2(1) = 10.08, p < .005$).

The result shows that when young people have been hit, kicked or pushed by a sibling, approximately 76% shout at their parents, however this reduces to 60% when a young person had *not* been hit, kicked or pushed by a sibling. This pattern continues, but with reduced levels due to the less common APA behaviours: insulting or swearing at parents (29% to 20%), threatening to hit parents (7% to 2%), and kicking or punching parents (6% to 2%). Therefore, it can be inferred that **being hit, kicked or pushed by a sibling is significantly associated with young people shouting, insulting or swearing, threatening to hit, and kicking or punching their parents.**

There was a significant association between a young person whose belongings had been taken by a sibling in the last 6 months and whether they had:

- shouted at their parents ($X^2(1) = 10.29, p < .001$)
- insulted or sworn at their parents ($X^2(1) = 13.47, p < .001$)
- threatened to hit their parents ($X^2(1) = 15.71, p < .001$),
- slapped their parents ($X^2(1) = 7.83, p = .005$)
- hit their parents with an object that could harm them ($X^2(1) = 11.11, p = .001$)
- kicked or punched their parents, ($X^2(1) = 10.79, p = .001$).

The result indicates that when a young person has had their belongings taken by a sibling, approximately 75% shout at their parents, however this reduces to 63% when a young person has *not* had their belongings taken by a sibling. Similarly, 32% of young people insult or swear at their parents when they have had their belongings taken by a sibling, but this reduces to 20% of young people if they have *not* had belongings taken by a sibling. This pattern continues, but with reduced levels due to the less common APVA behaviours; threatening to hit parents (8% to 2%), slapping parents (4% to 1%), hitting parents with an object (4% to 1%) and kicking or punching parents (6.5% to 2%). Therefore, it can be concluded that **having belongings taken by a sibling is significantly associated with all APVA behaviours recorded in this research**; shouting, insulting or swearing, threatening, slapping, hitting with an object, and kicking or punching their parents.

There was a significant association between a young person being called derogatory names by a sibling in the last 6 months and whether they had:

- shouted at their parents ($X^2(1) = 24.17, p < .001$)
- insulted or sworn at their parents ($X^2(1) = 18.13, p < .001$)
- threatened to hit their parents ($X^2(1) = 12.34, p < .001$)

The result shows that when young people have been called derogatory names by their sibling, approximately 78% shout at their parents, but this reduces to 60% when young people have *not*

been called derogatory names. Similar reductions are evident for insulting or swearing at parents (33% to 19%), and threatening to hit parents (8% to 2%). Therefore, it can be inferred **that being called derogatory names by a sibling is significantly associated with young people shouting, insulting or swearing and threatening to hit their parents.**

There was a significant association between a young person being mocked by a sibling in the last 6 months and whether they had:

- shouted at their parents ($X^2(1) = 23.68, p < .001$)
- insulted or sworn at their parents ($X^2(1) = 21.25, p < .001$).

The result indicates that when young people have been mocked by their sibling, approximately 78% **shout** at their parents, but this reduces to 60% when young people have *not* been mocked. Similarly, approximately 33% of young people **insult or swear** at their parents when mocked by a sibling but this reduces to approximately 18% of young people when *not* mocked. Therefore, it can be surmised that **being mocked by a sibling is significantly associated with young people shouting and insulting or swearing at their parents.**

Table 4.12 APVA and Sibling to Young Person Behaviours

			Hit, kicked or pushed by sibling			Belongings taken by sibling			Called derogatory names by sibling			Mocked by sibling		
			No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$
Shouted at parents	No	N	153	79	20.71****	162	70	10.29****	165	67	24.17****	165	67	23.68****
		%	39.7%	23.8%		36.9%	25.4%		39.7%	22.3%		39.6%	22.3%	
	Yes	N	232	253		277	206		251	234		252	233	
		%	60.3%	76.2%		63.1%	74.6%		60.3%	77.7%		60.4%	77.7%	
Insulted or sworn at parents	No	N	307	235	8.81***	353	188	13.47****	339	203	18.13****	341	201	21.25****
		%	79.7%	70.6%		80.2%	68.1%		81.3%	67.4%		81.8%	66.8%	
	Yes	N	78	98		87	88		78	98		76	100	
		%	20.3%	29.4%		19.8%	31.9%		18.7%	32.6%		18.2%	33.2%	
Threatened to hit parents	No	N	377	309	11.03****	431	253	15.71****	408	278	12.34****	402	284	1.73 ^{NS}
		%	97.9%	92.8%		98.0%	91.7%		97.8%	92.4%		96.4%	94.4%	
	Yes	N	8	24		9	23		9	23		15	17	
		%	2.1%	7.2%		2.0%	8.3%		2.2%	7.6%		3.6%	5.6%	
Slapped parents	No	N	381	322	4.48*	436	265	7.83****	413	290	6.21*	411	292	2.06 ^{NS}
		%	99.0%	96.7%		99.1%	96.0%		99.0%	96.3%		98.6%	97.0%	
	Yes	N	4	11		4	11		4	11		6	9	
		%	1.0%	3.3%		0.9%	4.0%		1.0%	3.7%		1.4%	3.0%	
Hit parents with an object that could harm them	No	N	381	322	4.48*	437	264	11.11****	413	290	6.21*	411	292	2.06 ^{NS}
		%	99.0%	96.7%		99.3%	95.7%		99.0%	96.3%		98.6%	97.0%	
	Yes	N	4	11		3	12		4	11		6	9	
		%	1.0%	3.3%		0.7%	4.3%		1.0%	3.7%		1.4%	3.0%	
Kicked or punched parents	No	N	378	313	10.08****	432	257	10.79****	406	285	4.24*	402	289	0.01 ^{NS}
		%	98.4%	94.0%		98.2%	93.5%		97.6%	94.7%		96.4%	96.3%	
	Yes	N	6	20		8	18		10	16		15	11	
		%	1.6%	6.0%		1.8%	6.5%		2.4%	5.3%		3.6%	3.7%	

* $p < .05$ ** $p < .01$ *** $p < .005$ **** $p < .001$ ^{NS} – not significant, $p > .05$

4.4.6.2. YOUNG PERSON TO SIBLING BEHAVIOURS: Chi-square Test for Independence

There were significant associations observed in many of the sibling directed behaviour measures across a range of APVA behaviours (see Table 4.13). The most significant associations ($p < .005$ and $p < .001$) will be outlined.

As shown in Table 4.13, there was a significant association between a young person who has hit, kicked or pushed a sibling in the last 6 months and whether they had:

- shouted at their parents ($X^2(1) = 28.84, p < .001$)
- insulted or sworn at parents ($X^2(1) = 21.57, p < .001$)
- threatened to hit their parents ($X^2(1) = 22.09, p < .001$)
- kicked or punched their parents, ($X^2(1) = 9.44, p < .005$).

The result shows that when young people have hit, kicked or pushed their sibling, approximately 79% shout at their parents, but this reduces to 60% when young people have *not* hit, kicked or pushed their sibling. Similar reductions are observed for insulting or swearing at parents (34% to 18%), threatening to hit parents (9% to 1%), kicking or punching parents (6% to 2%). Therefore, it can be inferred that **hitting, kicking or pushing a sibling is significantly associated with young people shouting, insulting or swearing, threatening to hit, and kicking or punching their parents.**

There was a significant association between a young person who takes the belongings of a sibling in the last 6 months and whether they:

- shout ($X^2(1) = 25.41, p < .001$)
- insult or swear ($X^2(1) = 12.91, p < .001$)
- threaten to hit their parents ($X^2(1) = 16.06, p < .001$).

The result indicates that when young people have taken their siblings belongings, approximately 82% shout at their parents, however this reduced to 62% when a young person had *not* taken their siblings belongings. This reduction also occurs for insulting or swearing at parents (34% to 21%)

and threatening to hit parents (9% to 2.5%). Therefore, it can be concluded that **taking the belongings of a sibling is significantly associated with young people shouting, insulting or swearing and threatening to hit their parents.**

There was a significant association between a young person calling a sibling derogatory names in the last 6 months and whether they had:

- shouted at their parents ($X^2(1) = 41.00, p < .001$)
- insulted or sworn at the parents ($X^2(1) = 52.19, p < .001$)
- threatened to hit their parents ($X^2(1) = 28.77, p < .001$)
- slapped their parents ($X^2(1) = 8.06, p = .005$).

The result indicates that when a young person has called a sibling derogatory names, approximately 82% shout at their parents, however this reduced to 59% when a young person had *not* called their sibling derogatory names. A similar reduction occurs for insulting or swearing at parents (39.5% to 15.5%), threatening to hit parents (10% to 1%) and slapping parents (4% to 1%). Therefore, it can be inferred that **calling a sibling derogatory names is significantly associated with young people shouting, insulting or swearing, threatening to hit and slapping their parents.**

There was a significant association between a young person mocking a sibling in the last 6 months and whether they had had:

- shouted at their parents ($X^2(1) = 32.48, p < .001$)
- insulted or sworn at the parents ($X^2(1) = 38.96, p < .001$)
- threatened to hit their parents ($X^2(1) = 30.48, p < .001$)
- slapped their parents ($X^2(1) = 12.13, p = .001$)
- hit their parents with an object that could harm them ($X^2(1) = 8.65, p = .005$)

The result shows that when young people have mocked a sibling, approximately 81% shout at their parents, however this reduced to 60% when a young person had *not* mocked their

sibling. A similar reduction is observed for insulting or swearing at parents (38% to 17%), threatening to hit parents (10% to 1%), slapping parents (5% to 1%) and hitting parents with an object (4% to 1%). Therefore, it can be concluded that mocking a sibling is significantly associated with young people shouting, insulting or swearing, threatening to hit, slapping their parents, and hitting their parents with an object that could harm.

4.5. SCHOOL BULLYING EXPERIENCE

4.5.1. Bullying Experience: Summary of Results

- **Victim:** Approximately 25% of the total sample was a victim of school bullying in the last 6 months. There is an association between some APVA behaviours and being a victim of school bullying.
- **Observer:** Over half the total sample (52.5%) observed school bullying. There is an association between some APVA behaviours and witnessing particular forms of school bullying (cyber; racist or religious; homophobic; sexual).
- **Perpetrator:** Approximately 6% of the total sample perpetrated school bullying in the last 6 months. There is an association between all recorded APVA behaviours and perpetrating school bullying. Furthermore, there is an association between kicking or punching parents and perpetrating particular forms of school bullying (racist or religious; homophobic; SEN or disability; sexual; sexist)

4.5.2. School Bullying Experience: Descriptive & Inferential Statistics

Participants were asked about their experience of bullying in school. The results are grouped into responses regarding bullying victims, witnesses (observers), and perpetrators, respectively. For each, descriptive statistics are presented first, followed by the significant results from Pearson's Chi-square Test for Independence. To calculate Pearson's Chi-square Test for Independence, where applicable, participant responses were reduced to two groups: 'no' (made up of 'no' responses) and 'yes' (made up of: 'yes, a little', 'yes, a lot' and qualifying 'not sure' responses). 'Not sure' responses were included in the 'yes' category only if the participant responded to the related questions that followed. 'Prefer not to say' responses were included as 'missing' data.

Table 4.13 APVA and Young Person to Sibling Behaviours

			Hit, kicked or pushed sibling			Taken siblings belongings			Called sibling derogatory names			Mocked sibling		
			No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$
Shouted at parents	No	N	170	59	28.84****	196	34	25.41****	181	49	41.00****	179	51	32.48****
		%	39.9%	20.7%		37.8%	17.8%		41.2%	18.1%		40.1%	19.4%	
	Yes	N	256	226		323	157		258	222		267	212	
		%	60.1%	79.3%		62.2%	82.2%		58.8%	81.9%		59.9%	80.6%	
Insulted or sworn at parents	No	N	348	190	21.57****	411	126	12.91****	372	164	52.19****	372	164	38.96****
		%	81.7%	66.4%		79.0%	66.0%		84.5%	60.5%		83.2%	62.4%	
	Yes	N	78	96		109	65		68	107		75	99	
		%	18.3%	33.6%		21.0%	34.0%		15.5%	39.5%		16.8%	37.6%	
Threatened parents	No	N	420	261	22.09****	507	173	16.06****	435	245	28.77****	442	237	30.48****
		%	98.6%	91.3%		97.5%	90.6%		98.9%	90.4%		98.9%	90.1%	
	Yes	N	6	25		13	18		5	26		5	26	
		%	1.4%	8.7%		2.5%	9.4%		1.1%	9.6%		1.1%	9.9%	
Slapped parents	No	N	419	278	1.11 ^{NS}	513	183	5.46*	436	260	8.06***	444	251	12.13****
		%	98.4%	97.2%		98.7%	95.8%		99.1%	95.9%		99.3%	95.4%	
	Yes	N	7	8		7	8		4	11		3	12	
		%	1.6%	2.8%		1.3%	4.2%		0.9%	4.1%		0.7%	4.6%	
Hit parents with an object that could harm them	No	N	421	276	4.48*	512	184	3.06 ^{NS}	433	263	1.50 ^{NS}	443	252	8.65***
		%	98.8%	96.5%		98.5%	96.3%		98.4%	97.0%		99.1%	95.8%	
	Yes	N	5	10		8	7		7	8		4	11	
		%	1.2%	3.5%		1.5%	3.7%		1.6%	3.0%		0.9%	4.2%	
Kicked or punched parents	No	N	417	268	9.44***	504	180	1.88 ^{NS}	426	258	1.60 ^{NS}	436	247	6.91**
		%	98.1%	93.7%		96.9%	94.7%		97.0%	95.2%		97.8%	93.9%	
	Yes	N	8	18		16	10		13	13		10	16	
		%	1.9%	6.3%		3.1%	5.3%		3.0%	4.8%		2.2%	6.1%	

* $p < .05$ ** $p < .01$ *** $p < .005$ **** $p < .001$ NS – not significant, $p > .05$

4.5.3. SCHOOL BULLYING VICTIM: Descriptive Statistics

Figure 4.27 below presents the sample response to the question: ‘**Have you been bullied in school during the last 6 months?**’ (N=869, 97.6%; Missing N=21, 2.4%).

Most participants (N=568, 63.8%) indicated that they had not been the victim of bullying in the last 6 months. More participants reported to have experienced ‘a little’ (N=136, 15.3%) than ‘a lot’ (N=45, 5.1%) of bullying victimisation. Interestingly, 99 participants (11.1%) stated that they were ‘not sure’ whether they had been a victim of bullying, and, 21 participants (2.4%) indicated that they would ‘prefer not to say’.

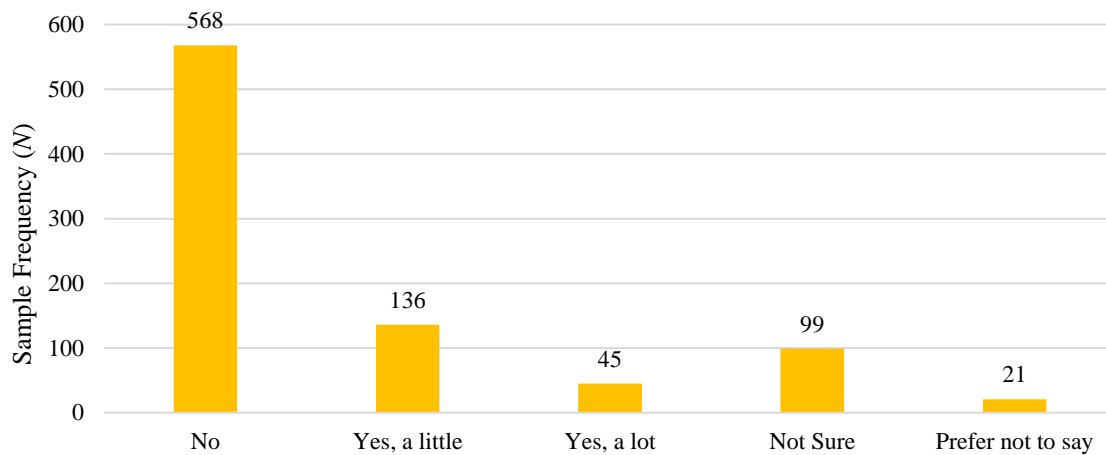


Figure 4.27 Victim of School Bullying in the last 6 months

Figure 4.28 below presents the participant response to the question: ‘What type of bullying was it?’ (N=274, 30.8%; Missing N=48, 5.4%).

Of those participants who reported to have been a victim of bullying, 214 (24%, 78.1 valid %) had experienced ‘verbal’ bullying which was defined as ‘calling you names, making verbal threats sending threats by phone or internet’. 98 participants (11.0%, 35.8 valid %) reported to have been the victim of ‘indirect’ bullying which was defined as ‘spreading rumours, excluding you, writing graffiti about you, posting photos or information about you online’. There were 75 participants (8.4%, 27.4 valid %) who reported to have been the victim of ‘physical’ bullying, examples of which were ‘hitting, kicking, pushing or spitting).

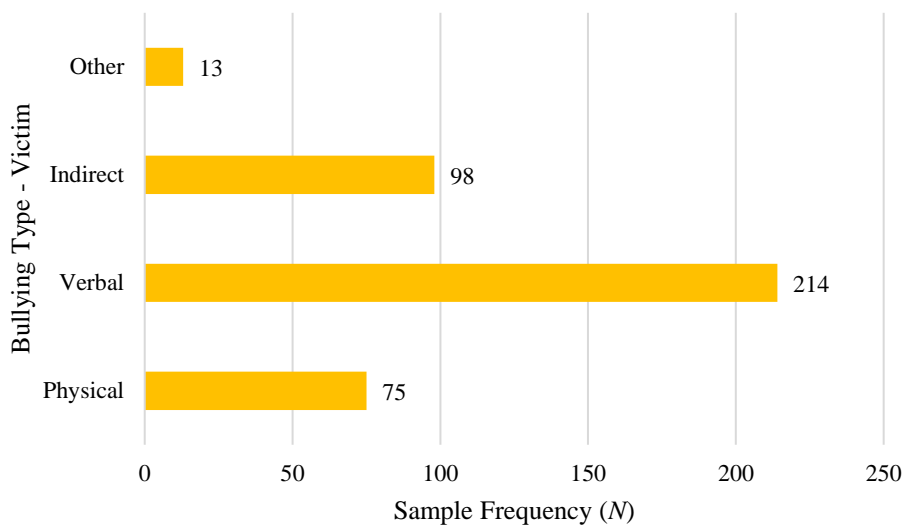


Figure 4.28 Bullying Type Experienced by Victims

Figure 4.29 presents the participant response to the question: ‘**Would you describe the bullying in any of the following ways?**’ (N=264, 29.7%; Missing N=59, 6.6%).

Of those participants who reported to have been a victim of bullying, most reported that they did not know how to describe the bullying (N=119, 13.4%, 45.1 valid %). This was followed by ‘cyberbullying’ (N=54, 6.1%, 20.5 valid %) which was defined as bullying ‘through the computer or mobile phones – text messages, nasty comments online, sending images’ and ‘other’ bullying (N=52, 5.8%, 19.7 valid %) which indicated that, to some extent, the options provided on the questionnaire did not capture their experience, or that participants did not want to disclose this information. However, 44 participants (4.9%, 16.7 valid %) reported to have been the victim of homophobic bullying and 32 participants (3.6%, 12.1 valid %) reported to be the victim of racist bullying/or bullying related to religion.

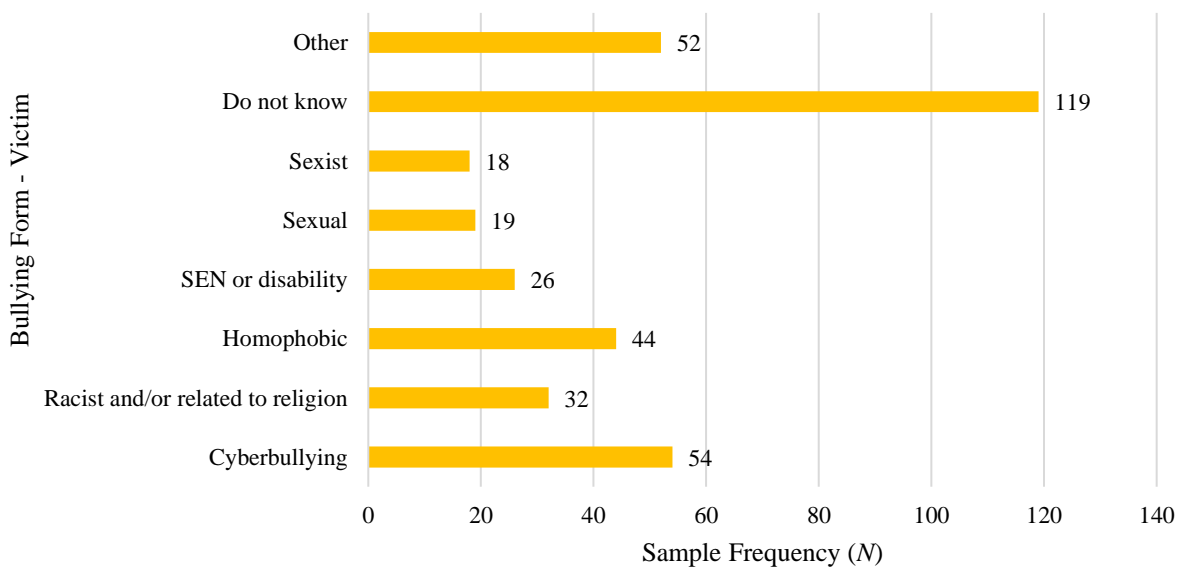


Figure 4.29 Bullying Form Experienced by Victims

4.5.3.1 School Bullying Victim: Pearson's Chi-square Test for Independence

Pearson's Chi-square Test for Independence was calculated to compare the reported frequency of APVA by bullying victim experience. Table 4.14 illustrates that there were significant associations between having been bullied in the last 6 months and whether young people had:

- shouted at their parents ($X^2(1) = 10.58, p = .001$)
- threatened to hit their parents ($X^2(1) = 20.32, p = .001$)
- slapped their parents ($X^2(1) = 5.22, p = .05$)
- kicked or punched their parents ($X^2(1) = 4.60, p < .05$).

Of note is that the results indicate that when bullied, approximately 10 % of young people threaten to hit their parents, however this figure reduces to approximately 3 % when *not* bullied. A similar reduction is observed for shouting at parents (76% to 64%), slapping parents (4% to 2%), kicking or punching parents (6% to 3%) Therefore, it can be inferred that being a victim of bullying is significantly associated with young people shouting at their parents, threatening to hit their parents, slapping their parents and kicking or punching their parents.

Table 4.14 APVA and School Bullying Victim (Types)

		Bullying – Victim			$\chi^2(1)$	Physical bullying – Victim			$\chi^2(1)$	Verbal bullying – Victim			$\chi^2(1)$	Indirect bullying – Victim		
		No	Yes	%		No	Yes	%		No	Yes	%		0 No	1 Yes	%
Shouted at parents	No	<i>N</i>	196	61	10.58****	42	18	.03 ^{NS}	17	43	1.42 ^{NS}	37	23	.15 ^{NS}		
		%	35.6%	24.1%		23.6%	24.7%		29.8%	22.2%		23.1%	25.3%			
	Yes	<i>N</i>	354	192		136	55		40	151		123	68			
		%	64.4%	75.9%		76.4%	75.3%		70.2%	77.8%		76.9%	74.7%			
Insulted or sworn at parents	No	<i>N</i>	424	180	3.62 ^{NS}	125	52	.02 ^{NS}	45	132	2.52 ^{NS}	117	60	1.44 ^{NS}		
		%	77.4%	71.1%		70.2%	71.2%		78.9%	68.0%		73.1%	65.9%			
	Yes	<i>N</i>	124	73		53	21		12	62		43	31			
		%	22.6%	28.9%		29.8%	28.8%		21.1%	32.0%		26.9%	34.1%			
Threatened to hit parents	No	<i>N</i>	534	227	20.32****	161	66	.00 ^{NS}	50	177	.63 ^{NS}	144	83	.098 ^{NS}		
		%	97.3%	89.7%		90.4%	90.4%		87.7%	91.2%		90.0%	91.2%			
	Yes	<i>N</i>	15	26		17	7		7	17		16	8			
		%	2.7%	10.3%		9.6%	9.6%		12.3%	8.8%		10.0%	8.8%			
Slapped parents	No	<i>N</i>	540	242	5.22 *	172	67	2.67 ^{NS}	52	187	2.58 ^{NS}	149	90	4.25 ^{NS}		
		%	98.4%	95.7%		96.6%	91.8%		91.2%	96.4%		93.1%	98.9%			
	Yes	<i>N</i>	9	11		6	6		5	7		11	1			
		%	1.6%	4.3%		3.4%	8.2%		8.8%	3.6%		6.9%	1.1%			
Threatened to hit parents with an object that could harm them	No	<i>N</i>	540	246	1.61 ^{NS}	172	71	.07 ^{NS}	54	189	1.03 ^{NS}	155	88	.01 ^{NS}		
		%	98.5%	97.2%		96.6%	97.3%		94.7%	97.4%		96.9%	96.7%			
	Yes	<i>N</i>	8	7		6	2		3	5		5	3			
		%	1.5%	2.8%		3.4%	2.7%		5.3%	2.6%		3.1%	3.3%			
Kicked or punched parents	No	<i>N</i>	534	238	4.60 *	166	69	.05 ^{NS}	52	183	1.01 ^{NS}	150	85	.09 ^{NS}		
		%	97.4%	94.4%		93.8%	94.5%		91.2%	94.8%		94.3%	93.4%			
	Yes	<i>N</i>	14	14		11	4		5	10		9	6			
		%	2.6%	5.6%		6.2%	5.5%		8.8%	5.2%		5.7%	6.6%			

* $p < .05$ **** $p < .001$ Fishers = Fisher's Exact Test with corresponding p-value NS – not significant, $p > .05$

4.5.4. SCHOOL BULLYING OBSERVER: Descriptive Statistics

Figure 4.30 below presents the sample response to the question: ‘Have you seen bullying in school during the last 6 months?’ (N=864, 97.1%; Missing N=26, 2.9%).

Over half of the total sample reported to have observed bullying. Most participants (N=359, 40.3%) indicated that they had observed ‘a little’ bullying in the last 6 months. Fewer participants reported to have observed ‘a lot’ of bullying (N=94, 10.6%) or ‘no’ bullying (N=257, 28.9%). Interestingly, 135 participants (15.2%) stated that they were ‘not sure’ whether they had observed bullying, and 19 participants (2.1%) indicated that they would ‘prefer not to say’.

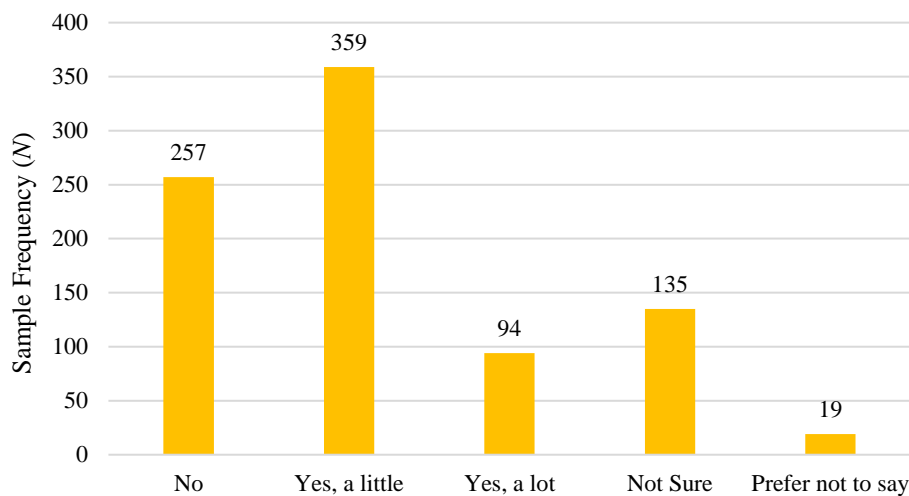


Figure 4.30 Observer of School Bullying in the last 6 months

Figure 4.31 presents the participant response to the question: ‘What type of bullying was it?’ (N=565, 63.5%; Missing N=68, 7.6%).

Of those participants who reported to have observed bullying, most had observed ‘verbal’ bullying (N=375, 42.1%, 66.4 valid %) which was defined as ‘calling someone names, making verbal threats, sending threats by phone or internet’. ‘Physical’ bullying was the next most frequently observed bullying type, with 276 participants (31%, 48.8 valid %) observing this behaviour at school in the last 6 months. ‘Indirect’ bullying which was defined as ‘spreading rumours,

excluding someone, writing graffiti about someone, posting photos or information about someone online' had been observed by 192 participants (21.6%, 34 valid %).

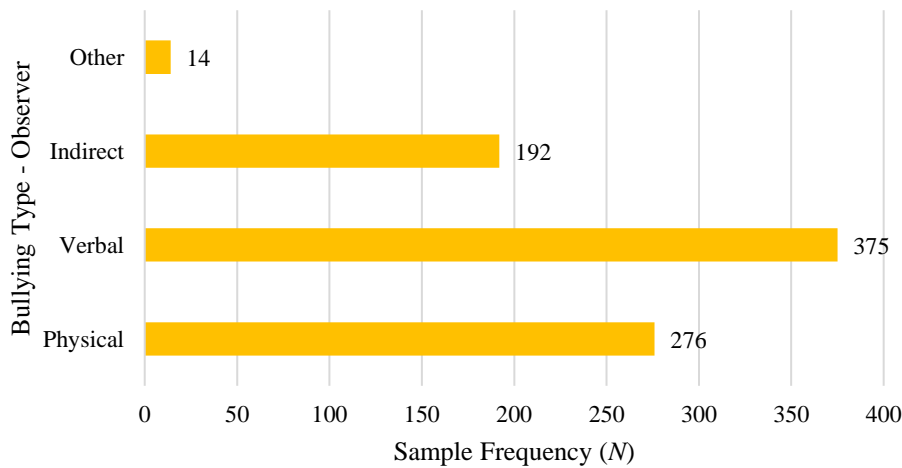


Figure 4.31 School Bullying Type Observed

Figure 4.32 presents the participant response to the question: **‘Would you describe the bullying in any of the following ways?’** (N=550, 61.8%; Missing N=83, 9.3%).

Of those participants who reported to have observed bullying, most reported that they did not know how to describe the bullying (N=284, 31.9%, 51.6 valid %). This was followed by participants observing ‘homophobic’ bullying (N=96, 10.8%, 17.5 valid %) and ‘cyberbullying’ (N=91, 10.2%, 16.5 valid %). Of note is that ‘racist bullying/or bullying related to religion’ had been observed by 77 participants (8.7%, 14.0 valid %), ‘bullying because of a SEN or disability’ had been observed by 72 participants (8.1%, 13.1 valid %) and ‘sexual bullying’ had been observed by 42 participants (4.7%, 7.6 valid %).

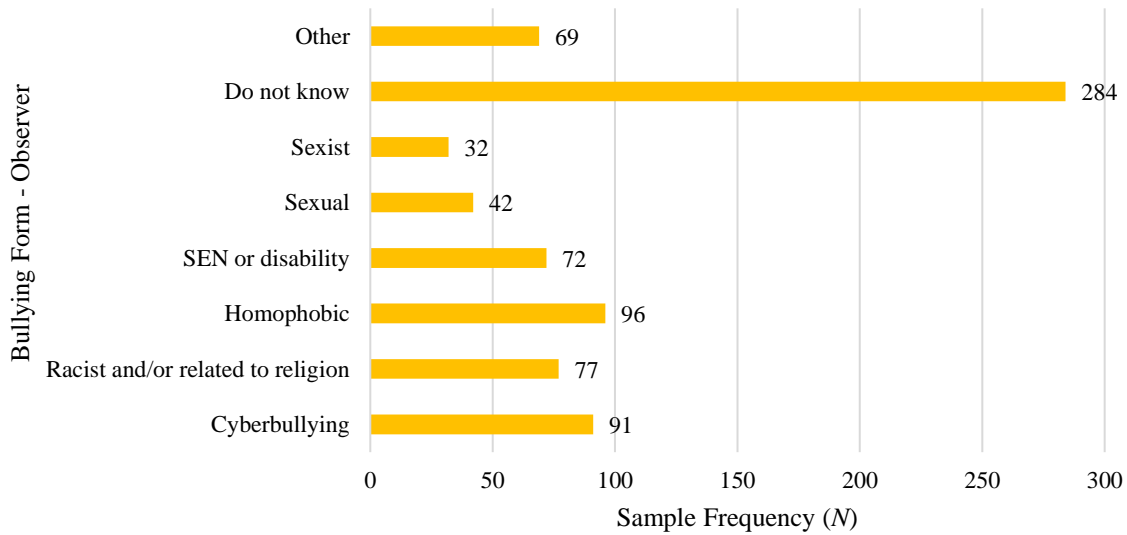


Figure 4.32 School Bullying Form Observed

4.5.4.1 School Bullying Observer: Pearson’s Chi-square Test for Independence

Pearson’s Chi-square Test for Independence was calculated to compare the reported frequency of APVA by bullying observer experience (See Table 4.15). Table 4.15 illustrates that there were significant associations between having **observed sexual bullying** in the last 6 months and whether young people had:

- insulted or sworn at their parents ($\chi^2 (1) = 7.43, p < .01$)
- threatened to hit their parents ($p < .05$, Fisher’s Exact Test)
- hit their parents with an object that could harm them ($p = .01$, Fisher’s Exact Test)
- kicked or punched their parents ($p = .01$, Fisher’s Exact Test).

The result indicates that when sexual bullying is observed, approximately 45% of young people insult or swear at their parents, however this figure reduces to approximately 25% of young people when sexual bullying is *not* observed. When sexual bullying is not observed, a similar reduction of other APVA behaviours is also apparent; threatening to hit parents (13% to 5%), hitting parents with an object that could harm (10.5% to 2%), and kicking or punching parents (13.5% to 3%).

Therefore, it can be inferred that **being an observer of sexual bullying is significantly associated with young people insulting or swearing at their parents, threatening to hit their parents, hitting their parents with an object and kicking or punching their parents.**

Furthermore, there were significant associations between having observed:

- cyberbullying in the last 6 months and whether young people had shouted at their parents ($X^2(1) = 4.33, p < .05$)
- racist or religious bullying in the last 6 months and whether young people had insulted or sworn at their parents ($X^2(1) = 4.50, p < .05$)
- homophobic bullying in the last 6 months and whether young people had shouted at their parents ($X^2(1) = 6.02, p < .05$) and insulted or sworn at their parents ($X^2(1) = 5.71, p < .05$)

The result indicates that when cyberbullying is observed, approximately 81% of young people shout at their parents, however this figure reduces to approximately 70% of young people when cyberbullying is *not* observed. Similarly, when racist or religious bullying is *not* observed insulted or swearing at parents reduces from 36% to 24%, and when homophobic bullying is *not* observed shouting at parents reduced from 82% to 70%, and insulting or searing at parents reduces from 36% to 24%.

Therefore, it can be inferred that **being an observer of cyberbullying and homophobic bullying is significantly associated with young people shouting at their parents.** Furthermore, that **being an observer of racist or religious bullying and homophobic bullying is significantly associated with young people insulting or swearing at their parents.**

Table 4.15 APVA and School Bullying Observer (Forms)

		Cyberbullying - Witness			Racist or Religious Bullying - Witness			Homophobic Bullying - Witness			SEN or disability Bullying - Witness			Sexual Bullying - Witness			Sexist Bullying - Witness			Bullying - Witness (no form classi- fication)		
		No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$
Shouted at parents	No	N 131	17	4.33 [*]	131	17	1.30 ^{NS}	131	17	6.02 [*]	135	13	2.90 ^{NS}	140	8	1.02 ^{NS}	144	4	3.45 ^{NS}	123	25	2.57 ^{NS}
		% 30.0%	19.1%		29.0%	22.7%		30.4%	17.9%		29.4%	19.4%		28.7%	21.1%		29.0%	13.3%		26.9%	36.2%	
	Yes	N 306	72		320	58		300	78		324	54		348	30		352	26		334	44	
	% 70.0%	80.9%		71.0%	77.3%		69.6%	82.1%		70.6%	80.6%		71.3%	78.9%		71.0%	86.7%		73.1%	63.8%		
Insulted or sworn at parents	No	N 327	62	1.02 ^{NS}	341	48	4.50 [*]	328	61	5.71 [*]	344	45	1.84 ^{NS}	368	21	7.43 ⁺	371	18	3.22 ^{NS}	333	56	2.14 ^{NS}
		% 74.8%	69.7%		75.6%	64.0%		76.1%	64.2%		74.9%	67.2%		75.4%	55.3%		74.8%	60.0%		72.9%	81.2%	
	Yes	N 110	27		110	27		103	34		115	22		120	17		125	12		124	13	
	% 25.2%	30.3%		24.4%	36.0%		23.9%	35.8%		25.1%	32.8%		24.6%	44.7%		25.2%	40.0%		27.1%	18.8%		
Threatened to hit parents	No	N 415	83	.43 ^{NS}	428	70	.31 ^{NS}	410	88	.96 ^{NS}	435	63	.06 ^{NS}	465	33	Fishers ⁺	471	27	1.38 ^{NS}	429	69	Fishers ⁺
		% 95.0%	93.3%		94.9%	93.3%		95.1%	92.6%		94.8%	94.0%		95.3%	86.8%		95.0%	90.0%		93.9%	100.0%	
	Yes	N 22	6		23	5		21	7		24	4		23	5		25	3		28	0	
	% 5.0%	6.7%		5.1%	6.7%		4.9%	7.4%		5.2%	6.0%		4.7%	13.2%		5.0%	10.0%		6.1%	0.0%		
Slapped parents	No	N 424	85	.55 ^{NS}	438	71	1.23 ^{NS}	419	90	1.53 ^{NS}	444	65	.02 ^{NS}	474	35	2.84 ^{NS}	480	29	.00 ^{NS}	441	68	.81 ^{NS}
		% 97.0%	95.5%		97.1%	94.7%		97.2%	94.7%		96.7%	97.0%		97.1%	92.1%		96.8%	96.7%		96.5%	98.6%	
	Yes	N 13	4		13	4		12	5		15	2		14	3		16	1		16	1	
	% 3.0%	4.5%		2.9%	5.3%		2.8%	5.3%		3.3%	3.0%		2.9%	7.9%		3.2%	3.3%		3.5%	1.4%		
Hit parents with an Object that could Harm them	No	N 428	85	1.82 ^{NS}	442	71	2.97 ^{NS}	423	90	3.75 ^{NS}	449	64	1.28 ^{NS}	479	34	Fishers ^{**}	485	28	2.32 ^{NS}	445	68	.34 ^{NS}
		% 97.9%	95.5%		98.0%	94.7%		98.1%	94.7%		97.8%	95.5%		98.2%	89.5%		97.8%	93.3%		97.4%	98.6%	
	Yes	N 9	4		9	4		8	5		10	3		9	4		11	2		12	1	
	% 2.1%	4.5%		2.0%	5.3%		1.9%	5.3%		2.2%	4.5%		1.8%	10.5%		2.2%	6.7%		2.6%	1.4%		
Kicked or punched parents	No	N 423	82	2.61 ^{NS}	435	70	1.95 ^{NS}	416	89	1.99 ^{NS}	442	63	.98 ^{NS}	473	32	Fishers ^{**}	478	27	3.32 ^{NS}	437	68	1.21 ^{NS}
		% 96.8%	93.2%		96.7%	93.3%		96.7%	93.7%		96.5%	94.0%		96.9%	86.5%		96.6%	90.0%		95.8%	98.6%	
	Yes	N 14	6		15	5		14	6		16	4		15	5		17	3		19	1	
	% 3.2%	6.8%		3.3%	6.7%		3.3%	6.3%		3.5%	6.0%		3.1%	13.5%		3.4%	10.0%		4.2%	1.4%		

* $p < .05$ ** $p < .01$ Fishers = Fisher's Exact Test with corresponding p-value NS – not significant, $p > .05$

4.5.5. SCHOOL BULLYING PERPETRATOR: Descriptive Statistics

Figure 4.33 below presents the sample response to the question: **‘Have you bullied someone else in school during the last 6 months?’** (N=849, 95.4%; Missing N=41, 4.6%).

Most participants (N=743, 83.5%) indicated that they had perpetrated ‘no’ bullying in the last 6 months. Amongst the minority of participants who admitted to bullying, most reported to have perpetrated ‘a little’ bullying (N=44, 4.9%) and only 2 participants (0.2%) reported to have perpetrated ‘a lot’ of bullying. Again, a substantial number of participants (N=46, 5.2%) stated that they were ‘not sure’ whether they had perpetrated bullying, and 14 participants (1.6%) indicated that they would ‘prefer not to say’.

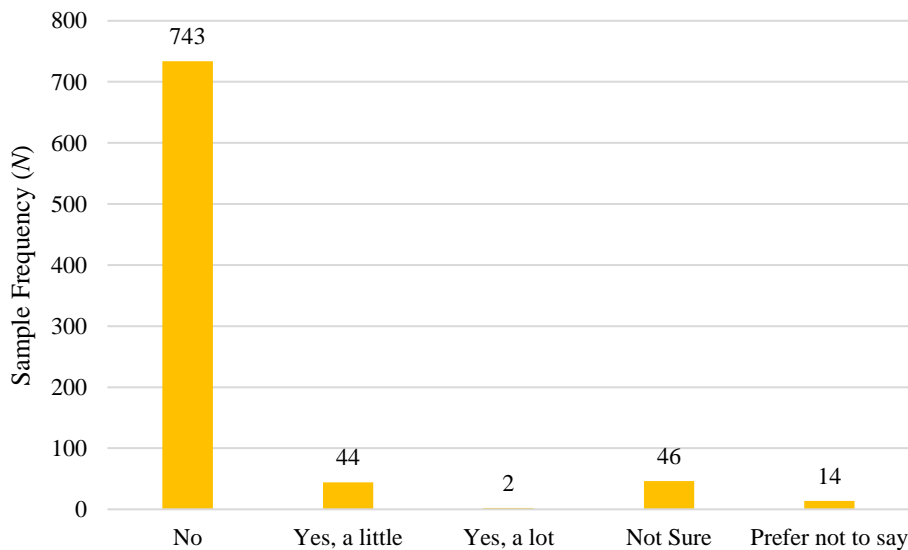


Figure 4.33 Perpetrator of School Bullying in the last 6 months

Figure 4.34 below presents the participant response to the question: ‘**What type of bullying was it?**’ (N=88, 9.9%; Missing N=59, 6.6%).

Of those participants who reported to have perpetrated bullying, most reported that they had perpetrated ‘verbal’ bullying (N=50, 5.6%, 56.8 valid %). ‘Physical’ bullying was the next most frequently perpetrated bullying type, with 32 participants (3.6%, 36.4 valid %) exhibiting this behaviour at school in the last 6 months. ‘Indirect’ bullying had been perpetrated by 16 participants (1.8%, 18.2 valid %).

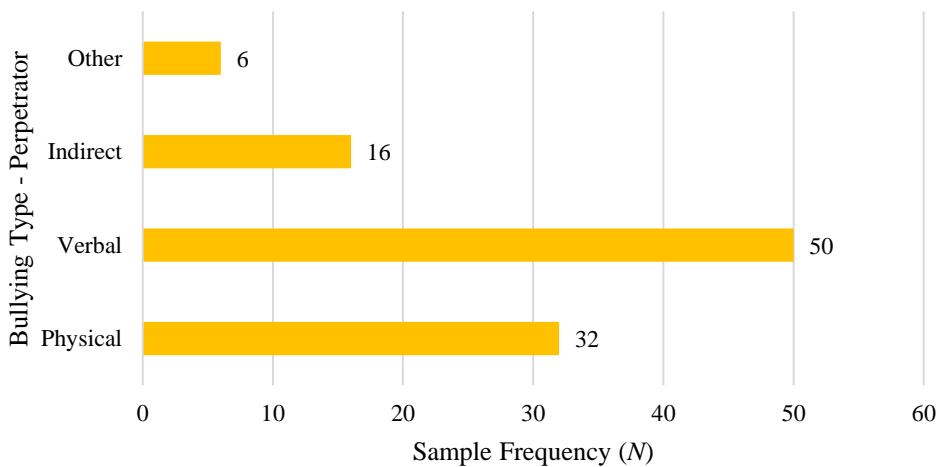


Figure 4.34 School Bullying Type Perpetrated

Figure 4.35 presents the participant response to the question: ‘**Would you describe the bullying in any of the following ways?**’ (N=83, 9.3%; Missing N=64, 7.2%).

Of those participants who reported to have perpetrated bullying, most reported that they did not know how to describe the bullying (N=39, 4.4%, 47.0 valid %). Furthermore, 18 participants (2.0%, 21.7 valid %) reported that they had perpetrated ‘other’ bullying behaviours that was not captured on the questionnaire response options. Both ‘homophobic’ and ‘cyberbullying’ were perpetrated by 15 participants respectively (1.7%, 18.1 valid %).

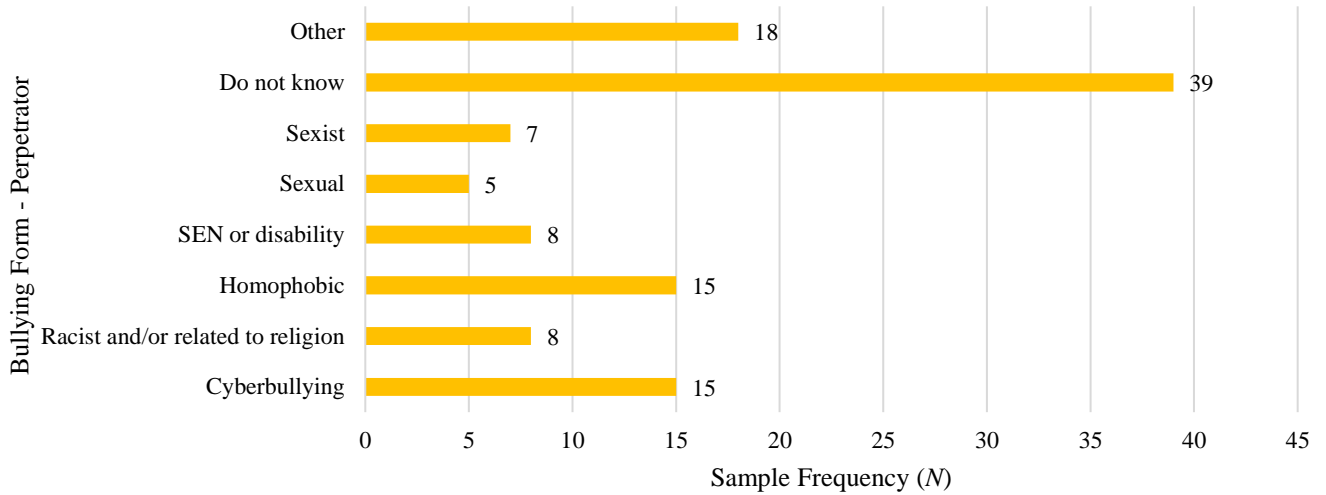


Figure 4.35 School Bullying Form Perpetrated

4.5.5.1 School Bullying Perpetrator: Pearson’s Chi-square Test for Independence

Pearson’s Chi-square Test for Independence was calculated to compare the reported frequency of APVA by bullying perpetrator experience (See Appendix XIII, Table 9.2) Table 4.16 illustrates that there were significant associations between having bullied someone else in the last 6 months and whether young people had:

- shouted at their parents ($X^2(1) = 15.13, p < .001$)
- insulted or sworn at their parents ($X^2(1) = 34.12, p < .001$)
- threatened to hit their parents ($p < .001$, Fisher’s Exact Test)
- hit their parents with an object that could harm them ($p < .005$, Fisher’s Exact Test)
- kicked or punched their parents ($p < .05$, Fisher’s Exact Test).

Table 4.16 APVA and School Bullying Perpetrator: Significant Pearson’s Chi-square test Results

			Bullying - Perpetrator		
			No	Yes	$X^2(1)$
Shouted at parents	No	<i>N</i>	241	12	15.13****
		%	33.8%	13.5%	
	Yes	<i>N</i>	472	77	
		%	66.2%	86.5%	
Insulted or sworn at parents	No	<i>N</i>	560	45	34.12****
		%	78.8%	50.6%	
	Yes	<i>N</i>	151	44	
		%	21.2%	49.4%	
Threatened to hit parents	No	<i>N</i>	686	74	Fishers****
		%	96.3%	83.1%	
	Yes	<i>N</i>	26	15	
		%	3.7%	16.9%	
Hit parents with an object that could harm them	No	<i>N</i>	702	83	Fishers***
		%	98.7%	93.3%	
	Yes	<i>N</i>	9	6	
		%	1.3%	6.7%	
Kicked or punched parents	No	<i>N</i>	690	81	Fishers*
		%	97.0%	92.0%	
	Yes	<i>N</i>	21	7	
		%	3.0%	8.0%	

* $p < .05$ *** $p < .005$ **** $p < .001$ Fishers = Fisher’s Exact Test with corresponding p-value

The results in Table 4.16 indicate that when bullying is perpetrated, approximately 86% of young people shout at their parents, however when bullying is *not* perpetrated, this reduces to approximately 66% of young people. When bullying is not perpetrated by a young person, a similar reduction of other APVA behaviours is also observed; insulting or swearing at parents (49% to 21%), threatening to hit parents (17% to 4%), hitting parents with an object that could harm (7% to 1%) and kicking or punching parents (8% to 3%). Therefore, it can be concluded that **being a perpetrator of bullying at school is significantly associated with young people shouting at**

their parents, insulting or swearing at their parents, threatening to hit their parents, hitting their parents with an object, and kicking or punching their parents.

Pearson's Chi-square Test for Independence was also calculated to compare the reported frequency of APVA by the forms of bullying perpetrated. There were significant associations between having sexually bullied someone at school in the last 6 months and whether young people had slapped their parents ($p < .05$, Fisher's Exact Test) and kicked or punched their parents ($p < .005$, Fisher's Exact Test). Similar to being an observer of sexual bullying, the results indicate that when sexual bullying is perpetrated, approximately 40% of young people slap their parents, however when sexual bullying is *not* perpetrated, this figure reduces to approximately 5% of young people. Furthermore, when sexual bullying is perpetrated approximately 60% of young people kick or punch their parents but when sexual bullying is *not* perpetrated, approximately 7% of young people kick or punch their parents. Therefore, it can be inferred that **being a perpetrator of sexual bullying is significantly associated with young people slapping their parents and kicking or punching their parents.**

As demonstrated in Table 4.17, a trend of significant associations was observed between perpetrating different forms of bullying and whether young people kicked or punched their parents. Specifically, having bullied about:

- race or religion ($p < .05$, Fisher's Exact Test)
- homophobic bullying ($p < .05$, Fisher's Exact Test)
- special educational need (SEN) or disability ($p < .05$, Fisher's Exact Test)
- sexual bullying ($p < .05$, Fisher's Exact Test)
- sexist bullying ($p < .05$, Fisher's Exact Test)

The results indicate that when racist or religious bullying is perpetrated, approximately 37.5% of young people kick or punch their parents, but when this bullying is *not* perpetrated, approximately 7% of young people kick or punch their parents. Similarly, when homophobic bullying is perpetrated, approximately 27% of young people kick or punch their parents, but when homophobic bullying is *not* perpetrated, the amount of young people who kick or punch their

parents reduces to approximately 6%. Much the same, when SEN or disability bullying is perpetrated, approximately 43% of young people kick or punch their parents, but this figure reduces to approximately 7% when SEN or disability bullying is *not* perpetrated. When sexist bullying is perpetrated approximately 43% of young people kick or punch their parents, but when sexist bullying is *not* perpetrated, approximately 7% of young people kick or punch their parents. Furthermore, when sexist bullying is perpetrated 60% of young people kick or punch their parents, but this reduces to approximately 7% when sexist bullying is not perpetrated. Therefore, this suggests that **being a perpetrator of these forms of bullying at school is significantly associated with young people kicking or punching their parents.**

Table 4.17 Kicking or Punching Parents & School Bullying Perpetrator (Forms): Significant Pearson’s Chi-square test Results

		Racist or Religious Bullying - Perpetrator			Homophobic bullying - Perpetrator			SEN or disability Bullying - Perpetrator			Sexual bullying - Perpetrator			Sexist bullying - Perpetrator			
		No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	No	Yes	$X^2(1)$	
Kicked or punched parents	No	N	66	5	Fishers*	60	11	Fishers*	67	4	Fishers*	69	2	Fishers***	67	4	Fishers*
		%	93.0%	62.5%		93.8%	73.3%		93.1%	57.1%		93.2%	40.0%		93.1%	57.1%	
	Yes	N	5	3		4	4		5	3		5	3		5	3	
		%	7.0%	37.5%		6.3%	26.7%		6.9%	42.9%		6.8%	60.0%		6.9%	42.9%	

* $p < .05$ *** $p < .005$ Fishers = Fisher’s Exact Test with corresponding p-value

4.6. CONCLUSION OF RESULTS: PART I

This chapter has presented the results of the research using descriptive and inferential statistics. The focus of these findings has been to identify the prevalence of APVA within a cross-sectional community based sample and to ascertain whether individual, familial and school bullying behaviours and characteristics are associated with APVA.

APVA is prevalent amongst 64.5% of the young people in this community-based sample. Behaviours that can be classified as psychological APVA are more prevalent than those behaviours that can be classified as physical APVA (64.4% and 4.3% respectively).

The strengths and difficulties experienced by the young people are associated with APVA, in particular ‘Conduct Problems’, ‘Peer Problems’, ‘Hyperactivity / Inattention’, and ‘Total

Difficulties'. Furthermore, young people who exhibit APVA report higher mean scores across reactive, proactive and total aggression. There is also an association between APVA and alcohol and substance use, particularly in relation to glue/solvent sniffing, cannabis and trying any other illegal drug.

Household structure (i.e. who the young person lives with) can also be associated with increased APVA, in particular, if a father is *not* living in the household with the young person, and if a step-sibling *is* living in the household with the young person. Furthermore, APVA behaviours are associated with sibling to young person directed conflict, and young person to sibling directed conflict. It has also been identified that there is an association between APVA and households that access Free School Meals (FSM).

Significant associations have also been found between APVA behaviours and young people who have experienced school bullying, whether as a victim, observer, or perpetrator.

The chapter that follows will develop upon these initial findings to explore whether any of these factors can also be predictors of APVA.

CHAPTER 5: FINDINGS PART II

PREDICTIONS & BINOMIAL LOGISTIC REGRESSION

5.0. CHAPTER SUMMARY

This chapter sets out to fulfil part of the aims of the research which is to determine whether Adolescent-to-Parent Violence and Abuse (APVA) can be predicted by the associated adolescent characteristics and behaviours, familial characteristics, and school bullying experiences, presented in Chapter Four. The statistical procedure of binomial logistic regression is explained, followed by a guide to interpreting the results. The binomial logistic regression models for Psychological APVA, Physical APVA and Severe APVA are then presented.

5.1 INTRODUCTION

The hypothesis of this research is that a model can be created of adolescent characteristics and behaviours, familial characteristics, and school bullying experience that can predict the likelihood of APVA occurring (see Chapter 1). To support this hypothesis, binomial logistic regression was applied.

Binomial logistic regression, referred to as logistic regression from this point onwards, is part of a larger statistical group of tests called Generalized Linear Models (GzLM) (Laerd Statistics, 2015a). These are an extension of Linear Models used to incorporate dependent variables measured by various types of scale (Cohen, Cohen, West & Aiken, 2003). Logistic regression attempts to predict the probability that an observation falls into one of two categories (i.e. ‘Yes’ / ‘No’) of a dichotomous dependent variable (i.e. Physical APVA) based on one or more independent variables that can be either continuous (i.e. SDQ score) or categorical (i.e. sex). An observation is assigned to whichever category is predicted as most likely (i.e. ‘Yes’ or ‘No’). Logistic regression can also use interactions between independent variables to predict the dependent variable.

There are **seven basic assumptions** or requirements that need to be considered to run a logistic regression (Hilbe, 2009; Menard, 2010). The first four assumptions relate to the design of the study and measurements used. The remaining three assumptions relate to how the data fits the logistic

regression model. The data from this research meets these assumptions. Below is a step-by-step illustration of how these assumptions were met for each of the three logistic regression models.

5.2. LOGISTIC REGRESSION; TESTING ASSUMPTIONS

5.2.1. ASSUMPTION ONE: The data has one dependent variable that is dichotomous (i.e. a nominal variable with two outcomes) (Laerd Statistics, 2015a)

Three logistic regression models have been produced which each have one dependent variable; **Psychological APVA** (two outcomes: ‘Yes’ (1) / ‘No’ (0)), **Physical APVA** (two outcomes: Yes (1) / No (0)) and **Severe APVA** (two outcomes: ‘Yes’ (1) / ‘No’ (0)). To illustrate, Table 5.1 shows the total sample size, outcome frequency and percentage of the three logistic regression models (following the deletion of residual cases).

Table 5.1 Dependent Variable for the Logistic Regression Models

Dependent Variable		Frequency	Percent
Psychological APVA	No	253	28.4
	Yes	573	64.4
	Total	826	92.8
	Missing	64	7.2
	Total	886	100
Physical APVA	No	787	88.7
	Yes	35	3.9
	Total	822	92.7
	Missing	65	7.3
	Total	887	100
Severe APVA	No	771	87
	Yes	53	6.0
	Total	824	93
	Missing	62	7.0
	Total	886	100

Psychological APVA

The dependent variable of **Psychological APVA** has been constructed from participant's responses to the following questions:

In the last 6 months how often have you:

- Shouted at your parents / guardians / carers?
- Insulted or sworn at your parents / guardians / carers?
- Threatened to hit your parents/ guardians / carers, even if you did not actually do so?

Responses were originally measured on a three-point scale of: 'Never' (0); 'Sometimes' (1); or 'Often' (2). These were transformed to produce a dichotomous variable: 'Never' remained scored as '0' and represented a 'No' outcome; 'Sometimes' remained scored as '1' and represented a 'Yes' outcome; 'Often' was transformed from a score of '2' to a score of '1' and also represented a 'Yes' outcome.

A participant would be recorded as having indicated that they have exhibited Psychological APVA if they had scored at least '1' for either 'Shouted', 'Insulted or sworn' or 'Threatened to hit' their parents / guardians / carers. If there was 'missing data' (scored as '999') on any of these variables, then the participant was removed from the analysis.

Physical APVA

The dependent variable of **Physical APVA** has been constructed from participant's responses to the following questions:

In the last 6 months how often have you:

- Slapped your parents/ guardians / carers?
- Hit your parents/ guardians / carers with an object that could harm them?
- Kicked or punched your parents/ guardians / carers?

Responses were originally measured on a three-point scale of: 'Never' (0); 'Sometimes' (1); or 'Often' (2). These were transformed to produce a dichotomous variable: 'Never' remained scored

as '0' and represented a 'No' outcome; 'Sometimes' remained scored as '1' and represented a 'Yes' outcome; 'Often' was transformed from a score of '2' to a score of '1' and also represented a 'Yes' outcome.

A participant would be recorded as having indicated that they have exhibited Physical APVA if they had scored at least '1' for either 'Slapped', 'Hit with an object' or 'Kicked or punched' their parents / guardians / carers. If there was 'missing data' (scored as '999') on any of these variables, then the participant was removed from the analysis.

Severe APVA

The dependent variable of **Severe APVA** has been constructed from participants' responses to the following questions:

In the last 6 months, how often have you:

- Threatened to hit your parents/ guardians / carers, even if you did not actually do so?
- Slapped your parents/ guardians / carers?
- Hit your parents/ guardians / carers with an object that could harm them?
- Kicked or punched your parents/ guardians / carers?

Responses were originally measured on a three-point scale of: 'Never' (0); 'Sometimes' (1); or 'Often' (2). These were transformed to produce a dichotomous variable: 'Never' remained scored as '0' and represented a 'No' outcome; 'Sometimes' remained scored as '1' and represented a 'Yes' outcome; 'Often' was transformed from a score of '2' to a score of '1' and also represented a 'Yes' outcome.

A participant would be recorded as having indicated that they have exhibited Severe APVA if they had scored at least '1' for either 'Threatened to hit', 'Slapped', 'Hit with an object' or 'Kicked or punched' their parents / guardians / carers. If there was 'missing data' (scored as '999') on any of these variables, then the participant was removed from the analysis.

5.2.2. ASSUMPTION TWO: The data has one or more independent variable/s that are measured on either a continuous or nominal scale (Laerd Statistics, 2015a)

A bivariate correlation matrix of all significant independent variables (as identified in Chapter 4) was undertaken. From this, independent variables that highly correlated with the dependent variable were selected as potential predictor variables. The selection process of the predictor variables used in the logistic regression models was informed by the individual ability for the variable to predict the outcome and by theory (Jaccard, 2001; Field, 2013; Hosmer, Lemeshow & Sturdivant, 2013).

Tables 5.2, 5.3 and 5.4 list the independent variables used in the three logistic regression models, their respective measurements, original correlation coefficients and significance levels, based upon the extent to which they individually correlate with the dependent variable.

Psychological APVA

Table 5.2 Independent Variables for the Psychological APVA Logistic Regression Model

Independent Variable	Measurement	Pearson Correlation (Original)
Hyperactivity / Inattention (SDQ)	Continuous	.217 ****
Total Difficulties (SDQ)	Continuous	.265 ****
Reactive Aggression	Continuous	.338 ****
Alcoholic drink in the last 6 months	Nominal	.199 ****
Ever tried cannabis	Nominal	.157 ****
Belongings taken by a sibling	Nominal	.114 ****
Mocked by a sibling	Nominal	.181 ****
Taking the belongings of a sibling	Nominal	.183 ****
Calling a sibling derogatory names	Nominal	.236 ****
Observer of Bullying	Nominal	.132 ****
Perpetrator of Bullying	Nominal	.141 ****

**** $p < .001$

Physical APVA

Table 5.3 Independent Variables for the Physical APVA Logistic Regression Model

Independent Variable	Measurement	Pearson Correlation (Original)
Hyperactivity / Inattention (SDQ)	Continuous	.156 ****
Proactive Aggression	Continuous	.314 ****
Reactive Aggression	Continuous	.230 ****
Alcoholic drink in the last 6 months	Nominal	.113 ****
Friends that drink alcohol regularly	Nominal	.129 ****
Insulted or Sworn at Parents	Nominal	.250 ****
Belongings taken by a sibling	Nominal	.124 ****
Hit, kicked or pushed a sibling	Nominal	.112 ****
Mocked a sibling	Nominal	.100 ****
Step-sister living in the household	Nominal	.099 ****
Victim of Bullying	Nominal	.107 ****
Perpetrator of Bullying	Nominal	.094 ****

**** $p < .001$

Severe APVA

Table 5.4 Independent Variables for the Severe APVA Logistic Regression Model

Independent Variable	Measurement	Pearson Correlation (Original)
Hyperactivity / Inattention (SDQ)	Continuous	.196 ****
Conduct Problems (SDQ)	Continuous	.251 ****
Total Difficulties (SDQ)	Continuous	.227 ****
Proactive Aggression	Continuous	.361 ****
Ever tried glue/solvent sniffing	Nominal	.195 ****
Insulted or Sworn at Parents	Nominal	.341 ****
Belongings taken by a sibling	Nominal	.184 ****
Victim of Bullying	Nominal	.172 ****
Perpetrator of Bullying	Nominal	.152 ****

**** $p < .001$

5.2.3. ASSUMPTION THREE: There should be independence of observations and the categories of the dichotomous dependent variable and all nominal independent variables should be mutually exclusive and exhaustive (Laerd Statistics, 2015a).

To illustrate that this assumption is met, the dichotomous dependent variable of ‘Severe APVA’, which has two categories – ‘Yes’ or ‘No’ – and 9 independent variables (see Table 5.4); the four continuous variables, ‘Hyperactivity / Inattention’, ‘Conduct Problems’, ‘Total Difficulties’ and ‘Proactive Aggression’, and the five dichotomous variables, ‘Ever tried glue/solvent sniffing’, ‘Insulted or Sworn at Parents’, ‘Belongings taken by a sibling’, ‘Victim of Bullying’ and ‘Perpetrator of Bullying’, all of which have two categories – ‘yes’ and ‘no’.

In this example, independence of observations means that a participant could either have exhibited the ‘Severe APVA’ behaviour or not and as such they cannot be entered in both the ‘yes’ and ‘no’ categories. This assumption is primarily a research design issue but if there is a relationship between the categories of any variables or between the categories themselves, this means that the observations are related and another statistical test would be required instead of logistic regression. An inspection of the correlation coefficients was completed to ensure that this assumption was not violated (Jaccard 2001; Menard, 2010; Field, 2013).

5.2.4. ASSUMPTION FOUR: A minimum of 15 cases per independent variable is required (Laerd Statistics, 2015a).

A logistic regression relies on maximum likelihood estimation (MLE) and the reliability of estimates declines significantly for combinations of cases where there are few cases (Menard, 2010). This study had a large sample size of 890 participants (APVA respondents = 825 to 828), so if cases were removed due to missing data, the sample is still large enough to produce reliable estimates (see Table 5.1).

The independent variables for the three logistic regression models were selected, in part, due to the significant association with the dependent variable in the correlation matrix. However, independent variables were not included in the logistic regression model if the minimum number

of cases assumption was not met. For example, although being a perpetrator of sexual bullying significantly correlated with ‘Severe APVA’ the minimum case assumption was not met and so the independent variable was excluded from the logistic regression model.

The remaining assumptions relate to how the **data fits the logistic regression model** to provide a valid result.

5.2.5. FITTING A LOGISTIC REGRESSION

Logistic regression allows for a relationship to be modelled between multiple independent variables and a single dichotomous dependent variable in which the independent variables predict the dependent variable (Hilbe, 2009; Field, 2013; Laerd Statistics, 2015a).

A transformation is applied so that rather than predicting the category of the logistic regression directly, the *logit* of the dependent variable is predicted. A *logit* is the natural log of the odds of an event occurring and by applying an anti-log it can have a much more interpretative meaning (Hilbe, 2009; Menard, 2010; Hosmer, Lemeshow & Sturdivant, 2013). Also, the predictive power of the logistic regression model, for example, the percentage of correctly classified cases, can be ascertained through further calculations (Agresti, 2013). To illustrate this:

If four independent variables are: ‘**X1**’, ‘**X2**’, ‘**X3**’ and ‘**X4**’; and the dependent variable is ‘**Y**’, a logistic regression models the following formula:

$$\mathbf{logit(Y)} = \mathbf{\beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \epsilon.}$$

β_0 is the intercept (the constant)

$\beta_1, \beta_2, \beta_3,$ and $\beta_4,$ is the slope parameter (slope coefficient) for **$X_1, X_2 X_3$** and **X_4**

ϵ represents the errors.

This represents the population model, but it can be estimated in the following formula:

$$\mathbf{logit(Y)} = \mathbf{b_0 + b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4 + e}$$

b_0 is the sample intercept (the constant) and estimates **β_0**

b_1 is the sample slope parameter for **X_1** and estimates **β_1** etc.

e represents the sample errors/residuals and estimates **ϵ** .

5.2.6. ASSUMPTION FIVE: There should be a linear relationship between the continuous independent variables and the logit transformation of the dependent variable (Laerd Statistics, 2015a).

Psychological APVA

The assumption of linearity in a logistic regression requires that there is a linear relationship between the continuous independent variables (‘Hyperactivity / Inattention’, ‘Total Difficulties’ and ‘Reactive Aggression’) and the logit transformation of the dependent variable (Psychological APVA) (Hilbe, 2009; Menard, 2010; Field, 2013).

The Box-Tidwell (1962) procedure to test linearity was used. This adds an interaction term between the continuous independent variables and their natural logs to the regression equation (Jaccard, 2001). The Binary Logistic procedure in SPSS Statistics was used to test this assumption. If the **interaction terms are statistically significant**, the original continuous independent variable has **failed the assumption of linearity** (Field, 2013). Based on this assessment, all the independent variables were found to be linearly related to the logit of the dependent variable, as illustrated in Table 5.5. below.

Table 5.5 Linear Relationships of Continuous Independent Variables of Psychological APVA Logistic Regression Model

Interaction Term	Significance
Hyperactivity / Inattention	.742
Total Difficulties	.382
Reactive Aggression	.128

Physical APVA

As explained above, the assumption of linearity in a logistic regression requires that there is a linear relationship between the continuous independent variables (‘Hyperactivity / Inattention’, ‘Proactive Aggression’, and ‘Reactive Aggression’) and the logit transformation of the dependent variable (Physical APVA).

Using the Box-Tidwell (1962) procedure, the interaction terms of the continuous independent variables were not significant and therefore are linearly related to the logit of the dependent variable, see Table 5.6.

Table 5.6 Linear Relationships of Continuous Independent Variables of Physical APVA Logistic Regression Model

Interaction Term	Significance
Hyperactivity / Inattention	.137
Proactive Aggression	.412
Reactive Aggression	.116

Severe APVA

The Box-Tidwell (1962) procedure was also used to test the linear relationship between the continuous independent variables in the Severe APVA logistic regression model (‘Hyperactivity / Inattention’, ‘Conduct Problems’, ‘Total Difficulties’ and ‘Proactive Aggression’) and the logit transformation of the dependent variable (Severe APVA). These independent variables were found to be linearly related to the logit of the dependent variable, see Table 5.7 below.

Table 5.7 Linear Relationships of Continuous Independent Variables of Severe APVA Logistic Regression Model

Interaction Term	Significance
Hyperactivity / Inattention	.537
Conduct Problems	.374
Total Difficulties	.498
Proactive Aggression	.514

5.2.7. ASSUMPTION SIX: The data must not show multicollinearity (Laerd Statistics, 2015a).

Multicollinearity occurs when two or more independent variables are highly correlated with each other. This causes confusion with regards to which independent variable contributes to the variance explained in the dependent variable (Jaccard, 2001; Hilbe, 2009; Menard, 2010). To detect multicollinearity, an inspection of the correlation coefficients and Tolerance/VIF values was completed. The data do not show multicollinearity.

5.2.8. ASSUMPTION SEVEN: There should be no significant outliers, high leverage points or highly influential points (Laerd Statistics, 2015a).

Significant outliers, high leverage and highly influential points are observations in the data that are unusual and which can have a negative effect on the regression equation that is used to predict the value of the dependent variable based on the independent variables. This can reduce the predictive accuracy of the results and the statistical significance (Agresti, 2013; Hilbe, 2009). However, these can be detected through casewise diagnostics when using SPSS Statistics to run logistic regression on data (Field, 2013).

Cases with studentized residual values greater than 2.5 should be inspected to determine why these cases are outliers and to remove them from the analysis if necessary (Field, 2013). The results of each logistic regression model are presented.

Psychological APVA

As illustrated in Table 5.8 below, there were **12 studentized residuals, with values ranging from -2.554 to -4.051 which were kept in the analysis.**

Table 5.8 Studentized Residuals of Psychological APVA Logistic Regression Model

Case	Observed Group – Psychological APVA	Predicted Group	Studentized Residual
72	No	Yes	-2.776
113	No	Yes	-2.544
133	No	Yes	-3.972
166	No	Yes	-2.796
280	No	Yes	-2.607
294	No	Yes	-2.865
407	No	Yes	-3.464
483	No	Yes	-3.235
495	No	Yes	-2.906
517	No	Yes	-2.791
639	No	Yes	-4.051
669	No	Yes	-2.854

Physical APVA

There were 10 studentized residuals, with values ranging from 2.644 to 27.828. Case 338, 603 and 825 were removed from the analysis due to their extreme studentized residual. Following the removal of these three studentized residuals, there were **7 studentized residuals ranging from 3.089 to 6.313 which were kept in the analysis** (see Table 5.9 below).

Table 5.9 Studentized Residuals of Physical APVA Logistic Regression Model

Case	Observed Group – Physical APVA	Predicted Group	Studentized Residual	Adjusted Studentized Residual
29	Yes	No	4.318	5.504
126	Yes	No	2.922	3.329
216	Yes	No	3.665	5.531
316	Yes	No	5.068	6.021
338	Yes	No	6.221	~
515	Yes	No	4.875	6.313
570	Yes	No	2.644	3.089
603	Yes	No	9.166	~
630	Yes	No	3.180	3.831
825	Yes	No	27.828	~

Severe APVA

There were 14 studentized residuals, with values ranging from 2.766 to 10.479. Case 474, 603, 708 and 825 were removed from the analysis due to the extreme studentized residuals. Following the removal of these four studentized residuals, there were 10 studentized residuals ranging from 2.541 to 7.259 which were kept in the analysis (see Table 5.10 below).

Table 5.10 Studentized Residuals of Severe APVA Logistic Regression Model

Case	Observed Group – Severe APVA	Predicted Group	Studentized Residual	Adjusted Studentized Residual
29	Yes	No	3.801	3.748
112	Yes	No	3.061	3.629
177	Yes	No	3.035	3.847
216	Yes	No	3.247	5.553
316	Yes	No	4.672	4.892
338	Yes	No	5.085	7.259
379	Yes	No	2.830	3.613
474	Yes	No	6.213	~
515	Yes	No	2.766	3.190
558	Yes	No	2.852	2.541
603	Yes	No	9.855	~
630	Yes	No	3.213	3.922
708	Yes	No	10.479	~
825	Yes	No	17.091	~

5.3. INTERPRETING LOGISTIC REGRESSION RESULTS

As demonstrated, the data meet the assumptions of logistic regression. Therefore, the results can be reported and interpreted.

For each logistic regression model, it is important to identify which independent variables have a statistically significant effect on the dependent variable and how the logistic regression model predicts the dependent variable. In reporting the results, reference will be made to:

- the **percentage accuracy in classification (PAC)**. This measure indicates how many cases to the model correctly classified with the independent variables added.
- the **sensitivity** measure is the percentage of cases that had the observed characteristic (e.g., ‘yes’ for ‘Severe APVA’) which were correctly predicted by the model.

- the *specificity* measure is the percentage of cases that did not have the observed characteristic (e.g., ‘no’ for ‘Severe APVA’) and were correctly predicted as such.
- the *positive predictive value* is the percentage of correctly predicted cases with the observed characteristic, compared to the total number of cases predicted as having the characteristic.
- the *negative predictive value* is the percentage of correctly predicted cases without the observed characteristic, compared to the total number of cases predicted as not having the characteristic (Laerd Statistics, 2015a).

Table 5.11 below illustrates how these measures were identified from the classification table produced by SPSS.

Table 5.11 Logistic Regression Category Prediction: Interpretation of Output from SPSS Classification Table

Observed		Predicted		Percentage Correct
		APVA		
APVA	No	A	C	$X = \textit{Specificity}$
	Yes	B	D	$X = \textit{Sensitivity}$
		$100 \times (A / (A + B)) =$ <i>Negative predictive value</i>	$100 \times (D / (C + D)) =$ <i>Positive predictive value</i>	
Overall Percentage				$X = \textit{PAC}$

The results of each logistic regression model are presented in a table. The following measures are referenced in the tables:

- the Wald test ("**Wald**" column) determines the statistical significance for the independent variables. The statistical significance of the Wald test is reported the "**p**" column.
- the *B* coefficients ("**B**" column) predict the probability of an event occurring
- the odds ratio of each of the independent variables is reported in the "**Odds Ratio**" column with their confidence intervals ("**95% C.I. for Odds Ratio**" column). This illustrates the change in the odds for each increase in one unit of the independent variable. The odds ratio

can be inverted and it is reported that for each unit *reduction* in the independent variable, the odds of an event occurring increases (Laerd Statistics, 2015a)

- the **Constant** variable (otherwise known as the intercept) measures how compatible the data is with the null hypothesis that the constant equals zero. If the p-value for the constant is significant, the null hypothesis can be rejected and it can be concluded that the constant does not equal zero.

5.4. PSYCHOLOGICAL APVA LOGISTIC REGRESSION MODEL

A logistic regression was performed to ascertain the effects of: Hyperactivity / Inattention, Total Difficulties, Reactive Aggression, having called a sibling derogatory names, having taken belongings from a sibling, being mocked by a sibling, belongings being taken by a sibling, drinking alcohol in the last 6 months, ever trying cannabis, having perpetrated school bullying, and having observed school bullying in the last 6 months, on the likelihood that participants exhibited Psychological APVA.

Linearity of the continuous variables with respect to the logit of the dependent variable was assessed via the Box-Tidwell (1962) procedure. Based on this assessment, all continuous independent variables were found to be linearly related to the logit of the dependent variable. There were 12 studentized residuals, with values ranging from -2.544 to -4.051 standard deviations, which were kept in the analysis.

The logistic regression model was statistically significant, $\chi^2(11) = 118.590, p < .000$. The model explained 24.8% (Nagelkerke R^2) of the variance in Psychological APVA and correctly classified 73.5% of cases (PAC). Sensitivity was 88.3%, specificity was 43.5%, positive predictive value was 75.9% and negative predictive value was 64.9%.

Of the 12 predictor variables, 7 were statistically significant: Total Difficulties, Reactive Aggression, calling a sibling derogatory names, being mocked by a sibling, belongings being taken by a sibling, ever tried cannabis, having observed school bullying in the last 6 months, and the constant (see Table 5.12). Participants who had ever tried cannabis had 3.37 times higher odds of exhibiting psychological APVA. Increasing scores on the SDQ Total Difficulties scale, and

Reactive Aggression (RPQ) scale were associated with an increased likelihood of exhibiting psychological APVA.

Table 5.12 Logistic Regression Predicting Likelihood of Psychological APVA

Variables	<i>B</i>	SE	Wald	<i>df</i>	<i>p</i>	Odds Ratio	95% CI for Odds Ratio	
							Lower	Upper
Hyperactivity / Inattention	-.034	.064	.293	1	.588	.966	.853	1.095
Total Difficulties	.058	.029	4.085	1	.043	1.060	1.002	1.121
Reactive Aggression	.124	.031	16.056	1	.000	1.132	1.065	1.203
Calling a sibling derogatory names	.529	.242	4.792	1	.029	1.698	1.057	2.727
Taking the belongings of a sibling	.666	.289	5.324	1	.021	1.947	1.106	3.429
Mocked by a sibling	.429	.226	3.595	1	.058	1.536	.986	2.395
Belongings taken by sibling	-.402	.248	2.623	1	.105	.669	.411	1.088
Alcoholic drink in last 6 months	.301	.241	1.565	1	.211	1.352	.843	2.167
Ever tried cannabis	1.216	.569	4.570	1	.033	3.374	1.106	10.290
Perpetrator of Bullying	.165	.395	.176	1	.675	1.180	.554	2.557
Observer of Bullying	.448	.204	4.797	1	.029	1.565	1.048	2.336
Constant	-1.276	.262	23.685	1	.000	.279		

Note: Categories are for ‘yes’ compared to ‘no’

5.5. PHYSICAL APVA LOGISTIC REGRESSION MODEL

A logistic regression was performed to ascertain the effects of: having insulted or sworn at parents, a step-sister living in the household, Hyperactivity / Inattention, Reactive Aggression, Proactive Aggression, having hit, kicked or pushed a sibling, having mocked a sibling, belongings being taken by a sibling, drinking alcohol in the last 6 months, friends that drink alcohol regularly, having perpetrated school bullying and having been the victim of school bullying in the last 6 months, on the likelihood that participants exhibited Physical APVA.

Linearity of the continuous variables with respect to the logit of the dependent variable was assessed via the Box-Tidwell (1962) procedure. Based on this assessment, all continuous independent variables were found to be linearly related to the logit of the dependent variable, there

were 7 studentized residuals ranging from 3.089 to 6.313 standard deviation which were kept in the analysis.

The logistic regression model was statistically significant, $\chi^2(12) = 94.869, p < .000$. The model explained 52.2% (Nagelkerke R^2) of the variance in Physical APVA and correctly classified 96.8% of cases (PAC). Sensitivity was 41.7%, specificity was 99.3%, positive predictive value was 77.4% and negative predictive value was 38.1%.

Of the 13 predictor variables, 6 were statistically significant: having insulted or sworn at parents, a step-sister living in the household, Proactive Aggression, belongings being taken by a sibling, having been a victim of school bullying in the last 6 months, and the constant (see Table 5.13). Participants who had insulted or sworn at parents had 20.924 times higher odds of exhibiting physical APVA. Belongings being taken by a sibling was associated with an increased likelihood of physical APVA. Furthermore, participants who had a step-sister living in the household had 8.337 higher odds of physical APVA. An increasing score on the Proactive Aggression (RPQ) scale was associated with an increased likelihood of exhibiting physical APVA, and participants who had been the victim of school bullying in the last 6 months, had 3.585 times higher odds of physical APVA.

Table 5.13 Logistic Regression Predicting Likelihood of Physical APVA

Variables	<i>B</i>	SE	Wald	<i>df</i>	<i>p</i>	Odds Ratio	95% CI for Odds Ratio	
							Lower	Upper
Insulted or Sworn at Parents	3.041	.797	14.551	1	.000	20.924	4.386	99.818
Step-sister living in household	2.121	.835	6.452	1	.011	8.337	1.623	42.823
Hyperactivity / Inattention	.053	.140	.144	1	.705	1.055	.801	1.389
Reactive Aggression	.025	.068	.136	1	.712	1.025	.897	1.171
Proactive Aggression	.266	.075	12.418	1	.000	1.304	1.125	1.512
Hit, kicked or pushed a sibling	.546	.710	.591	1	.442	1.726	.429	6.946
Mocked a sibling	-1.053	.684	2.369	1	.124	.349	.091	1.333
Belongings taken by a sibling	1.399	.604	5.360	1	.021	4.052	1.239	13.248
Alcoholic drink in last 6 months	.565	.610	.859	1	.354	1.760	.532	5.819
Friends that drink alcohol regularly	.279	.583	.229	1	.632	1.322	.422	4.145
Perpetrator of Bullying	-.692	.736	.884	1	.347	.501	.118	2.119
Victim of Bullying	1.277	.596	4.586	1	.032	3.585	1.114	11.532
Constant	-8.007	1.290	38.552	1	.000	.000		

Note: Categories are for 'yes' compared to 'no'

5.6. SEVERE APVA LOGISTIC REGRESSION MODEL

A logistic regression was performed to ascertain the effects of: having insulted or sworn at parents, Hyperactivity / Inattention, Conduct Problems, Total Difficulties, Proactive Aggression, belongings being taken by a sibling, ever trying glue / solvent sniffing, having perpetrated school bullying and having been the victim of school bullying in the last 6 months, on the likelihood that participants exhibited Severe APVA.

Linearity of the continuous variables with respect to the logit of the dependent variable was assessed via the Box-Tidwell (1962) procedure. Based on this assessment, all continuous independent variables were found to be linearly related to the logit of the dependent variable, there were 10 studentized residuals ranging from 2.541 to 7.259 standard deviations which were kept in the analysis.

The logistic regression model was statistically significant, $\chi^2(9) = 126.429, p < .000$. The model explained 51.7% (Nagelkerke R^2) of the variance in Severe APVA and correctly classified 95.3% of cases (PAC). Sensitivity was 37.1%, specificity was 98.7%, positive predictive value was 61.9% and negative predictive value was 96.5%.

Of the 10 predictor variables, 6 were statistically significant: having insulted or sworn at parents, Proactive Aggression, belongings being taken by a sibling, ever trying glue / solvent sniffing, having been a victim of school bullying in the last 6 months, and the constant (see Table 5.14).

Participants who had insulted or sworn at parents had 26.853 times higher odds of exhibiting severe APVA. Belongings being taken by a sibling was associated with an increased likelihood of severe APVA. Participants who had ever tried glue / solvent sniffing had 3.629 higher odds of severe APVA. An increasing score on the Proactive Aggression (RPQ) scale was associated with an increased likelihood of exhibiting severe APVA and participants who had been the victim of school bullying in the last 6 months, had 5.371 times higher odds of severe APVA.

Table 5.14 Logistic Regression Predicting Likelihood of Severe APVA

Variables	<i>B</i>	SE	Wald	<i>df</i>	<i>p</i>	Odds Ratio	95% CI for Odds Ratio	
							Lower	Upper
Insulted or Sworn at Parents	3.192	.616	26.853	1	.000	24.343	7.278	81.421
Hyperactivity / Inattention	.085	.159	.288	1	.592	1.089	.798	1.487
Conduct Problems	-.192	.186	1.075	1	.300	.825	.574	1.187
Total Difficulties	.070	.074	.894	1	.344	1.072	.928	1.489
Proactive Aggression	.250	.075	11.088	1	.001	1.285	1.109	1.489
Belongings taken by a sibling	1.001	.463	4.665	1	.031	2.720	1.097	6.744
Ever tried glue / solvent sniffing	1.289	.600	4.615	1	.032	3.629	1.120	11.764
Perpetrator of Bullying	-.528	.623	.719	1	.397	.590	.174	2.000
Victim of Bullying	1.681	.512	10.788	1	.001	5.371	1.970	14.648
Constant	-7.441	1.007	54.635	1	.000	.001		

Note: Categories are for 'yes' compared to 'no'

5.7. CONCLUSION OF RESULTS: PART II

This chapter has presented three statistically significant logistic regression models that can predict the probability of Psychological APVA, Physical APVA, and Severe APVA occurring.

The probability of Psychological APVA significantly increases with high SDQ Total Difficulties and Reactive Aggression scores. Problematic sibling relationships in the last 6 months, specifically, if a young person has called a sibling derogatory names, and if a young person has been mocked by a sibling or had their belongings taken by a sibling, are also significant predictor variables of Psychological APVA. Additional significant predictors of Psychological APVA include ever trying cannabis and observing school bullying in the last 6 months.

The probability of Physical APVA and Severe APVA significantly increases with high Proactive Aggression scores, and if a young person has insulted or sworn at their parents, had their belongings taken by a sibling, and been a victim of school bullying in the last 6 months. In addition, a step-sister living in the household is a significant predictor for Physical APVA, and ever trying glue / solvent sniffing is a significant predictor for Severe APVA. These results will be considered in more detail in the discussion chapter that follows.

CHAPTER 6: DISCUSSION

6.0 CHAPTER SUMMARY

This research is the first U.K cross-sectional community-based survey on Adolescent-to-Parent Violence and Abuse (APVA) undertaken in the U.K in the past 20 years. This chapter discusses the research findings within the context of the literature, the research aims and objectives and relevant theoretical explanations. It also addresses the methodological limitations and strengths of the study.

6.1 INTRODUCTION

This research primarily aimed to report the prevalence of APVA from a U.K cross-sectional community-based sample (secondary schools in Surrey) and to examine whether adolescent characteristics and behaviours, familial characteristics, and school bullying experiences are associated with APVA and can predict APVA. This research has demonstrated that psychological APVA (shout; insult/swear; threaten) was prevalent amongst 64.4% of the sample over the past 6 months and physical APVA (kick/punch; slap; hit with an object) was prevalent amongst 4.3% of the sample over the past 6 months. Significant associations between young person characteristics and experiences and APVA behaviours have been demonstrated and significant predictors for different types of APVA (psychological; physical; severe) have been identified. Therefore, these results support the research hypothesis that adolescent demographics and behaviours, familial characteristics, and school bullying experience are associated with APVA, and that a model can be created that can predict the likelihood of APVA occurring.

6.2 APVA PREVALENCE, TYPES & SEVERITY

6.2.1 Overview

The total APVA prevalence of this research sample is 64.5% (N=574) which represents over two thirds of the total sample. Shouting at a parent is the most common APVA behaviour (63.7%), exceeding insulting or swearing at a parent (23.0%), threatening to hit a parent (4.6%), kicking or punching a parent (3.3%), slapping a parent (2.4%) and hitting a parent with an object that could harm them (1.8%). Insulting or swearing at a parent is a statistically significant predictor for

physical APVA (kick/punch; slap; hit with an object) and severe APVA (threaten; kick/punch; slap; hit with an object). These findings are discussed in detail below.

6.2.2. APVA Prevalence

When interpreting the results, it is important to distinguish between the prevalence of behaviours which fall within societal norms for this age group, i.e. shouting or insulting/swearing, and more concerning abusive behaviors which may be intended to control, coerce or threaten a parent, i.e. threatening to hit, kicking or punching, slapping, or hitting with an object (Kennair & Mellor, 2007; Murphy-Edwards, 2012). The results from this U.K study supports the notion of an escalation process of APVA; behaviours that are more commonly associated with adolescence are more frequently observed than behaviours that could be defined as criminal acts. For example, shouting at a parent was observed in 63.7% of the research sample and insulting/swearing at a parent was observed in 23.0% of the research sample. A much smaller percentage of young people reporting these behaviours also reported behaviours that are less prevalent and against societal norms; with 4.6% of the sample having threatened to hit a parent, 3.3% of the sample having kicked or punched a parent, 2.4% having slapped a parent and 1.8% having hit a parent with an object that could harm them. This finding supports a conclusion that in a vulnerable population of young people (see discussions below) it is possible to identify the behavioural indicators for emergent or existing APVA in a real-world context, where such behaviours are likely to be under-reported to professionals (see Chapter 7). Indeed, these figures are comparable to the findings of Browne and Hamilton (1998). In their U.K APVA study of 469 University students, 8.5% reported to have been ‘violent’ towards their mothers, and 6.1% reported to have been violent towards their fathers in the past year.

It should be considered, however, that the instrument used to measure APVA; the CTS-CP (Straus & Fauchier, 2008) has its limitations and does not comprehensively measure APVA as defined in this research (see Chapter 3). As such, caution should be taken when interpreting the results in relation to APVA prevalence. In this research ‘Psychological APVA’ is made up of young people who indicated that they shout, insult/swear, and/or threaten to hit their parents, regardless of the frequency of the behaviour. Therefore, the CTS-CP is at risk of measuring more typical adolescent behaviours, i.e. of shouting and/or swearing, in addition to the abusive forms of these behaviours.

As such, the ‘Total APVA’ prevalence figure of 64.5% (which is calculated by adding the ‘Psychological APVA’ and ‘Physical APVA’ totals) may not be truly representative of APVA, as defined in this research, and could be taken out of context.

Given that APVA has recently been included in the governmental definition of domestic violence and abuse (see Chapter 1) these findings can be broadly compared to nationally recorded domestic violence and abuse data. The March 2016 Crime Survey for England and Wales (CSEW) showed that 6.1% of people aged 16 to 59 years old experienced some form of domestic violence abuse in the last year (Office of National Statistics, February 2017). More specifically, the police force area of Surrey recorded a domestic violence and abuse prevalence rate of 4.8% over a three-year period (April 2013 to March 2016). Therefore, although not directly comparable due to methodological differences, the physical APVA prevalence rate of 4.3% arising from this research, is similar to that of the domestic violence and abuse prevalence rate reported in Surrey. This could suggest that APVA may occur as frequently as adult perpetrated forms of domestic violence and abuse (Straus & Gelles, 1990). These APVA behaviours are therefore unlikely to be isolated incidents and as such, to comprehensively address this issue, further research is required to gather more data to ascertain the prevalence of APVA in the U.K.

6.2.3. APVA Types

When classifying between APVA behaviour types, 64.4% (N=573) of the total sample reported to have exhibited psychological APVA behaviours in the last 6 months and 4.3% (N=38) of the total sample reported to have exhibited physical APVA behaviours in the last 6 months. Therefore, the levels of psychological and physical APVA are considerably different, with physical APVA being less frequent. Although, as discussed above, this figure is likely to include some non-abusive behaviours, this variance is also demonstrated cross-culturally (USA, Canada and Spain) in which prevalence rates of up to 65% are reported for psychological APVA (Pagani et al. 2004, 2009; Calvete, Orue & Sampedro, 2011) and range from 4.6 % to 21% for physical APVA (e.g. Pagani et al., 2004, 2009; Ibabe & Jaureguizar, 2010; Calvete, Orue & Sampedro, 2011; Calvete, Orue & Gamez-Guadix, 2013). Therefore, although the results should be interpreted with caution due to methodological differences, this research reflects the conclusions of international research regarding the prevalence of APVA types.

6.2.4. APVA Severity

The frequency of APVA behaviours were measured on a three-point scale ('never', 'sometimes' or 'often') and when examining the 'often' responses only, the prevalence of APVA reduces. For example: shouted at parents in the last 6 months reduces from 63.7% (N=567) to 10.4% (N=93), and kicked or punched parents in the last 6 months reduces from 3.3% (N=29) to 1.3% (N=12). It should be considered that these reduced prevalence figures may provide a more accurate reflection of the prevalence of APVA. A similar finding was observed in Spanish research conducted by Calvete, Gamez-Guadix, Orue, Gonzalez-Diez et al. (2013) which found that when discriminating between the frequency of 'total' and 'very often' APVA, prevalence reduced from 92.7% to 14.2% respectively for psychological APVA, and 10.7% to 3.2% respectively for physical APVA. It was proposed that because the information yielded was more specific and focussed upon the recurrent cases of APVA, the prevalence was lower than had been found in earlier studies (e.g. Ullman & Straus, 2003; Pagani et al., 2004, 2009; Calvete, Orue & Sampedro, 2011).

It can be concluded, therefore, that this U.K study both supports current literature regarding prevalence but also poses questions concerning the tools used to measure APVA type and severity. These questions require further research to fully understand the APVA behaviours in order for improved predictive screening and assessment tools to be developed (see Chapter 7). The discussion now explores in greater depth the characteristics and behaviours of young people who display APVA to shed further light on this phenomenon.

6.3. CHARACTERISTICS & BEHAVIOURS OF YOUNG PEOPLE WHO EXHIBIT APVA

6.3.1. Overview

This research has identified that young people who display APVA appear to experience emotional and behavioural difficulties particularly with respect to their hyperactivity / inattention and conduct. They are more likely to exhibit both reactive and proactive aggression and have an increased propensity to insult or swear at their parents. It is likely that they will have used alcohol and substances, including cannabis and solvents, and that their friends consume alcohol regularly. These results are further explored below.

6.3.2. Sex

This research identified no significant sex differences in the commission of physical APVA. This is consistent with the findings of Calvete, Gamez-Guadix, Orue, Gonzalez-Diez et al. (2013). Contrary to their findings, however, the current study observed that females scored significantly higher than males on only one indicator of psychological APVA (shouting at parents) as opposed to scoring significantly higher on all indicators of psychological APVA. Therefore, the results support the findings of previous studies that have identified no sex differences in physical APVA (Calvete, Orue & Gamez-Guadix, 2013; Pagani et al., 2004, 2009) and partially support previous research that females exhibit more psychological APVA than males (Boxer, Gullan & Mahoney, 2009; Calvete & Orue, 2011; Calvete, Orue, Gamez-Guadix, 2015). Furthermore, sex was not identified as a significant predictor for APVA, therefore these results do not provide supporting evidence for feminist theories (see Chapter 2) as an explanation for APVA. It can also be suggested with a degree of confidence that the sex of the young person does not provide a compelling framework for screening or assessment purposes, but it may be relevant to differences in how the behaviour of APVA is exhibited.

6.3.3. Age

The results of this research demonstrate that young people who reported to have shouted at their parents, insulted or sworn at their parents, and hit their parents with an object were significantly older than those participants who did not report these behaviours; with an age range of between 13.22 years old and 14.19 years old. However, this result should be treated with caution. It is the view of this researcher that the age differences between young people who reported APVA behaviours compared to those that did not, were not particularly noteworthy. Although the sample was aged between 11 to 18 years old, most of the sample was aged 11 to 15 years old (Mean = 13.49 years). Therefore, the relevance of the significant finding needs to be interpreted within the context of the age distribution of the sample which may have produced skewed results. Moreover, the literature (see Chapter 2) demonstrates numerous inconsistencies regarding the peak age and onset of APVA. Further, age was not a predictor variable included in the logistic regression models of this research. Taking into account the literature and the potential methodological sample bias of this research, this would suggest that there is insufficient reliable and consistent evidence regarding the peak age of the commission of APVA and, on that basis, it should not be included

as one of the key factors when considering the likelihood of APVA. Of course, this does not preclude further research demonstrating a more definitive outcome for this indicator.

6.3.4. Ethnicity

This research identified no significant associations between the reported ethnicity of young people and APVA behaviours. Furthermore, ethnicity was not found to be a significant predictor of APVA. Therefore, this research does not replicate the findings of other U.K based research (e.g. Condry & Miles, 2014) which has shown APVA to be more prevalent within families of white ethnicities.

6.3.5. Mental Health and Emotional Development (Strengths and Difficulties)

Relatively few studies have analysed whether there is an association between emotional difficulties and APVA, however, those that have, note that young people who exhibit APVA tend to have a profile of depressive symptoms and psychological stress (Kennedy et al., 2010; Ibabe & Jaureguizar, 2012; Calvete, Orue, Gamez-Guadix, 2013; Ibabe, Arnoso & Elgorriaga, 2014a, 2014b). This research provides further evidence of the emotional difficulties experienced by young people who exhibit APVA behaviours, as measured by the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2005). A high SDQ 'total difficulties' score was found to be a significant predictor for psychological APVA and a predictor for severe APVA. Furthermore, specific APVA behaviours, for example; insulting or swearing at parents, threatening to hit parents, and slapping parents, were shown to be associated with significantly higher SDQ scores for emotional symptoms, conduct problems, peer problems, hyperactivity/inattention, total difficulties, and significantly lower pro-social scores. The results also indicate that there is an association between those young people who hit their parents with an object, and kick or punch their parents, and significantly higher SDQ scores for conduct problems, peer problems, hyperactivity/inattention, total difficulties, and significantly lower pro-social scores.

These results can be compared to research conducted by Biehal (2012) which evaluated U.K family support services for families at risk of relationship breakdown. This research, funded by the Department of Health, collected a wealth of data from validated questionnaires including the SDQ, which was completed by 112 parents experiencing APVA (Goodman, 2005). Statistical analyses

were completed which showed, as does the current research, that there were significant associations between APVA and symptoms of conduct problems, emotional problems, hyperactivity/inattention, peer problems and total difficulties, as measured by the SDQ. The results from these U.K-based research samples creates a compelling profile of young people with challenges across a range of emotional well-being indicators, associated with difficulties in sustaining pro-social behaviours.

Furthermore, this research replicates the findings of Contreras and Cano (2015) who identified that the proportion of clinical diagnoses was higher in young people who exhibited APVA, with Attention Deficit Hyperactivity Disorder (ADHD) and Conduct Disorder being the most common. With regards to ADHD, the link between ADHD and APVA remains unclear. However, the current findings demonstrate that hyperactivity / inattention is a predictor for psychological APVA, physical APVA and severe APVA. Therefore, the evidence is compelling that an ADHD diagnosis could act as potential marker for identifying emerging or existing APVA. This has importance for the development of screening, assessment and intervention tools. However, any assessment and intervention should take into account that a diagnosis of ADHD acts to provide a medical explanation for behaviour traits and the potential impact of environmental explanations should not be overlooked.

With regard to Conduct Disorder, this research confirms the findings in the literature (see Chapter 2) that conduct problems are a predictor for severe APVA. Again, these behaviours may have been medically diagnosed as Conduct Disorder and it is beyond the remit of the research to comment on clinical findings. However, there is a growing body of evidence (see Chapter 2) which suggests that Conduct Disorder could be used as a marker for the increased likelihood of severe APVA. As with ADHD, this has implications for developing screening and assessment tools that are sensitive to identifying APVA.

6.3.6. Aggressive and Violent Behaviour (Reactive / Proactive Aggression)

This research has found that reactive, proactive and total aggression scores are significantly higher for those young people who reported to have exhibited APVA behaviours. These results suggest that both reactive and proactive aggression contribute to APVA which highlights the complexity

of this type of behaviour. These findings are consistent with research by Calvete, Gamez-Guadix, Orue, Gonzalez-Diez et al. (2013) which demonstrate that young people's explanations for APVA could be considered as both proactive (instrumental) and reactive aggression. The findings from this U.K study also demonstrates that reactive aggression can be a predictor for both psychological APVA and physical APVA. That said, it is of note that only proactive aggression is identified as being a predictor for both physical APVA and severe APVA. Therefore, these results suggest that although reactive aggression is a significant indicator of psychological APVA, proactive aggression is significantly more likely to indicate the presence of physical and severe abusive behaviours.

Exploring aspects of APVA indicators in depth, as this research has demonstrated, shows there is further research to be undertaken to understand the complexity of APVA. More research is required to identify the ways in which indicators across a range of social and psychological factors interact, which in turn will isolate specific factors fruitful for study. This point is demonstrated further when discussing the association between APVA and alcohol and substance use.

6.3.7. Alcohol and Substance Use

This research has identified that specific alcohol and substance use behaviours can be predictors for APVA. Trying cannabis and consuming alcohol (in the last 6 months) are statistically significant predictors for psychological APVA. Similarly, consuming alcohol (in the last 6 months) and having friends that drink alcohol regularly are predictors for physical APVA and glue/solvent sniffing is a significant predictor for severe APVA. This replicates previous findings that alcohol and/or substance use predicts APVA (Ibabe & Jaureguizar, 2010, 2012; Calvete, Orue & Gamez-Guadix, 2013).

However, this research can explore these findings in greater depth. There were significant associations observed between young people exhibiting APVA behaviours and alcohol and substance use. These specifically were consuming alcohol, trying glue/solvent sniffing, trying cannabis, trying any other illegal drug (including ecstasy, cocaine, speed), having friends that drink alcohol regularly, and having friends that use drugs at least once a week. This provides additional supporting evidence for research conducted by Calvete, Orue, Gamez-Guadix (2015) which found

that substance use predicted psychological and physical APVA both indirectly and directly. The authors proposed that, consistent with the developmental cascade model (Masten et al., 2015), if young people engage in problematic behaviours, such as substance use, additional problematic behaviours emerge.

Calvete, Orue, Gamez-Guadix (2015) note that substance use and APVA are likely to have similar environmental etiological factors. In particular relevance to this study, exposure to violence (Calvete, Orue, Gamez-Guadix & Bushman, 2015) and relationships with problematic peers (Calvete, Orue, Bertino et al., 2014) are cited as related factors. It is acknowledged that there are alternative explanations that may account for the role of substance use and increased APVA behaviours that have not been measured in this research (see Chapter 2). However, this research provides further evidence of the complex relationship between substance and alcohol use behaviours and specific APVA behaviours.

The discussion now explores the characteristics of families who experience APVA, in order to explore in greater depth the potential impact of family dynamics upon the APVA behaviours of the young person.

6.4. CHARACTERISTICS OF FAMILIES WHO EXPERIENCE APVA

6.4.1. Overview

This research demonstrates that young people who exhibit APVA are more likely to have experienced family disruption, for example, by having an absent father or by living with step-siblings. There is an increased propensity for these young people to have experienced conflict with siblings. This may take the form of young people mocking and calling their siblings derogatory names, taking their siblings belongings, and being physically aggressive towards their sibling. Other behaviours that young people may have experienced include their sibling mocking them and taking their belongings, as well as being hit, kicked or pushed by their sibling.

6.4.2. Household Structure

In England and Wales, 26% (3.1 million) of dependent children (aged under 16, or aged 16 to 18 in full-time education) lived in a lone parent family in 2011 (ONS, May 2014). For this research,

'household structure' refers to who the young person reported to be living with. The findings from this research indicate that households with an absent father are significantly associated with young people insulting or swearing at parents. These results are consistent with research conducted by Calvete, Orue, Gamez-Guadix, del Hoyo-Bilbao et al. (2015) which demonstrates that parental absence is associated with APVA. Livingston (1986) proposed that this may be because a father-figure living in the family home inhibits APVA. An alternative explanation by Calvete, Orue, Bertino et al. (2014) is that emotional deprivation, through the psychological absence of a father, may impact upon the development and maintenance of APVA. It is proposed therefore that the experience of parental absence can impact upon the attachment process, resulting in insecure attachment styles, particularly toward the maternal figure, which may result in aggression (Calvete, Orue, Gamez-Guadix, del Hoyo-Bilbao et al., 2015). It is beyond the remit of this research to be conclusive as to which explanation is the most compelling, but it does confirm that APVA behaviours are more likely to occur when the father figure is absent.

In 2011, nearly 1 in 10 dependent children in England and Wales lived in a stepfamily. Furthermore, stepfamilies tend to be larger than non-stepfamilies, with 28% of cohabiting couple stepfamilies having three or more dependent children, compared with 11% of cohabiting couple non-stepfamilies (ONS, May 2014). The current research shows that there are significant associations between a young person living with a step-brother and insulting or swearing at parents, and a young person living with a step-sister living and kicking or punching parents. Furthermore, a young person living with a step-sister is a significant predictor for physical APVA. These findings support the conclusions drawn from research and the literature that household structure (who the young person lives with) is a 'risk factor' for APVA (Pagani et al., 2003; Ibabe & Jaureguizar, 2010). Family restructuring has been proposed as creating an environment of emotional distress and strain which may impact upon the maintenance of secure attachments and parenting style. Therefore, this research provides support for stress theory (Strasburg, 1978, see Chapter 2), attachment theory (Bowlby, 1969) and parenting styles (Kratcoski, 1985) as possible explanations of APVA. The theoretical explanation of APVA are important as they establish a paradigm from which legislative guidelines and professional intervention arise.

6.4.3. Socioeconomic status

This research has identified a significant association between households that access Free School Meals (FSM) and young people that threaten to hit their parents and slap their parents. It should be noted, however, that this association is at a low level of incidence and so caution should be taken to not generalise these findings. Indeed, accessing Free School Meals is not a predictor variable for APVA in this research.

This finding reflects the inconsistency within the literature as to whether there is an association between socioeconomic status and APVA. APVA has been observed as transcending socioeconomic boundaries (e.g. Condry and Miles, 2014; Clarke, 2015), but it has also been proposed that poverty can increase the risk of APVA (Cottrell and Monk, 2004). Therefore, whilst stress theory can be used to explain how family restructuring may be associated with APVA, more research is needed to provide evidence as to whether stress theory, with respect to economic deprivation, is an adequate explanation for APVA (Strasburg, 1978; see Chapter 2).

6.4.4. Sibling Relationships

The results of this research show that there are significant associations between APVA and problematic behaviours between siblings. With regards to sibling perpetrated behaviours, the results indicate that APVA is associated with young people who have been hit, kicked, or pushed by a sibling; had their belongings taken by a sibling; been called derogatory names by a sibling, and/or been mocked by a sibling.

Of interest is that having been mocked by a sibling and having belongings taken by a sibling are significant predictors for psychological APVA. Furthermore, having belongings taken by a sibling is also a significant predictor for physical APVA and severe APVA. This finding demonstrates the complexity of the origins of APVA in social, emotional and environmental factors.

It should be considered that some violent behaviours may have been learned by young people within the domestic environment and that this may have an impact on later exhibiting APVA. If a young person has been exposed to violence in their early years (i.e. via siblings), the use of violence towards others (i.e. parents) may be justified and minimised. This cognitive mediation is an

important part of learning violence (Straus, Gelles & Steinmetz, 1980; Huesmann & Guerra, 1997; Calvete, 2007) and the results of this research indicates that this is a factor that should be taken into consideration when identifying APVA and formulating intervention. Furthermore, Calvete, Orue, Gamez-Guadix & Bushman (2015) found that exposure to violence directly predicted APVA and that witnessing siblings aggressing against each other increased the likelihood of APVA. This is partly demonstrated in the current research. Due to the design of the research, however, theoretical explanations, such as the intergenerational transmission of violence (e.g. McCloskey & Lichter, 2003; see Chapter 2), cannot be evidenced.

The results also establish that APVA is associated with young people who have hit, kicked or pushed a sibling; taken their siblings belongings; called their sibling derogatory names and mocked a sibling. Of note is that calling a sibling derogatory names and taking a sibling's belongings are predictors for psychological APVA. Furthermore, having hit, kicked or pushed sibling, and having mocked a sibling are predictor variables for physical APVA. These behaviours can be experienced as destructive and abusive, and therefore could be conceptualized as bullying, however few researchers use the term 'bullying' in relation to abusive behaviours between siblings. Despite this, the behaviour is typified by a power differential, conflict (e.g. dispute, arguments, physical fighting), high emotional intensity, and coercive resolution or surrender by one sibling to the demands of the other (Emery, 1992; Monks et al., 2009). Therefore, social cognitive models of aggression (Dodge, 1986 – See Chapter 2) may explain the association between problematic behaviours toward a sibling and APVA.

6.5. SCHOOL BULLYING EXPERIENCES OF YOUNG PEOPLE WHO EXHIBIT APVA

6.5.1. Overview

This research has identified an association between peer-on-peer bullying at school and APVA. Being a *witness* of school bullying is a significant predictor for psychological APVA, and being a *victim* of school bullying is a significant predictor for physical APVA and severe APVA. Furthermore, being a *perpetrator* of school bullying is included as a predictor in the logistic regression models for psychological APVA, physical APVA and severe APVA. Therefore, school-bullying is an important indicator for understanding and responding to APVA in contexts outside

of the family environment. The impact of being the witness, victim, or perpetrator of school bullying will be explored in greater depth below.

6.5.2. Victim

This research shows that there is a significant association between being a *victim* of school bullying and APVA behaviours (shouting at a parent, threatening to hit a parent, slapping a parent, kicking or punching a parent). Furthermore, being a victim of school bullying is a significant predictor for physical APVA and severe APVA. Therefore, these results indicate that school victimisation could be involved in the development of APVA, as it has been found to be for other aggressive behaviours in young people (e.g. Barker, Arseneault, Bredgen, Fontaine & Maughan, 2008). Calvete, Orue, Gamez-Guadix, del Hoyo-Bilbao et al., (2015) proposed that school victimisation may contribute to strengthening the violent behaviours and scripts of children who have previously been exposed to family violence; which may include sibling violence and aggression. Furthermore, it has been proposed that young people who are victims of bullying may come from troubled or abusive families (Monks et al., 2009) and that the experience of being bullied is associated with anxiety, depression and low self-esteem (Hawker & Boulton, 2000). These explanations encompass individual, peer, familial and environmental factors. Therefore, ecological theories (see Chapter 7) provide a best fit for explaining the association between being a victim of school bullying and exhibiting APVA.

6.5.3. Witness

This research also shows that there is a significant association between being a *witness* of school bullying in the last 6 months and APVA behaviours. Specifically, being a witness of cyberbullying is associated with shouting at a parent; being a witness of racist or religious bullying and homophobic bullying is associated with insulting or swearing at a parent; whilst being a witness of sexual bullying is associated with insulting or swearing at a parent, threatening to hit a parent, hitting a parent with an object that could harm them, and kicking or punching a parent. Furthermore, witnessing school bullying is a significant predictor for psychological APVA. In explaining these associations, social learning theory (Bandura, 1973) could be applied, as exposure to school bullying may contribute to the learning of aggressive behaviour through the modelling

of peers (see Chapter 2). However, in order to confidently apply this theoretical framework, further research is required to ascertain from whom the behaviour was learnt.

6.5.4. Perpetrator

This research identifies significant associations between being a *perpetrator* of school bullying and APVA behaviours. Specifically, being a perpetrator of verbal bullying is associated with shouting at a parent; being a perpetrator of racist or religious bullying, homophobic bullying, SEN or disability bullying, sexual bullying and sexist bullying is associated with kicking or punching a parent; whilst being a perpetrator of sexual bullying is associated with slapping a parent. Furthermore, being a perpetrator of school bullying is included in the logistic regression models as a predictor for psychological APVA, physical APVA, and severe APVA. These results are consistent with Ibabe, Jaureguizar & Diaz (2009) which found that the profile of young people who display APVA includes school adjustment problems in addition to violent behaviours occurring outside the family environment (Agnew & Huguley, 1989; Jaureguizar, Ibabe & Straus, 2013).

Research on school bullying has proposed that young people who bully may come from families in which violence is common and discipline inconsistent (Olweus, 1993). Indeed, Farrington (1993) identified that fathers who were aggressive and bullies at school are likely to have sons that also bully at school. Therefore, this research supports literature and theory that points towards the influence of multi-level maladjustment (individual, family, school) and problematic behaviours by young people (e.g. Lösel & Bender, 2003; Ibabe, Jaureguizar & Straus, 2013). In explaining the school bullying and APVA associations identified, ecological theories (see Chapter 2), which incorporate multiple levels of influence upon behaviour, would appear to most adequately address the various contexts in which bullying behaviour can be exhibited (i.e. home: against sibling and parent, and school: against peers). The theoretical implications as a consequence of the results of this study will be explored in more detail below.

6.6 THEORETICAL IMPLICATIONS

The findings of this research have been discussed and references have been made to the theoretical frameworks that can explain these results. Table 6.1 provides a summary of the key theoretical

explanations identified within the APVA literature and what supporting evidence, where applicable, this research provides.

As illustrated in Table 6.1, this research can provide some supporting evidence for Stress Theory (Strasburg, 1979), Coercion Theory (Patterson, 1982), Social Cognitive Models of Aggression (e.g. Dodge, 1986), and Intergenerational Transmission of Violence Theory (e.g. McCloskey & Lichter, 2003) as an explanation for APVA (see Chapter 2 for an overview). As commented by Holt (2016), it may be that due to the complexity of the lives of young people and families experiencing APVA, different theoretical approaches may be appropriate at different stages of APVA development. However, possibly due to the design of the research, the results provide a more compelling evidence base for Ecological Theories (e.g. Belsky, 1980) as the most fitting explanation of APVA (see Chapter 7, Table 7.1).

6.7. METHODOLOGICAL LIMITATIONS & STRENGTHS OF THE RESEARCH

6.7.1. Terminology and definitions

There is no cross-governmental definition or consistent terminology used for APVA. This can impact upon this research subject being under-acknowledged. This research has used the term APVA throughout, although there are variety of terms referenced within the literature which may not be directly comparable (see Chapter 2). For example, differences in terminology may impact upon the definition of the subject; ‘Child-to-Parent Violence’ is a term frequently used by Spanish researchers and although the age parameters of what constitutes a ‘child’ and ‘adolescent’ can overlap, the reader should be mindful that the research may not be addressing the same age-group. Indeed, there is an argument that ‘child’ may be the more inclusive term for this type of family abuse. However, given that the Home Office has published materials using the term APVA, and that the research sample consisted of 11 to 18-year olds, it was logical to use the term ‘adolescent’. Furthermore, in line with recent U.K legislation changes, the research developed a definition for APVA which will differ from definitions applied in other research (see Chapter 1). However, the instrument used to measure APVA did not fully capture this definition (see Chapter 3). These factors are likely to impact upon the generalisability/ecological validity of the research findings; however, it is proposed that the definition of APVA developed for this research can be operationalised and used for future APVA research, particularly in the U.K.

Table 6.1 Theoretical Explanations for APVA and Evidence Provided in Current Research

Theoretical Explanation	Evidence Required in Research	Evidence Provided in Current Research
Stress Theory (Strasburg, 1978)	Economic Deprivation Family Structure	Free School Meals associated with APVA Absence of Father and Step-Siblings in Household associated with APVA
General Strain Theory (Agnew, 1992) & Coercion Theory (Patterson, 1982)	Home Environment causing Strain Aggression to Stop or Prevent Aggression from Family Members	N/A – not measured Sibling to Young Person Aggression and Young Person to Sibling Aggression associated with and a predictor of APVA
Social Learning Theory (Bandura, 1973) Social Cognitive Models of Aggression (Dodge, 1986)	Behaviour Learned Vicariously Cognitive & Emotional Processes of Aggression	N/A – not measured Proactive and Reactive Aggression associated with and a predictor of APVA Perpetrator of School-Bullying associated with APVA
Intergenerational Transmission of Violence Theory (e.g. McCloskey & Lichter, 2003)	Victim of Violence within the Family Environment	Sibling to Young Person Aggression associated with and a predictor of APVA
Feminist Theories (e.g. Dobash & Dobash, 1979)	Male Power & Control; Violence Against Women	N/A – Females more likely to shout at parents
* Ecological Theories (e.g. Belsky, 1980)	* Levels of Influence on Family Functioning	* Individual, Familial and School-Bullying Behaviours
Parenting Style (e.g. Kratcoski, 1985) Attachment Theory (e.g. Bowlby, 1969)	Different Parenting Styles Parent – Child Attachment	N/A – not measured N/A – not measured

* See Chapter 7, Table 7.1

6.7.2. Population sample

This research is the first U.K cross-sectional community-based survey undertaken in the U.K in the past 20 years. As outlined in the literature review, quantitative APVA research arising from the U.K has been sparse. There has been a need to conduct this research to establish whether the quantitative research findings from other countries can be applied in the U.K. This research has demonstrated cross-cultural similarities between APVA research arising from different countries, particularly Spain. However, there remains a need for further APVA research to be carried out in the U.K.

Young people in this research sample are from two secondary schools in Surrey, U.K, and they were randomly invited to participate in the research. Therefore, because this study was conducted in a nonclinical sample, caution should be taken to generalising the results to clinical populations. It should also be considered that this research sample was not evenly distributed by sex, with males accounting for 60.1% of the sample, and females making up 32.3% of the sample. This is not representative of the U.K population; 2015 population data from the Office of National Statistics (ONS, March 2017) shows that of the 4,294,263 11 to 18-year olds living in the U.K, 51.2% were male and 48.8% were female. Despite this, this research is consistent with the findings of Calvete, Orue & Gamez-Guadix (2015) which found that based on young people reports, physical APVA did not differ depending on sex and psychological APVA was higher for females. Furthermore, the results of this research are representative of a sample which derived from a concrete regional and cultural context (Surrey, U.K) and may not be generalisable to other populations of young people. Thus, the findings of the research should be replicated in other U.K regions to identify whether the APVA predictors identified are specific to the region of Surrey, U.K or whether they can be applied nationally.

Whilst a prospective design would have provided more information about cause and effect relationships, the choice of a cross-sectional design utilising a community-based sample was necessitated by ethical and practical considerations (Campbell & Groundwater-Smith, 2007; Myers, Well & Lorch, 2010). As such, a causal relationship between the variables measured and APVA cannot be established and all results can be interpreted only as potential predictors of APVA. Furthermore, the results are based exclusively on the self-reports of young people via a

questionnaire. This factor could have contributed to significant associations among variables, thus impacting upon the validity of the data collected. Although research by Boyle et al. (1996) suggests that young people can accurately report their own behaviour, it should be considered that given the sensitive nature of the questionnaire, some young people may not have responded truthfully, despite the questionnaire being anonymous and confidential. Therefore, the results may be an underrepresentation of the behaviours and experiences of young people. To counter this, it is recommended that future research is undertaken which includes interviews with young people. In addition, consideration could be given to including questionnaires and interviews with parents, siblings, and teachers. This would provide a more holistic understanding of APVA from different perspectives. Despite this however, Ibabe, Jaureguizar and Bentler (2013) point out that a young person's subjective perception of their parent has more of an influence on their development than their parent's actual behaviour (Steinberg, Lamborn, Dornbusch & Darling, 1992) and this may also apply to their perception of sibling and peer relationships.

6.7.3. Measuring

Standardised instruments were combined to create a questionnaire for this research. APVA was measured using The Conflict Tactics Scale – Child Parents (CTS-CP; Straus & Fauchier, 2008. See Chapter 3 for critique) which does not record the direction (toward father and/or mother) or reasons for APVA. Consequently, it is not possible to contextualise the significant associations and predictors identified in this research. At the time of developing the research, the Child-to-Parent Aggression Questionnaire (Calvete, Gamez-Guadix, Orue, Gonzalez-Diez et al., 2013) had only recently been published. However, future research should consider using this validated instrument to capture APVA prevalence. This instrument gathers information regarding the severity, explanations and direction of APVA and includes questions that encompass the full definition of APVA, as used in this research. Nevertheless, this questionnaire included measurements of individual, familial and bullying characteristics and behaviours which allowed for an in-depth analysis of associations between these measurements and APVA.

6.8. CONCLUSION

This research contributes to the academic literature regarding the prevalence, experiences and characteristics of young people who exhibit APVA. From the literature reviewed, this is the only

quantitative research that has reported the prevalence of APVA from a U.K community sample of secondary school students. Furthermore, this research has identified associations between APVA, problematic sibling relationships and school bullying, among other variables. A robust quantitative analysis was undertaken which has provided insight into the adolescent characteristics and behaviours, familial characteristics, and school bullying experiences that can predict APVA. The findings demonstrate that APVA is a complex phenomenon that is associated with several family, individual, and social characteristics. As such, it is proposed that APVA would be most fruitfully explored within the context of an Ecological Theory.

The next chapter considers the implications of the research findings upon policy and practice. The substantive, methodological, and theoretical contributions to knowledge arising from this research are made, recommendations for future research are proposed and final conclusions are drawn.

CHAPTER 7: CONCLUSIONS & IMPLICATIONS FOR PRACTICE

7.0. CHAPTER SUMMARY

This chapter draws conclusions from the research. The research findings have provided support for the hypothesis; therefore, consideration is given to the implications of these findings upon policy and practice. The substantive, methodological, and theoretical contributions to knowledge are outlined and recommendations for future areas of research are made.

7.1. INTRODUCTION

In relation to problematic behaviour of children and young people, there is a key tension in policy and practice between child welfare and the potential for the youth justice system to intervene; Adolescent-to-Parent Violence and Abuse (APVA) is a classic issue in this wider debate. At this time, existing policy and legislative frameworks in England and Wales do not provide a comprehensive response to APVA prevention, identification and intervention for statutory, voluntary and community organisations. Furthermore, inconsistencies regarding terminology presents difficulties for APVA research, policy and practice as this can impact upon the interpretation of results, frameworks and responses, respectively.

7.2. IMPLICATIONS FOR POLICY

In England and Wales, recent policy and legislative changes have been implemented that relate to APVA (see Chapter 1). Of note is that in 2013, 16 and 17-year olds were included in the cross-governmental definition of domestic violence and abuse in England and Wales. Furthermore, in 2015 the Serious Crime Act introduced a new offence of ‘controlling or coercive behaviour in an intimate or family relationship’ which can be applied to young people over the age of 10 in England and Wales and could potentially criminalise APVA behaviours under the umbrella of domestic violence and abuse (Miles & Condry, 2015). However, APVA does not fit neatly into a domestic violence and abuse policy framework (see Miles & Condry, 2016).

When comparing the prevalence of physical APVA from this research and the prevalence of domestic violence and abuse from The Crime Survey for England and Wales (CSEW; Office of National Statistics, February 2017), the data suggests that APVA may occur as frequently as adult

perpetrated forms of domestic violence and abuse. However, as discussed in Chapter Six, caution should be taken when interpreting the prevalence figures. Cross-governmental policy regarding domestic violence and abuse is well established and has made significant advances over the past 30 years (see Miles and Condry, 2016). However, from the perspective of legislating and managing young people within the criminal justice system, there is a need for APVA to be further understood, comprehensively addressed and fully incorporated into policy responses. Indeed, although consideration should be given to the impact of methodological limitations, the mean age of young people who exhibited APVA in this research was found to be between 13 to 14 years old and this age group is not currently captured in the cross-governmental definition of domestic violence and abuse. Furthermore, although the legal age of criminal responsibility in England and Wales is 10 years old, the culpability of young people who exhibit APVA should be carefully considered and not approached in the same way as adult perpetrated domestic violence and abuse. As discussed in Chapter One, a ‘positive youth justice’ approach should be taken to working with young people and as such, diversionary and pre-court measures should also be considered within APVA policy (Miles & Condry, 2016).

Furthermore, APVA does not lend itself well to a solely child protection policy framework either. For example, Selwyn and Meakings (2016) comment that parents report feeling undermined by child protection services in relation to APVA; the ‘child-centred’ approach reinforcing the unbalanced power dynamics between the child and parent. As the caregiver and the victim, the parent is conflicted; they have a responsibility to care for their child and so safeguarding options available for incidents of adult perpetrated domestic violence and abuse, such as removing the ‘perpetrator’ from the family home, is problematic. Therefore, existing child protection policy and domestic violence and abuse policy, should only provide the broader framework within which APVA is understood and addressed.

Notwithstanding the methodological limitations of the APVA measurement instrument (see Chapter 3), the APVA prevalence rates identified in this research indicate that it is not uncommon for families to experience APVA in some form, and that these behaviours can fall along a continuum of adolescent and parent dynamics, from normative conflict at one end of the scale, to coercive, controlling, and intimidating behaviour at the other. As such, there is an opportunity for

policy to be developed to reflect this continuum of behaviours. For example, at one end of the scale, APVA prevention initiatives could be implemented and delivered through ‘Universal Services’ such as schools. At the other end of the scale, APVA intervention initiatives could be provided by ‘Specialist Services’ such as youth justice, child protection or domestic violence and abuse services. In line with this, the research has demonstrated an association between APVA and school bullying. By law, every school must have measures in place to prevent all forms of bullying (Department for Education, 2017). Therefore, legislation is already in place to prevent bullying as part of school behaviour policies (e.g. The Education and Inspections Act, 2006; The Education (Independent School Standards) Regulation, 2014; The Equality Act, 2010). These measures are communicated to all students, staff and parents. Although bullying is not a criminal offence, some types of bullying could be considered a criminal offence, for example harassing or threatening behaviour and/or communications (Department for Education, 2017). Such behaviours could be prosecuted under the Protection from Harassment Act, 1997, the Malicious Communications Act 1988, the Communications Act 2003, and the Public Order Act 1986. Therefore, schools may seek assistance from police or social services in extreme instances of bullying which should also act as a trigger to screen for APVA.

To develop policy that enables effective and consistent screening, prevention of and intervention for APVA, consultation and collaboration is required between researchers, practitioners, and policy-makers from different fields. In England and Wales, the Department for Education (Ofsted and Office of the Children’s Commissioner) and Ministry of Justice (Youth Justice Board for England & Wales) are key to shaping the future of APVA responses by education providers, social services, and criminal justice agencies; as is the Young People’s Panel (made up of young people aged 16 to 22), who work with the government on domestic violence and abuse policy (Home Office, 2012). To ensure that APVA is no longer a ‘hidden’ problem, a robust evidence base needs to be presented to policy-makers within these government departments. This research provides empirical quantitative evidence from the U.K that APVA is a unique form of domestic violence and abuse, and a significant problem (Condry & Miles, 2012).

In 2015, the Home Office published an APVA information guide which represented the first stage in APVA policy development. There was an expectation that localised services would develop

more detailed and specific APVA guidance. However, results from empirical research, such as this study, provides new information about APVA and its predictors which should be incorporated into cross-governmental guidance. Therefore, it is proposed that the Home Office APVA guidance be updated and reviewed to reflect current empirical findings and support a consistent policy response to APVA in England and Wales.

7.3. IMPLICATIONS FOR PRACTICE

7.3.1. Training

In 2015, the Department for Education published the statutory guidance ‘Working together to safeguard children’ which applies to all local authorities and schools (Department of Education, 2015). Local Safeguarding Children Boards (LSCBs) are tasked with monitoring the effectiveness of safeguarding training which is compulsory for professionals working with young people and families. Therefore, at a bare minimum, all professionals working with young people and families should receive training about the organisational protocols and statutory guidance regarding inter-agency working to safeguard and promote the welfare of children. Indeed, the current Home Office guidance for responding to APVA states that it should be addressed as any other safeguarding issue, in line with the statutory guidance (Home Office, 2015, p.14). However, for a professional to confidently identify and respond to APVA, training is required that provides a clear and consistent definition of what it constitutes. Despite this requirement, there remains no cross-governmental definition of APVA in England and Wales. It is proposed therefore that the APVA definition developed for the purpose of undertaking this research is applied (see Chapter 1).

It should be considered, however, that a cross-governmental definition for APVA would be open to interpretation at a local level, as is the definition of domestic violence and abuse. In 2013 the Home Office, in partnership with Against Violence and Abuse (AVA), produced an information guide for local areas to support them in considering how the amended definition of domestic violence and abuse may impact upon services (Home Office, 2013). This includes brief information on ‘Child to Parent Violence’ and suggests ‘training for domestic violence services in working with these families’ (Home Office, 2013, p.15). However, the information provided is limited and implies that domestic violence and abuse services are the most appropriate to respond

to APVA. This information does not reflect some of the key complexities and differences between APVA and adult perpetrated domestic abuse.

Notwithstanding the issues of terminology and definitions (see Chapter 2), more weight should be given to APVA within safeguarding training, just as it is for domestic violence and abuse, so that professionals can develop their knowledge and skills to safeguard young people and families. APVA could be incorporated into domestic violence and abuse training. However, as discussed, this can dilute the complexities encountered with APVA. Therefore, it would be preferable if all local authorities had a systematic, tailored approach to training staff about APVA specifically, so that there is a consistent response and the behaviours can be identified. This could also include training specialist staff and delivering an APVA programme for young people and parents (Miles & Condry, 2015).

7.3.2. Assessment

This research has demonstrated several complex associations between the characteristics and experiences of young people who exhibit APVA behaviours. These can best be conceptualised and understood through the nested ecological theory (Belsky, 1980; Cottrell & Monk, 2004). Therefore, a holistic, whole family, and inter-agency approach to APVA assessment is recommended. Such an approach allows for the consideration of the impact of multiple problematic behaviours (i.e. substance and alcohol use, hyperactivity / inattention, sibling difficulties, bullying experiences) which tend to be associated and co-occur. This research has also identified that these behaviours are significantly associated with APVA.

Early help assessments or statutory assessments (i.e. required under the Children Act, 1989) should identify what support the young person and family require to prevent needs from escalating. Escalating needs have been associated, in this research, with an increase in the likelihood of APVA occurring (see Chapter 5). However, a multitude of indicators of vulnerability/dysfunction may be identified that could point towards emerging/present APVA. The results of this research demonstrate that particular behaviours and characteristics can predict APVA types, therefore assessments should include whether young people have:

- insulted or sworn at parents
- a step-sibling living in household
- hyperactivity / inattention or conduct problems
- proactive aggression or reactive aggression
- problematic sibling relationships
- consumed alcohol in the last 6 months, ever tried cannabis, glue / solvent sniffing, or any other illegal drug
- friends that drink alcohol regularly
- been a witness, victim or perpetrator of bullying

It should be noted that, although the factors identified in this research will be useful for professionals when undertaking APVA screening, assessment or intervention planning, the measures used in this research do not provide evidence related to childhood victimisation or witnessing domestic violence and abuse, both of which have been documented as being associated with APVA (e.g. Browne & Hamilton, 1998; Brezina, 1999; Ulman & Straus, 2003; Pagani et al., 2009; Calvete, Orue, Bertino et al., 2014). Furthermore, medical and psychological conditions have not been measured in this research, which have also been evidenced as impacting upon APVA.

Nevertheless, if APVA is suspected or present, then in order to effectively safeguard there remains a need for an actuarial assessment tool that directly measures the extent of APVA. At the time of writing there is no governmentally approved assessment tool for APVA. The domestic abuse, stalking and harassment (DASH) risk assessment tool is used to identify the risk of intimate partner perpetrated domestic violence and abuse, but this may not adequately assess the risks associated with APVA. This is an important area for policy, practice and research development. An actuarial assessment tool for APVA would equip schools, social care, youth justice, police and other agencies to identify and respond to APVA. Although not used in this research, the Child-to-Parents Aggression Questionnaire (CPAQ; Calvete, Gamez-Guadix, Orue, Gonzalez-Diez et al., 2013) is a self-report APVA tool that has been demonstrated as having factorial validity and reliability. It could be used as an initial screening tool to assess presence of APVA, or to measure change

following intervention, however it would need to be tested in the U.K to ensure its cross-culturally validity and reliability (see Chapter 6).

An early help / statutory assessment should be a dynamic and continuous process that enables professionals to identify the emergence or presence APVA. An APVA actuarial assessment tool, or an APVA screening tool, could be applied to assess the extent of the APVA behaviours to safeguard and develop a clear and coordinated intervention plan. The combination of these assessment processes should result in a restorative, victim and young person focussed approach to assessing and managing risk which considers the capacity for change (Miles & Condry, 2016).

7.3.3. Intervention

From a practice perspective, the findings of this and other research highlight that young people and families experiencing APVA have complex needs, and that interventions that address these needs should consider a range of individual and systemic factors (Moulds and Day, 2017). As outlined in Chapter Two (Table 2.3), current U.K responses to APVA vary in their therapeutic approaches reflecting the complexity of the issue and the difficulty of trying to create a ‘one size fits all’ approach to this issue.

In Surrey, U.K, a Family Hub approach is used to provide support for young people and families. This offers an integrated, holistic and early intervention service to vulnerable families within whole communities (Children’s Commissioner, 2016; see Chapter 1). Because this approach allows for a joined-up working between health services, schools, social care services, the police and voluntary and community sectors, it lends itself well to the early identification of APVA and appropriate provision being put in place to intervene with the problematic behaviours. This research has identified several individual, familial and social factors that are associated with and can predict APVA. As such, there are multiple opportunities for intervention which should differ depending upon at what stage of the APVA continuum the behaviours are identified (i.e. shouting through to severe physical APVA behaviours). As commented by O’Hara, Duchscher, Beck and Lawrence (2017), certain factors differently inform the screening, prevention, intervention and maintenance of APVA. These processes can take place within a variety of services that young people and families access as outlined and illustrated in Figure 7.1

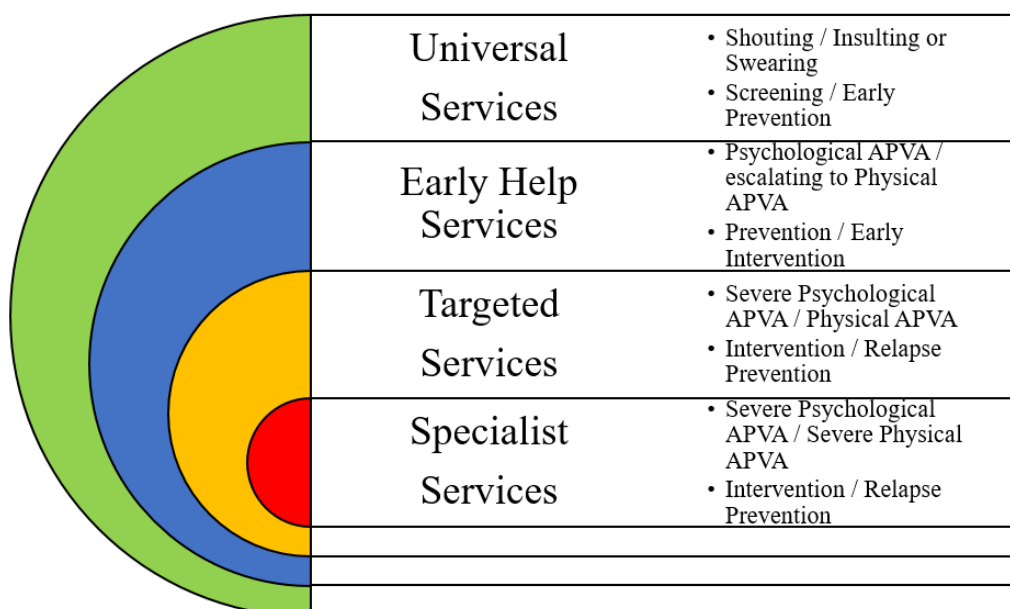


Figure 7.1 Service Provision and Levels of Need

Universal Services are suitable for behaviours that demonstrate young person to parent conflict that is more typical of adolescence, such as instances of shouting at a parent and insulting or swearing at a parent. These needs can be met through mainstream / universal services such as schools and health care services which should provide screening and universal prevention with the aim of reducing the emergence of APVA. In schools, for example, this could be achieved through survey distribution and awareness raising during anti-bullying week. Escalating need would need to be appropriately signposted to early help, targeted or specialist services.

Early Help Services are appropriate for behaviours that include frequent instances of shouting at a parent, insulting or swearing at a parent, and threatening to hit a parent. These young people and families have additional needs that require a co-ordinated ‘Early Help’ approach. Preventative services, such as family support teams (based on Troubled Families programme), centre-based youth work and youth support services, should aim to respond quickly when these behavioural problems emerge to prevent them from escalating. Professionals should apply restorative approaches, mediation and conflict resolution strategies. It is important that an intervention plan is created collaboratively with the young person and family to encourage ownership of change and engagement.

Targeted Services will be required when psychological APVA and / or physical APVA behaviours are frequent and escalating in severity. These young people and families have needs that require more intensive support, timely intervention and a multi-agency plan. These families are likely to be assessed as meeting the threshold for Section 17 Child in Need Services (Children Act, 1989, 2004, section 17). Agencies, such as youth support services, youth justice services, children's services, and child and adolescent mental health services (CAMHS), provide intervention and therapeutic support due to the serious nature of the problem. Young people and families should be offered 1:1 and / or group work APVA programmes (see Chapter 2, Table 2.3). If a criminal offence has been committed, given the complex parent-child dynamic of APVA and that a young person is likely to remain in the parental home, the police and youth justice service should consider alternative, pre-court, restorative interventions in collaboration with young people and families (Condry & Miles, 2016).

Specialist Services will be essential in a small number of cases whereby the frequency of severe psychological and/or physical APVA behaviours are maintained and the young person and/or family have been assessed as being at risk of significant harm. These young people and families will have needs that require specialist services to assess, manage and reduce the risk of APVA. They will likely be assessed as meeting the threshold for Section 47 Child Protection Services (Children Act, 1989, 2004, section 47). The police, children's services, domestic violence and abuse services, youth justice services, and CAMHS may be involved and a referral to the Multi Agency Risk Assessment Conference (MARAC) may be required to coordinate a multi-agency response to the risks. Responses should include specialist APVA intervention, by way of 1:1 support and/or APVA group work programmes (see Chapter 2, Table 2.3). Again, if a criminal offence has been committed, the response should be age-appropriate, non-stigmatizing and carefully consider the culpability of the young person. If it is appropriate to consider a pre-court restorative disposal, that would be preferable. However, if the young person is sentenced to a Court Order, the youth justice professional should adopt a 'positive youth justice' response to the offence (see Chapter 1).

Previous research has examined practitioner responses (e.g. Holt, 2011; Holt & Retford, 2013; Nixon, 2012), youth justice responses (e.g. Holt, 2009; Hunter, Nixon & Parr, 2010; Condry &

Miles, 2012, and police responses to APVA (Miles & Condry, 2016). The findings of this research can inform these responses further and indicate that APVA can be identified outside of criminal justice and social care settings. Therefore, responses to APVA need not necessarily be delivered by criminal justice or social care services, and could be managed by education or youth work provision which may remove potential stigmatisation of APVA (Condry & Miles, 2012). However, as noted by Miles and Condry (2015), responses to APVA intervention will vary depending upon the individual local authority structuring of domestic violence and abuse services, children's services and youth justice services. For example, there are youth offending teams in every local authority in England and Wales that are all bound to the same guidance from the Youth Justice Board (YJB), yet they also operate autonomously (Condry & Miles, 2012).

However, despite local variances, core principles should be applied for APVA interventions, i.e. that these should be grounded in a holistic, whole-family, restorative and strengths-based approach. As identified in this research, there needs to be numerous routes for APVA screening, support and signposting. As discussed, APVA is a complex problem and therefore the response will need to be tailored to the individual needs and circumstances of the young person and family.

7.4. CONTRIBUTION TO KNOWLEDGE

7.4.1. Substantive Contribution

To the knowledge of the researcher, the research represents the first APVA community survey undertaken in the U.K of adolescents (11 to 18-year olds) in secondary schools. The closest U.K comparison to this research was conducted by Browne and Hamilton (1998). However, that research measured 'physical violence between young adults and their parents' over the past year from a sample of 469 university undergraduate students (Browne & Hamilton, 1998). Therefore, a large proportion of participants would have been reporting about incidents that occurred when they were over the age of 18 years old and therefore the results do not measure APVA, as defined in this research. Therefore, the current research provides a substantive contribution to what is known about APVA prevalence, associations and predictors in a U.K community sample.

The total APVA prevalence of this research sample is 64.5% (N=574), with psychological APVA being exhibited by 64.4% (N=573) of young people and physical APVA being exhibited by 4.3%

(N=38) of young people. These prevalence figures should be treated with caution, as due to limitations of the instrument measuring APVA, it is likely that some non-abusive behaviours are included in these figures (see Chapter 3). Therefore, being mindful of the methodological challenges of the research, these figures help to build a better picture of the extent of APVA and can be compared with prevalence rates from different countries (see Chapter 2, Table 2.2). The prevalence rates in this research demonstrate what is likely to be an escalation process and a continuum of APVA behaviours (i.e. as suggested by the associations, predictors and models), with fewer young people engaging in the most severe behaviours. Helpfully, this research shows that insulting or swearing at parents is a significant predictor of physical and severe APVA. Thus, these findings provide evidence that potentially severe APVA behaviours can be screened for, providing an opportunity for prevention or intervention strategies to be implemented.

From the literature reviewed, this is the first study undertaken which has investigated whether there is an association between APVA and school bullying. The findings demonstrate that there is an association between APVA and various forms of school bullying. The findings also show that being the victim of school bullying is a significant predictor for physical and severe APVA, being the perpetrator of school bullying is a predictor of psychological APVA, physical APVA and severe APVA, and being the witness of school bullying is a significant predictor for psychological APVA. This is the first study to identify such associations and predictors and as such these findings could be used to enable the early identification or prevention of APVA, for example, through the development of APVA awareness, screening and prevention programmes in secondary schools. Furthermore, few studies have sought to investigate whether there is an association between APVA and sibling conflict. Within the literature, references are made to an association between APVA and 'family violence' however there is ambiguity about what this constitutes. For example, Calvete, Orue, Bertino et al. (2014) state that young people learn to behave aggressively at home because they have been exposed to family violence, however it is not clear whether this includes sibling conflict / violence. As such, sibling conflict is not widely cited in relation to APVA however, the results of this research show that sibling conflict is associated with APVA and that it is also a significant predictor of psychological, physical and severe APVA.

7.4.2. Methodological Contribution

To draw firm conclusions from research there is a need for methodological rigour. This research has created a replicable survey instrument that incorporates standardised measures, including a measure for APVA. However, as discussed, the instrument used to measure APVA (CTS-CP; Straus & Fauchier, 2008) has limitations and therefore future research should seek to use an alternative instrument that provides a more accurate measurement of the APVA definition. This survey, with its suggested adaptation, could be used as a framework or vehicle for secondary schools to measure school bullying, and screen for APVA and other associated behaviours, as part of anti-bullying week. The survey could also be adapted for use in other ‘Universal’ settings, such as G.P’s, ‘Early Help’ settings, such as youth work and family support provisions; and more ‘Targeted’ or ‘Specialist’ settings, such as youth justice, children’s services, and domestic violence and abuse provisions. However, as outlined in paragraph 7.3.2 core questions should remain in the survey as these can be predictors of APVA.

7.4.3. Theoretical Contribution

A key focus for APVA research has been to develop theory to explain the causes and contributing factors of this type of family abuse (Miles & Condry, 2016). As discussed in Chapter Six, the findings from this research can most comprehensively be explained by applying ecological theories (Belsky, 1980; Bronfenbrenner, 1994; Cottrell & Monk, 2004; Hong, Kral, Espelage & Allen-Meares, 2012). Using the ‘nested ecological model’ as a framework in which to interpret the results, it is evident that this research did not measure all the primary themes as identified by Cottrell and Monk’s (2004) Circles of Influence (see Chapter 2, Figure 2.1). However, as illustrated in Table 7.1, this research has provided new quantitative data that further informs the model, particularly with regards to the themes of ‘peer influence and the role of schools’ and ‘youth response to victimisation’.

Table 7.1 Themes Identified in Nested Ecological Model and Related Measures / Indicators in the Current Research

Nested Ecological Model Primary Themes	Measures / Indicators in Current Research
* Socialisation of Male Power	Sex of Young Person Sex of Parent
* Lack of Information and Community Support	No
Poverty and Related Stressors	Free School Meals
Effects of Substance Misuse	Young Person Alcohol & Substance Use
Peer Influence and the Role of Schools	Friends Alcohol & Substance Use School Bullying Experience
* Parenting Styles Family Dynamics	Sibling Conflict Family Structure
Youth Response to Victimization	Victim of School Bullying Sibling Conflict Reactive & Proactive Aggression Questionnaire (RPQ)
* Maintaining Family Secrecy	No
Mental Health and Medical Issues	Strengths & Difficulties Questionnaire (SDQ)

** these areas are not evidenced and illustrate areas for future research*

As noted by Moulds and Day (2017), the use of an ecological framework allows for characteristics to be identified that occur at multiple levels of the social ecology of a young person and their family. As previously mentioned, these may be useful in the development of early help and prevention services in universal settings, such as schools and youth clubs.

7.5. RECOMMENDATIONS FOR FUTURE RESEARCH

The findings of this research point to several research areas that could be developed; however, this research should be replicated in other regions of the U.K and in other countries to determine if the identified prevalence, associations and predictors of APVA are consistent.

There is a need for future research to test theoretically-derived hypotheses specific to APVA, so that professionals can address this issue appropriately. This research supports the findings of other research, such as Moulds and Day (2017) which conclude that, to best interpret and understand APVA, an ecological framework should be adopted. Future quantitative research should expand upon the variables measured in this study to allow for a full interpretation of APVA within a nested ecological model (Cottrell & Monk, 2004). These measurements should focus upon factors that have been identified in previous research as being associated with or a predictor of APVA. For example, such measures that were omitted from this research include, attachment histories, parenting styles, parental substance and alcohol use, cycle of violence, mental health and special educational needs of the parent and young person, witnessing parental domestic violence and abuse, and being the victim of abuse.

Future quantitative research could also expand the current study by asking young people for their explanations for APVA. This could be supported by using the Child-to-Parent Aggression Questionnaire (Calvete, Gamez-Guadix, Orue, Gonzalez-Diez et al., 2013) which would allow for more thorough analysis and for conclusions to be drawn about the possible cause and effect relationship between variables.

This research has provided evidence of an association between the school bullying experience of a young person and APVA. School bullying is a well-researched topic and as APVA and bullying behaviours have similar features, greater communication by practitioners and researchers across these different settings and further comparisons of similarities and difference in methodological approaches may advance these fields for mutual benefit (Monks et al., 2009).

7.6. CONCLUSION

This research contributes to our understanding of the experiences and characteristics of young people who exhibit APVA. The findings demonstrate that APVA is a complex phenomenon that is associated with and can be predicted by several family, individual and social characteristics. These findings can be best interpreted and understood by ecological theories, and the nested ecological model (Cottrell & Monk, 2004) provides a useful framework with which to develop future research.

The implications of the results of this research upon future policy and practice are twofold; firstly, a holistic and whole-family approach should be taken to the assessment and subsequent planning of intervention for APVA. Secondly; that APVA can be screened for in universal settings, such as schools. Therefore, awareness raising and prevention strategies could be incorporated into existing policies and frameworks, for example, during anti-bullying week at schools, and safeguarding training for professionals. This would support APVA to become more visible and promote a common dialogue, rather than it being confined to specialist contexts which may further stigmatise the issue.

CHAPTER 8: REFERENCES

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CHAPTER 9: APPENDICES

APPENDIX I: SEARCH STRATEGY

Search Strategy

TOPIC: Profiling and Predicting

Adolescent-to-Parent Violence and Abuse (APVA)

Key questions that inform the literature review

1. What definitions and terminology are used to describe APVA?
2. What is the prevalence of APVA?
3. What is the written evidence (academic or grey literature) in the UK and other countries about APVA?
4. What are the main theories and explanations for APVA?
5. What are the emerging themes from empirical research regarding the Adolescent Characteristics and Familial Characteristics of APVA?
6. What empirical research provides insight into the profile of APVA in order to predict this behaviour?
7. What empirical research explores an association between peer and sibling aggression and APVA?
8. What are the methodological challenges when researching APVA?
9. What Policy, Practice and Legislative responses are in place to address APVA?
10. More broadly: what are the current debates about APVA and how have these developed?

INITIAL SEARCH STRATEGY

Search terms

Adolescent-to-Parent Violence and Abuse
Adolescent-to-Parent Abuse
Adolescent-to-Parent Violence
Adolescent Aggression Towards Parents
Adolescent Violence in the Home
Adolescent Family Violence
Child-to-Parent Violence
Child-to-Parent Aggression
Parent Abuse
Parent Abuse by Adolescents
Parent-directed Physical Aggression
Violence Against Parents
Violence Towards Parents

Teenage Violence Towards Parents
Children's Violence to Parents
Child-Initiated Family Violence
Juvenile Victimization of Parents
Juvenile Domestic and Family Violence
Youth-on-Parent Battering
Youth-to-Parent Violence
Youth-to-Parent Aggression
Filio-Parental Violence
Mother Abuse
Aggression in Children
Adolescent Violence

Key Books

Holt, A. (2016). *Working with Adolescent Violence and Abuse Towards Parents: Approaches and Contexts for Intervention*. Routledge: London

Holt, A. (2013). *Adolescent-to-Parent Abuse: Current Understandings in Research, Policy and Practice*. The Policy Press: Bristol

Routt, G. and Anderson, L. (2015). *Adolescence Violence in the Home: Restorative Approaches to Building Healthy, Respectful Family Relationships*. Routledge: New York & London.

Key authors (APVA)

Anderson, L

Bonnick, H

Calvete, E

Cano, C

Condry, R

Contreras, L

Coogan, D

Cottrell, B

Eckstein, N.J

Edenborough, M.D

Gallagher, E

Gamez-Guadix, M

Holt, A

Hong, J.S

Howard, J

Hunter, C

Ibabe, I

Jackson, D

Jakob, P

Krienert, J.L

Mannix, J

Meakings, S

Miles, C

Murphy-Edwards, L

Nixon, J

Omer, H

Orue, I

Pagani, L.S

Pooley, M

Routt, G

Selwyn, J

Straus, M.A

Tremblay, R.E

Walsh, J.A

Wilcox, P

Wilkes, L.M

Key authors/sources (Sibling and Peer Violence)

Finkelhor, D., Turner, H. and Ormrod, R. (2006). Kid's stuff: the nature and impact of peer and sibling violence on younger and older children. *Child Abuse and Neglect*, 3(12), 1401-21.

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Naylor, P.B., Betch, L. and Williams, J.V. (2011). Sibling abuse and bullying in childhood and adolescence: knowns and unknowns, In C.Barter and D.Berridge (eds) Children behaving badly? Peer violence between children and young people (pp.47-58). Chichester: Wiley.

Bibliographic databases

ProQuest - <http://www.proquest.com/>

Web of knowledge - <http://webofknowledge.com/>

JSTOR - <https://www.jstor.org/>

Google Scholar - <https://scholar.google.co.uk/>

Electronic Journals

Child and Family Social Work

Developmental Psychology

Journal of Adolescence

Journal of Family Issues

Journal of Family Violence

Journal of Interpersonal Violence

Social Policy and Society

Trauma, Violence and Abuse

Journal Publishers

ScienceDirect

Sage

Springer

Research Gate

Websites

<http://www.rcpv.eu/the-project>

<https://holesinthewall.co.uk/>

<https://www.gov.uk/government/organisations/home-office>

<https://www.gov.uk/government/organisations/ofsted>

<https://www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales>

<https://www.kildonan.org.au/programs-and-services/child-youth-and-family-support/family-violence/adolescent-violence/>

<https://www.law.ox.ac.uk/content/adolescent-parent-violence>

APPENDIX II: UNIVERSITY OF PORTSMOUTH ETHICAL APPROVAL

Ethics-fhss@port.ac.uk

Date: 21st July, 2015

Applicant: Elizabeth McCloud

Supervisor: Carol Hayden Email: carol.hayden@port.ac.uk Tel: 02392 845554

Dear Elizabeth,

Study Title: Aggressive Behaviour and Bullying in the School and Home Environment: Examining the Emotional and Behavioural Predictors of Adolescent-to-Parent Abuse.

Ethics Committee reference:

14/15:62

Thank you for submitting your documents for ethical review. The Ethics Committee was content to grant a favourable ethical opinion of the above research on the basis described in the application form, protocol and supporting documentation.

The Committee noted that you had taken considerable care in addressing the ethical issues associated with your research and identified no major matters of concern.

A favourable opinion of the EC does not grant permission or approval to undertake the research. Management permission or approval must be obtained from any host organisation, including University of Portsmouth, prior to the start of the study.

Documents reviewed

The documents reviewed by The Faculty of Humanities and Social Sciences Ethics Committee.

Document Version Date

Ethics Self-Assessment Form 10/07/15

Protocol Template

Phase 1 Introduction email to schools

Phase 1 Letter of introduction to schools

Phase 1 Parent Care Information sheet

Phase 1 Participant Information sheet (Students)

Phase 1 School Consent form

Phase 1 Survey Consent form

Phase 1 Survey Tool – paper version

Phase 2 Interview consent form

Phase 2 Interview schedule

Phase 2 Introduction email to host organisation

Phase 2 Letter of Introduction to host organisation

Phase 2 Organisation Consent form

Phase 2 Participant Information Sheet (School Organisation)

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements set out by the University of Portsmouth

After ethical review

Reporting and other requirements

The enclosed document acts as a reminder that research should be conducted with integrity and gives detailed guidance on reporting requirements for studies with a favourable opinion, including: ☐ Notifying substantial amendments ☐ Notification of serious breaches of the protocol ☐ Progress reports ☐ Notifying the end of the study

Feedback

You are invited to give your view of the service that you have received from the Faculty Ethics Committee. If you wish to make your views known please contact the administrator ethics-fhss@port.ac.uk.

Please quote this number on all correspondence – 14/15:62

Yours sincerely, and wishing you every success in your research.

Vice Chair

Richard Hitchcock

Email: ethics-fhss@port.ac.uk

Enclosures:

“After ethical review – guidance for researchers”

APPENDIX III: INTRODUCTORY EMAIL TO SCHOOLS

Email Title: Anti-Bullying Week 2015: Research Proposal

Email Contents:

Dear XXX

Apologies for contacting you out of the blue. I am Beth McCloud, an employee of Surrey Youth Support Service and Professional Doctorate Student from the University of Portsmouth. A Professional Doctorate is based on research that will inform professional practice.

I am contacting you in connection with a research project about aggressive behaviour and bullying in the school and home environment, planned for **Anti-Bullying week in November 2015**. As part of this research, I am conducting a **large-scale survey of students** in Surrey from Year 7 to Year 13.

I have attached a '**Letter of Introduction**' for further information about the research project, the time consequences, and what your school will get back from participating.

I realise that you are very busy, but would be most grateful if you could spare a few moments to read the letter to think about whether your school would consider participating in the research.

If you are willing to consider participating, please contact me at elizabeth.mccloud@myport.ac.uk. I will reply via email, or telephone if you would prefer, within the week.

Thank you for taking the time to read this email.

Kind regards

Beth

Beth McCloud
Professional Doctorate Student
Institute of Criminal Justice Studies
University of Portsmouth

APPENDIX IV: LETTER OF INTRODUCTION TO SCHOOLS

ICJS
St George's Building
141 High Street
Portsmouth PO1 2HY
United Kingdom
Telephone +44 (0)23 9284 3933
Email icjsonlinehelp@port.ac.uk



LETTER OF INTRODUCTION TO SCHOOLS

RESEARCH: Aggressive Behaviour and Bullying in the School and Home Environment

Researcher:

Beth McCloud, Doctorate Student, University of Portsmouth. Tel: XXXXXX

Email: elizabeth.mccloud@myport.ac.uk

Research Supervisor:

Professor Carol Hayden, University of Portsmouth. Tel: 023 9284 5554

Email: carol.hayden@port.ac.uk

The research forms part of a doctoral research project undertaken by Beth McCloud, who is the primary research contact. Professor Carol Hayden is supervising and can be contacted to verify the credentials of the researcher and confirm that the research has been reviewed by The University of Portsmouth Faculty Ethics Committee and has been given a favourable ethical opinion.

What your school can expect to get back from this research:

- 1. Report** (as detailed below) of the school bullying climate as viewed by your students, in comparison with other participating schools in Surrey.
- 2. Feedback** on the wider research as it progresses, via papers and articles

When:

Anti-bullying week, 16th – 20th November 2015

Alternatively, the week before: **9th – 13th November 2015**

Or, the week after: **23rd – 27th November 2015**

Purpose:

1. To measure young people's experience of aggressive behaviour and bullying in the school and home environment
2. To identify the emotional and behavioural predictors that may impact upon their experiences.

What we want to do and time implications:

We would require a maximum of three meetings at your school:

- 1. Initial meeting** to explain the purpose and mechanics of the project and to view the school. **Time:** ½ hour talk to staff, ½ hour to view school.
- 2. To administer the survey to students.** We would need your school to identify one class from each year group (Year 7, Year 8, Year 9, Year 10, Year 11, Year 12, Year 13) (approximately 150 students in total) and time slots for these groups that best fit your priorities. The researcher will administer the survey to each class. **Time:** Minimum of 30 minutes and maximum of 1 hour per class, depending upon the time slots that best suit each school.
- 3. Feedback from the survey results.** Initially verbal, followed by a written report. The report will make comparisons between the school and others in the study. No school will be named. All schools will be referred to by a code number. Wider dissemination of the individual school report is at the discretion of the Head of School. **Time:** 1 hour for feedback.

What to do if you are willing to consider being part of this study:

Please contact Beth McCloud, preferably by email, and let her know how to contact you. After this contact and if you are happy with the information you receive, then a provisional date can be agreed for the administration of the survey in November 2015. If you would like to talk to either Beth McCloud or Professor Carol Hayden further about the study, please let us know the best times to contact you.

NB: All data will be stored for 6 years as per the requirements of the Data Protection Act (DPA, 1998). Consent forms will be stored for 25 years under DPA (1998) conditions. All data will be treated as confidential. The only identifier for a school will be by a code number known only to the researchers. The identity of participating students will be anonymous. Ethically compliant arrangements will be made for obtaining Informed consent from schools, parents/carers and students.

APPENDIX V: PARENT / CARER INFORMATION SHEET

ICJS
St George's Building
141 High Street
Portsmouth PO1 2HY
United Kingdom
Telephone +44 (0)23 9284 3933
Email icjsonlinehelp@port.ac.uk

PARENT/CARER INFORMATION SHEET



RESEARCH: Aggressive Behaviour and Bullying in the School and Home Environment

Researcher:

Beth McCloud, Doctorate Student, University of Portsmouth.

Email: elizabeth.mccloud@myport.ac.uk

Research Supervisor:

Professor Carol Hayden, University of Portsmouth.

Email: carol.hayden@port.ac.uk

We would like to invite students in Year 7 to Year 13 to take part in our research. This information sheet has been written to help you to understand why the research is being done and what it would involve for the students who take part. Please contact Beth McCloud or Professor Carol Hayden on the email address provided if there is anything that is not clear.

What is the purpose of the research?

To measure young people's experience of bullying within the school environment and aggressive behaviour towards their parents/carers, and to identify the emotions and behaviours that may impact upon their experiences.

Despite the extensive research related to bullying, there is little research examining whether there is an association between school bullying / victimisation and aggressive behaviour towards parents/carers. The proposed research aims to distribute surveys to school pupils during Anti-Bullying Week in order to examine these behaviours.

The research forms part of a doctoral research project undertaken by Beth McCloud, who is the primary research contact. Professor Carol Hayden is supervising and can be contacted to confirm that the research has been reviewed by The University of Portsmouth Faculty Ethics Committee and has been given a favourable ethical opinion.

When is the research happening?

Ideally on one day during anti-bullying week: 16th – 20th November 2015.

Alternatively, the week before or the week after, depending on the availability of your child's school.

Why has my child's school and year group been invited?

Schools from across Surrey have been invited to take part in the research so that the results of the research best represent the experiences of many students from different backgrounds. Each individual school will select one class from Year 7, 8, 9, 10, 11, 12 and 13 to take part to represent the experiences of students across different year groups.

What will happen if my child takes part?

If your child's school selects your son's/daughter's class to take part in the research and you consent for your son/daughter to participate, then your son/daughter will be asked to complete a questionnaire (either online or on paper, depending upon school facilities). The researcher will fully inform the class of what they are being asked to do and advise that they can withdraw at any point before they submit the questionnaire. The questionnaire will take a minimum of 30 minutes and maximum of 1 hour to complete under exam conditions. If your son/daughter finishes early or wishes to stop the questionnaire, then they will be given something else to do whilst the rest of the class finishes. Questions will be about their experience of aggression and bullying and what's going on in their life at the moment. All answers are anonymous and confidential.

Does my child have to take part?

It is up to you and your child whether to participate in the research. If you read this information and decide that you do not want your child taking part in the research then **please contact XXXXXX and advise that you wish for your son/daughter to 'opt-out' of the research.** However, we hope that you will give us the opportunity to explore further with you the participation of your son/daughter in this research. We will visit the school to describe the research to the students and read through an information sheet. If the students agree to take part, then we will ask them to complete a consent form.

What are the possible benefits of my child taking part?

The anonymous results from the questionnaire will help your child's school to understand what students experience of bullying is and help them to make positive changes, if necessary. It will also be interesting for students to take part in real-world research which could assist them with future school projects and to discuss this as part of their education during anti-bullying week. Furthermore, it may encourage students who have experienced bullying to seek advice and support.

Will my child's participation in the research be kept confidential?

The questionnaire will be anonymous, so we do not need the name or any personal information that could identify your son/daughter. The research is confidential, so if your son/daughter takes part, their questionnaire will only be seen by the researcher and research supervisor. Data from the questionnaires may be looked at by authorised persons from The University of Portsmouth and may also be looked at by authorised people to check that the research is being carried out ethically in a robust and transparent manner. All will have a duty of confidentiality to your child's school and to the your son/daughter as a

research participant. The data from questionnaires may be kept for use in future Research Ethics Committee approved research.

What will happen if my son/daughter does not want to carry on with the research?

Prior to completing the questionnaire, the participating class will be informed that they can 'skip' any questions that they do not want to answer. If they decide that they do not want to take part in the research, they can inform the researcher and they will be given something else to do, as agreed with the school, whilst the other students complete the research. However, once the questionnaire has been completed and submitted, they will be unable to withdraw their questionnaire from the research as all questionnaires are anonymous and their specific questionnaire will not be able to be identified.

What are the safeguarding procedures of the research?

'Safeguarding' means making sure that children and young people are protected from harm and ensuring that action is taken to help all children to have the best outcomes. The researcher is mindful of the safeguarding responsibilities involved in working with children and young people, as outlined in the statutory guidance '*Working Together to Safeguard Children 2015*', and is fully trained in safeguarding and child protection procedures. The researcher has liaised with your child's school to ensure that the designated safeguarding lead is aware of the nature of the research and that the research also adheres to the school's specific safeguarding policy.

All information is confidential and anonymised unless you or your child tell the researcher that you or someone else is in immediate danger of serious harm, or the researcher sees or is told about something that is likely to cause serious harm. If that happens, the researcher will raise this with you or your child and explain what could happen if you continue to talk about it and explore how you would prefer to deal with the situation. The researcher will encourage you or your child to seek support from your school contact, local services, or national helplines to help you or your child make the situation safer. If the researcher feels unsure that you or your child will seek support, she will talk to you about what you need to do and what might happen next. In an extreme case where a child is at serious risk, and you or your child choose not to seek help/advice the researcher has a duty to disclose this to the relevant agencies.

What if there is a problem?

If you or your son/daughter has a concern about any aspect of this research, you should ask to speak to the researcher, Beth McCloud, in the first instance who will do her best to answer your questions. If you remain concerned and wish to comment formally, you can do this in writing to David Carpenter, University Ethics Adviser (david.carpenter@port.ac.uk) and/or, Sam Hill, Data Protection Officer (samantha.hill@port.ac.uk) and/or, Dr. Phil Clements, Head of Department – Institute of Criminal Justice Studies (phil.clements@port.ac.uk). Beth can also put you put in touch with her Supervisor at The University of Portsmouth, those who have responsibility for your welfare at School, or local and nationwide organisations that are available to support you

What will happen to the results of the research?

Your child's school will be given a report which will summarise the results of the questionnaires completed regarding bullying within the school environment. This will also have a summary of results from other schools that took part in the study. All results will be anonymous and the school's Head Teacher decides whether to share this report. The results of the research will form part of a doctoral thesis and may be published in academic journal articles or textbooks. No school or student will be identified in any report or publication.

Who has reviewed the research?

Research in the University of Portsmouth is looked at by an independent group of people, called an Ethics Committee, to protect participant interests. This study has been reviewed and given a favourable opinion by The University of Portsmouth Faculty Ethics Committee

Where can my son/daughter and I get advice and support about any issues raised?

Your son/daughter will be provided with an information leaflet listing services and individuals that can provide support in relation to bullying and aggressive behaviour. If you want to talk to about similar concerns, Family Lives is an organisation that is available for you whenever you need to talk:

Family Lives: Family Lives is a national charity that works for, and with, parents. You can get support and advice from the Parentline helpline on: 0808 800 2222 or visit www.familylives.org.uk

NB: All data will be stored for 6 years as per the requirements of the Data Protection Act (DPA, 1998). Consent forms will be stored for 25 years under DPA (1998) conditions. All data will be treated as confidential. The only identifier for a school will be by a code number known only to the researchers. The identity of participating students will be anonymous. Ethically compliant arrangements will be made for obtaining Informed consent from schools, parents/carers and students.

APPENDIX VI: PARTICIPANT INFORMATION SHEET

ICJS
St George's Building
141 High Street
Portsmouth PO1 2HY
United Kingdom
Telephone +44 (0)23 9284 3933
Email icjsonlinehelp@port.ac.uk



PARTICIPANT INFORMATION SHEET (STUDENTS)

RESEARCH: Aggressive Behaviour and Bullying in the School and Home Environment

Researcher:

Beth McCloud, Doctorate Student, University of Portsmouth.

Email: elizabeth.mccloud@myport.ac.uk

Research Supervisor:

Professor Carol Hayden, University of Portsmouth.

Email: carol.hayden@port.ac.uk

We would like to invite students in Year 7 to Year 13 to take part in our research. This information sheet has been written to help you to understand why the research is being done and what you would be asked to do if you decide to take part. Please contact Beth McCloud on the email address provided if there is anything that is not clear.

Why is the research being done?

1) To find out whether young people experience bullying at school and aggressive behaviour towards their parents.

2) To find out whether different emotions (feelings) and behaviours have an effect on these experiences.

There is a lot of research about bullying at school but not a lot of research to see whether bullying is linked to aggressive behaviour at home, towards parents/carers. This research aims to get school pupils to complete a questionnaire during Anti-Bullying Week in order to learn more about bullying and aggressive behaviour.

The research forms part of a doctoral research project undertaken by Beth McCloud. Professor Carol Hayden is supervising and can be contacted to confirm that the research is supervised by The University of Portsmouth.

When is the research happening?

Ideally on one day during anti-bullying week: 16th – 20th November 2015 or the week before or the week after anti-bullying week depending upon the availability of your school.

Why is my school and year group doing the research?

Schools from across Surrey have been invited to take part in the research so that the results of the research best show the experiences of many students from different places. Each school will select one class from Year 7, 8, 9, 10, 11, 12 and 13 to take part.

What will happen if I take part?

If your school chooses for your class to take part, then you will be asked to complete a questionnaire/survey (either online or on paper, depending upon your school). The questionnaire will take between 30 minutes and 1 hour to do under exam conditions, so you will need to be quiet and not talk to the people in your class. If you finish the questionnaire early then the researcher will give you something to do whilst others in your class finish their questionnaire. Questions will be about your experience of aggression and bullying and what is going on in your life at the moment. All answers will be kept private and no one else will see them apart from the researcher and those who need to check that the research is being done properly.

Do I have to take part?

If your parents/carers are willing for you to do the research then it is up to you if you want take part. We will visit your school to describe the research and read through an information sheet. If you say 'yes' to taking part in the research, then we will ask you to complete a consent form, which we keep to show that you felt okay about doing the research. If you say 'no' to taking part in the research, then we will give you something to do whilst others complete the research.

Why should I take part in the research?

The results of the research will help your school to know how to best deal bullying behaviour. It will also be interesting for you to experience how research is done which could help you in future school projects.

Will my taking part in the research be kept 'confidential'?

Yes. 'Confidential' means that what you tell us will be kept private. We do not need your name or any personal information on the questionnaire that could identify you personally. Your answers on the questionnaire will only be seen by the researchers and those who need to check that the research is done properly. We will not name any school in any report written about the research.

What will happen if I do not want to carry on with the research?

If you decide that you do not want to do the questionnaire anymore, that is okay, just put your hand up to let the researcher know and you will be given something else to do whilst others finish the questionnaire. But if you complete the questionnaire online or hand it in, you will not be able to change your mind, as all of the questionnaires are private and we will not be able to find out which one is yours.

What are the safeguarding procedures of the research?

'Safeguarding' means making sure that children and young people are protected from harm and ensuring that action is taken to help all children to have the best outcomes. The researcher knows about safeguarding responsibilities involved in working with children and young people, as outlined in the statutory guidance 'Working Together to Safeguard Children 2015', and is fully trained in safeguarding procedures. The researcher has spoken with your school to ensure that the research is in line with your school's safeguarding policy.

All information is confidential and anonymised unless you or your parent tell the researcher that you or someone else is in immediate danger of serious harm, or the researcher sees or is told about something that is likely to cause serious harm. If that happens, the researcher will raise this with you or your parent and explain what could happen if you continue to talk about it and explore how you would prefer to deal with the situation. The researcher will encourage you or your parent to seek support from your school contact, local services, or national helplines to help you or your parent make the situation safer. If the researcher feels unsure that you or your parent will seek support, she will talk to you about what you need to do and what might happen next. In an extreme case where a child is at serious risk, and you or your parent choose not to seek help/advice the researcher has a duty to disclose this to the relevant agencies.

What if there is a problem?

If you are worried about anything to do with the research, you should ask to speak to the researcher, Beth McCloud, who will do her best to answer your questions. If you remain concerned and wish to comment formally, you can do this in writing to David Carpenter, University Ethics Adviser (david.carpenter@port.ac.uk) and/or, Sam Hill, Data Protection Officer (samantha.hill@port.ac.uk) and/or, Dr. Phil Clements, Head of Department – Institute of Criminal Justice Studies (phil.clements@port.ac.uk). Beth can also put you in touch with her Supervisor at The University of Portsmouth, those who have responsibility for your welfare at School, or local and nationwide organisations that are available to support you.

What will happen to the results of the research?

Your school will be given a report which will sum up the results of the questionnaires completed in your school and the other schools that took part. All results will be 'confidential' so you will not know which other schools have taken part and no-one will know your personal questionnaire answers. The Head Teacher of your school decides whether to share this report. The researcher will write up the results for her work and may also publish the results in academic journal articles or textbooks.

Who has checked that the research is okay?

There is a group of people whose job it is to check that research is being done properly, to make sure that you will not be upset or harmed in any way if you take part in the research. This group of people is called an 'Ethics Committee'. This research has been looked at by 'The University of Portsmouth Faculty Ethics Committee' who have said that this research is able to go ahead.

Where can I get help about things that are asked in the questionnaire?

If you are being bullied or are worried about any other problems, please remember to talk to someone. You will be given a leaflet with information of places and people that you can speak to for help. You can also telephone these helplines for free:

Childline: Childline is the UK's free confidential helpline for children and young people. Childline is open 24 hours to give you advice.

Call on 0800 1111 or visit www.childline.org.uk

NB: All data will be stored for 6 years as per the requirements of the Data Protection Act (DPA, 1998). Consent forms will be stored for 25 years under DPA (1998) conditions. All data will be treated as confidential. The only identifier for a school will be by a code number known only to the researchers. The identity of participating students will be anonymous. Ethically compliant arrangements will be made for obtaining Informed consent from schools, parents/carers and students.

APPENDIX VII: SCHOOL CONSENT FORM

ICJS
St George's Building
141 High Street
Portsmouth PO1 2HY
United Kingdom
Telephone +44 (0)23 9284 3933
Email icjsonlinehelp@port.ac.uk



SCHOOL CONSENT FORM

RESEARCH: Aggressive Behaviour and Bullying in the School and Home Environment

<p style="text-align: center;">Researcher: Beth McCloud, Doctorate Student, University of Portsmouth. Tel: XXXXXX Email: elizabeth.mccloud@myport.ac.uk</p> <p style="text-align: center;">Research Supervisor: Professor Carol Hayden, University of Portsmouth. Tel: 023 9284 5554 Email: carol.hayden@port.ac.uk</p>
--

Please initial box

1) I confirm that I have read and understand the information for the above research. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2) I understand that the participation of the school and individual students is voluntary and with parents/carers agreement. Each participant is able to withdraw at any time without giving any reason (up to the point when the questionnaire is submitted)

3) I understand that the responses to the survey will be confidential and that the identity of the school and its pupils will not be accessible to anyone.

4) I understand that anonymised data collected during the research may be looked at by individuals from The University of Portsmouth, or from regulatory authorities. I give permission for these individuals to access the anonymised data collected from the school.

5) I agree to the school data being retained for future Research Ethics Committee approved research

X. I, on behalf of the school, agree to take part in the above research

Name of participating school :

Date:

Name of individual giving consent:

Date:

Signature:

APPENDIX VIII: SURVEY CONSENT FORM

ICJS
St George's Building
141 High Street
Portsmouth PO1 2HY
United Kingdom
Telephone +44 (0)23 9284 3933
Email icjsonlinehelp@port.ac.uk



SURVEY CONSENT FORM

RESEARCH: Bullying within the School and Home Environment

<p style="text-align: center;">Researcher: Beth McCloud, Doctorate Student, University of Portsmouth. Email: elizabeth.mccloud@myport.ac.uk</p> <p style="text-align: center;">Research Supervisor: Professor Carol Hayden, University of Portsmouth. Email: carol.hayden@port.ac.uk</p>

Please tick box

1) I confirm that I have read and understand the information sheet for the above research. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2) I understand that my participation is voluntary and that I can withdraw at any time without giving any reason (up to the point when the survey is submitted)

3) I understand that my responses to the survey will be confidential and my identity will not be accessible to anyone. Despite signing this consent form, my survey cannot be linked to me because so many people are taking part

4) I understand that anonymised data collected during the research may be looked at by individuals from The University of Portsmouth. I give permission for these individuals to access the data collected from the survey.

5) I agree to the survey data being retained for future Research Ethics Committee approved research

X. I agree to take part in the above research

Name of Participant:

Date:

Signature:

APPENDIX IX: EMAIL EXCHANGE REGARDING PARENT CONSENT QUERY

Beth McCloud <elizabeth.mccloud@myport.ac.uk> 17/11/2015 to XXXX

Dear XXX

Please feel free to forward the response below to the parent.

Dear XXX

Thank you for your email. To answer your question fully, it may be helpful to provide a brief overview of my professional and disciplinary background.

I have worked with vulnerable young people within a number of different statutory and voluntary settings for several years. I currently work for Surrey Youth Support Service (YSS) working with young people and their families.

I have an undergraduate degree (BSc) in Psychology and a postgraduate degree (MSc) in Forensic Psychology. I am currently undertaking a Professional Doctorate within the Criminology Department at Portsmouth University. As you may know, this is a discipline that takes both a psychological and sociological approach to explanation. The Professional Doctorate aims to inform practice, so in my case, how services, such as YSS, can best help schools to support young people and their families.

I am taking a primarily social psychological approach to the research and I am supervised by a Professor who takes a multi-disciplinary approach to issues such as bullying, with 10 years as a school teacher, 14 years undertaking social work research, and 12 years working within a University Criminology Department.

I hope that this information is useful. Please do feel free to email me if you have any further questions (elizabeth.mccloud@myport.ac.uk).

Kind regards

Beth

On Tuesday, 17 November 2015, XXXX wrote:

Good Morning Beth

Re Survey for next week. Can you help with the question below?

Thanks

XXXX

From: XXXX
Sent: 16 November 2015 15:19
To: XXXX
Subject: Research study

Dear XXX,

I have just received the information about the anti-bullying research project and while I think it sounds very interesting, I would like some further information. Could you tell me which department of the university the study is being conducted by? The study would appear to have links with Education, Criminology, Sociology and Psychology and obviously each one will have a different focus and will interpret the data in different ways. I don't have a problem with my child taking part, but I would like to know the area of study as this will have a bearing on the questions asked and how the data is used.

Best wishes,

XXXXXX

APPENDIX X: QUESTIONNAIRE; ANNOTATED WITH RESULTS

Results Summary of TOTAL findings

Please note: the following analysis percentages relate to the number of valid responses received to the particular question,

i.e. **valid % is reported throughout**

TOTAL number of participants = 890

Red indicates missing values

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Telephone +44 (0)23 9284 3933
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SURVEY

RESEARCH: Aggressive Behaviour and Bullying in the School and Home Environment

Researcher:

Beth McCloud, Doctorate Student, University of Portsmouth.

Email: elizabeth.mccloud@myport.ac.uk

Research Supervisor:

Professor Carol Hayden, University of Portsmouth.

Email: carol.hayden@port.ac.uk

GUIDANCE

What does bullying mean?

There is no legal definition of bullying, but it is usually defined as repeated behaviour which is intended to hurt someone either emotionally or physically. It is often aimed at certain people because of their race, religion, gender or sexual orientation or any other aspect such as appearance or disability.

Bullying can take many forms including:

- physical assault
- teasing
- making threats
- name calling
- cyber bullying - bullying via mobile phone or online (e.g. email, social networks and instant messenger)

Bullying can happen anywhere, for example: at school, travelling to and from school, in [sporting](#) teams, between neighbours, in friendship groups, or in the [workplace](#).

Why are you asking me the questions in this survey?

Lots of young people worry about bullying and similar behaviours. The researchers want to find out how to keep you safe. This means we need your help to find out if aggressive behaviour and bullying is happening in places where you spend time with family and friends, for example, in your school, in the community, or at home.

What if I don't understand the questions or the words?

If there are questions or words that you don't understand, put your hand up and ask the researcher or a teacher to explain to you what it means. Do not spend a lot of time thinking about the questions—just give your first response.

What can I do if I think I'm being bullied, know someone else is being bullied, or I am worried about anything else asked in the survey?

If you are worried about anything that has been asked in the survey, please talk to someone you can trust. This might be your teacher or someone in your family. You can also phone Childline for free on 0800 1111. Someone is there all the time to speak to you and it will not show up on your telephone bill. If you have internet access you can also email Childline by visiting www.childline.or.uk

When you have finished the survey, you will be given a leaflet with a list of contact information of people and services that are available for you to talk to about worries you may have.

REMEMBER!

- Don't put your name on the survey
- Try to answer all of the questions, but if you don't want to answer a question you can skip it
- The survey will take from 30 minutes to 1 hour – just take your time and ask for help if you don't understand a question
- The survey will take place under exam conditions, so don't talk to your friends or share your answers
- When you are finished, please do some quiet reading or put your hand up and the teacher / researcher will give you something to do whilst others finish the survey

SECTION 1 ABOUT YOUR STRENGTHS AND DIFFICULTIES...

Just to remind you, all your answers are confidential and will not be seen by anyone you live with or your school

1) Please mark whether the following are 'Not True', 'Somewhat True' or 'Certainly True' for you over the last six months

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings (9)	15 (1.7%)	330 (37.5%)	536 (60.8%)
I am restless, I cannot stay still for long (8)	236 (26.8%)	443 (50.2%)	203 (23%)
I get a lot of headaches, stomach-aches or sickness (6)	448 (55.2%)	299 (33.8%)	97 (11%)
I usually share with others (food, games, pens etc.)(2)	74 (8.3%)	456 (51.4%)	358 (40.3%)
I get very angry and often lose my temper (6)	423 (47.9%)	320 (36.2%)	141 (16%)
I am usually on my own. I generally play alone or keep to myself (5)	612 (69.2%)	217 (24.5%)	56 (6.3%)
I usually do as I am told (5)	48 (5.4%)	489 (55.3%)	348 (39.3%)
I worry a lot (4)	313 (35.3%)	378 (42.7%)	195 (22%)
I am helpful if someone is hurt, upset or feeling ill (3)	40 (4.5%)	418 (47.1%)	429 (48.4%)
I am constantly fidgeting or squirming (9)	462 (52.4%)	303 (34.4%)	116 (13.2%)
I have one good friend or more (4)	15 (1.7%)	83 (9.4%)	788 (88.9%)
I fight a lot. I can make other people do what I want (7)	712 (80.6%)	144 (16.3%)	27 (3.1%)
I am often unhappy, down-hearted or tearful (5)	589 (66.6%)	225 (25.4%)	71 (8%)
Other people my age generally like me (8)	53 (6%)	439 (49.8%)	390 (44.2%)

	Not True	Somewhat True	Certainly True
I am easily distracted,I find it difficult to concentrate(10	241 (27.4%)	428 (48.6%)	211 (24%)
I am nervous in new situations. I easily lose confidence (11)	284 (32.3%)	409 (46.5%)	186 (21.2%)
I am kind to younger children (8)	40 (4.5%)	248 (28.1%)	594 (67.3%)
I am often accused of lying or cheating (12)	549 (62.5%)	248 (28.2%)	81 (9.2%)
Other children or young people pick on me or bully me (13)	683 (77.9%)	165 (18.5%)	29 (3.3%)
I often volunteer to help others (parents, teachers, children) (10)	141 (16%)	523 (59.4%)	216 (24.5%)
I think before I do things (11)	112 (12.7%)	540 (61.4%)	227 (25.8%)
I take things that are not mine from home, school or elsewhere (14)	746 (85.2%)	101 (11.5%)	29 (3.3%)
I get on better with adults than with people my own age (12)	443 (50.5%)	355 (40.4%)	80 (9.1%)
I have many fears, I am easily scared (10)	530 (60.2%)	274 (31.1%)	76 (8.6%)
I finish the work I'm doing. My attention is good (11)	88 (10%)	519 (59%)	272 (30.9%)

SECTION 2 ABOUT YOUR EXPERIENCE OF AGGRESSION...

2) There are times when most of us feel angry, or have done things we should not have done. Please mark each of the statements below either 'Never', 'Sometimes', or 'Often'.

How often have you...	Never	Sometimes	Often
Shouted at others when they have annoyed you (8)	163 (18.5%)	511 (57.9%)	208 (23.6%)
Had fights with others to show who was on top (9)	661 (75%)	184 (20.9%)	36 (4.1%)
Reacted angrily when provoked by others (17)	301 (34.5%)	438 (50.2%)	134 (15.3%)
Taken things from other students (9)	769 (87.3%)	97 (11%)	15 (1.7%)
Got angry when frustrated (8)	225 (25.5%)	450 (51%)	207 (23.5%)
Vandalized (broken/damaged) something for fun (12)	764 (87%)	98 (11.2%)	16 (1.8%)
Had temper tantrums (14)	538 (61.4%)	267 (30.5%)	71 (8.1%)
Damaged things because you felt angry (11)	556 (63.3%)	240 (27.3%)	83 (9.4%)
Had a gang fight to be cool (12)	839 (95.6%)	26 (3%)	13 (1.5%)
Hurt others to win a game (10)	734 (83.4%)	119 (13.5%)	27 (3.1%)
Become angry or mad when you don't get your way (10)	518 (58.9%)	314 (35.7%)	48 (5.5%)
Used physical force to get others to do what you want (10)	774 (88%)	87 (9.9%)	19 (2.2%)
Got angry or mad when you lost a game (13)	462 (52.7%)	328 (37.4%)	87 (9.9%)
Got angry when others threatened you (12)	343 (39.1%)	375 (42.7%)	160 (18.2%)
Used force to obtain money/things from others (13)	837 (95.4%)	26 (3%)	14 (1.6%)

	Never	Sometimes	Often
Felt better after hitting or yelling at someone (14)	619 (70.7%)	193 (22%)	64 (7.3%)
Threatened and bullied someone (12)	810 (92.3%)	58 (6.6%)	10 (1.1%)
Made obscene (rude) phone calls for fun (9)	742 (84.2%)	118 (13.4%)	21 (2.4%)
Hit others to defend yourself (11)	395 (44.9%)	367 (41.8%)	117 (13.3%)
Got others to gang up on someone else (10)	810 (92%)	58 (6.6%)	12 (1.4%)
Carried a weapon to use in a fight (10)	853 (96.9%)	14 (1.6%)	13 (1.5%)
Got angry or mad or hit others when teased (14)	544 (62.1%)	278 (31.7%)	54 (6.2%)
Shouted at others so they would do things for you (13)	765 (87.2%)	91 (10.4%)	21 (2.4%)

SECTION 3 ABOUT YOUR HEALTH...

Just to remind you, all your answers are confidential and will not be seen by anyone you live with or your school

3) How many times in the last 6 months have you had an alcoholic drink? That is a whole drink, not just a sip (tick one answer) (23 missing)

Never 561 (64.7%)	Five to ten times 40 (4.6%)
Once or twice 113 (13%)	More than ten times 65 (7.5%)
Three or four times 46 (5.3%)	Prefer not to say 42 (4.8%)

Remember no-one can match your answer to who you are

4) Do you have any friends who drink alcohol regularly, that is at least once a week? (tick one answer) (31 missing)

Yes 596 (69.4%)	No 176 (20.5%)	Prefer not to say 87 (10.1%)
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5) Have you ever tried any of the following...? (tick one answer)

	Yes	No	Prefer not to say
Glue/solvent sniffing (13)	45 (5.1%)	805 (91.8%)	27 (3.1%)
Cannabis (also known as marijuana, dope, hash or skunk) (13)	71 (8.1%)	765 (87.2%)	41 (4.7%)
Any other illegal drug (including ecstasy, cocaine, speed) (13)	24 (2.7%)	837 (95.4%)	16 (1.8%)

6) How many times in the last 6 months have you used or taken drugs? (tick one answer) (16 missing)

Never 764 (87.4%)	Five to ten times 9 (1%)
Once or twice 44 (5%)	More than ten times 20 (2.3%)
Three or four times 9 (1%)	Prefer not to say 28 (3.2%)

7) Do you have any friends who you think use drugs regularly, that is at least once a week? (tick one answer) (20 missing)

Yes 162 (18.6%)	No 638 (73.3%)	Prefer not to say 70 (8%)
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SECTION 4 ABOUT YOUR EXPERIENCE OF BULLYING IN SCHOOL...

REMEMBER - Bullying is repeated behaviour which is intended to hurt someone either emotionally or physically. It is often aimed at certain people because of their race, religion, gender or sexual orientation or any other aspect such as appearance or disability. Bullying can take many forms including: physical assault, teasing, making threats, name calling, cyber bullying - bullying via mobile phone or online (e.g. email, social networks and instant messenger)

Just to remind you, all your answers are confidential and will not be seen by anyone you live with or your school

ABOUT YOU...

8) Have you been bullied in school during the last 6 months? (21 missing)

Yes, a lot 45 (5.2%)	Not sure 99 (11.4%)
Yes, a little 136 (15.7%)	Prefer not to say 21 (2.4%)
No (go straight to question 13) 568 (65.4%)	-

9) How many times in the last 6 months have you been bullied at school? (48 missing)

Most days 41 (15%)	2 or 3 times 77 (28.1%)
Once or twice a week 43 (15.7%)	Once only 113 (41.2%)

10) When did the bullying last happen? (55 missing)

In the last week 64 (24%)	In the last 3 months 50 (18.7%)
In the last month (4 weeks) 68 (25.5%)	In the last 6 months 85 (31.8%)

11) What type of bullying was it? (48 missing)

Physical (for example, hitting, kicking, pushing or spitting) 75 (27.4%)	Indirect (spreading rumours, excluding you, writing graffiti about you, posting photos or information about you online) 98 (35.8%)
Verbal (calling you names, making verbal threats, sending threats by phone or internet) 214 (78.1%)	None of these – please write your experience on the lines below 13 (4.7%)

12) Would you describe the bullying in any of the following ways? (tick ALL answers that are true) (59 missing)

Cyberbullying (through the computer or mobile phones – text messages, nasty comments online, sending images. 54 (20.5%)	Sexual bullying (Saying or doing things to you in a sexual way that makes you feel uncomfortable) 19 (7.2%)
Racist and/or bullying related to religion 32 (12.1%)	Sexist bullying (For example, someone saying something horrible to you because you are a boy or a girl) 18 (6.8%)
Homophobic bullying (because you are gay or because someone thinks you are gay or calls you gay) 44 (16.7%)	Don't know 119 (45.1%)
Bullying because of a special educational need or disability 26 (9.8%)	None of these – please write your experience on the lines below 52 (19.7%)

WHAT YOU HAVE SEEN...

13) Have you seen bullying in school during the last 6 months? (tick one answer) **(26 missing)**

Yes, a lot 94 (10.9%)	Not sure 135 (15.6%)
Yes, a little 359 (41.6%)	Prefer not to say 19 (2.2%)
No (go straight to question 18) 257 (29.7%)	-

14) How many times in the last 6 months have you seen bullying at school? **(53 missing)**

Most days 78 (13.4%)	2 or 3 times 214 (36.9%)
Once or twice a week 139 (24%)	Once only 149 (25.7%)

15) When did you last see bullying happen? **(64 missing)**

In the last week 230 (40.4%)	In the last 3 months 87 (15.3%)
In the last month (4 weeks) 136 (23.9%)	In the last 6 months 116 (20.4%)

16) What type of bullying was it? (tick ALL answers that are true) **(68 missing)**

Physical (for example, hitting, kicking, pushing or spitting) 276 (48.8%)	Indirect (spreading rumours, excluding someone, writing graffiti about someone, posting photos or information about someone online) 192 (34%)
Verbal (calling someone names, making verbal threats, sending threats by phone or internet) 375 (66.4%)	None of these – please write your experience on the lines below 14 (2.5%)

17) Would you describe that last bullying in any of the following ways? (tick ALL answers that are true) (83 missing)

Cyberbullying (through the computer or mobile phones – text messages, nasty comments online, sending images. 91 (16.5%)	Sexual bullying (Saying or doing things to someone in a sexual way that makes them feel uncomfortable) 42 (7.6%)
Racist and/or bullying related to religion 77 (14%)	Sexist bullying (For example, someone saying something horrible to someone else because they are a boy or a girl) 32 (5.8%)
Homophobic bullying (because someone is gay or because people think someone is gay or people call someone gay) 96 (17.5%)	Don't know 284 (51.6%)
Bullying because of a special educational need or disability 72 (13.1%)	None of these – please write your experience on the lines below 69 (12.5%)

WHAT YOU HAVE DONE...

18) Have you bullied someone else in school during the last 6 months? (41 missing)

Yes, a lot 2 (0.2%)	Not sure 46 (5.4%)
Yes, a little 44 (5.2%)	Prefer not to say 14 (1.6%)
No (go straight to question 23) 743 (87.5%)	-

19) How many times in the last 6 months have you bullied other people at school? (56 missing)

Most days 2 (2.2%)	2 or 3 times 19 (20.9%)
Once or twice a week 9 (9.9%)	Once only 61 (67%)

20) When did that bullying last happen? (59 missing)

In the last week 18 (20.5%)	In the last 3 months 17 (19.3%)
In the last month (4 weeks) 16 (18.2%)	In the last 6 months 37 (42%)

21) What type of bullying was it? (tick ALL answers that are true) (59 missing)

Physical (for example, hitting, kicking, pushing or spitting) 32 (36.4%)	Indirect (spreading rumours, excluding someone, writing graffiti about someone, posting photos or information about someone online) 16 (18.2%)
Verbal (calling someone names, making verbal threats, sending threats by phone or internet) 50 (56.8%)	None of these – please write your experience on the lines below 6 (6.8%)

22) Would you describe the bullying in any of the following ways? (tick ALL answers that are true) (64 missing)

Cyberbullying (through the computer or mobile phones – text messages, nasty comments online, sending images). 15 (18.1%)	Sexual bullying (Saying or doing things to someone in a sexual way that makes them feel uncomfortable) 5 (6%)
Racist and/or bullying related to religion 8 (9.6%)	Sexist bullying (For example, someone saying something horrible to someone else because they are a boy or a girl) 7 (8.4%)
Homophobic bullying (because someone is gay or because people think someone is gay or people call someone gay) 15 (18.1%)	Don't know 39 (47%)
Bullying because of a special educational need or disability 8 (9.6%)	None of these – please write your experience on the lines below 18 (21.7%)

SECTION 5 ABOUT YOUR SCHOOL AND ANTI-BULLYING...

Just to remind you, all your answers are confidential and will not be seen by anyone you live with or your school

23) What does your school do to stop bullying? (tick ALL answers that are true)(59 missing)

An anti-bullying policy that makes it clear what bullying is and how it will be stopped 620 (74.6%)	Classroom lessons about bullying 355 (42.7%)
Clear rules about bullying and what will happen if you bully 550 (66.2%)	Information to parents and carers about how to stop bullying 268 (32.3%)
An adult that you can talk to if you're worried about bullying 512 (61.6%)	Bullying is not a problem in my school 81 (9.7%)
Another pupil you can talk to if you're worried about bullying 302 (36.3%)	Other - please write on the lines below 64 (7.7%)
(Additional Response) I don't know 23 (2.8%) (63 missing)	

24) In which areas of your School does bullying happen the most? (tick ALL answers that are true) (83 missing)

Playground 613 (76%)	Classrooms 238 (29.5%)
Cafeteria 130 (16.1%)	Lockers 63 (7.8%)
Toilets 98 (12.1%)	Changing rooms 99 (12.3%)
Bike sheds 50 (6.2%)	Areas just outside of School 261 (32.3%)
Journey to or from School 141 (17.5%)	Other - please write on the lines below 66 (8.2%)
(Additional Response) I don't know 54 (6.7%) (81 missing)	

25) Who would you tell if you were being bullied in school? (tick ALL answers that are true) **(51 missing)**

No-one 114 (13.6%)	My brother or sister 168 (20%)
A teacher or another member of school staff 387 (46.1%)	A peer support/buddy/befriender/mentor 127 (15.1%)
A friend 455 (54.2%)	I would look for a help line (e.g. childline) 71 (8.5%)
My parent or carer 448 (53.4%)	I would look for advice on the internet 71 (8.5%)
Another adult (e.g. a police officer, youth worker) 115 (13.7%)	Other - please write on the lines below 31 (3.7%)

26) What would you do if you saw someone else being bullied? (tick UP TO THREE answers that are true) **(68 missing)**

Nothing 107 (13%)	Try to stop it 426 (51.8%)
Walk away 113 (13.7%)	Comfort the person being bullied 302 (36.7%)
Laugh 31 (3.8%)	Call for help 196 (23.8%)
Join in 10 (1.2%)	Get help from other children 100 (12.2%)
Tell a teacher or another adult 404 (49.1%)	Other - please write on the lines below 44 (5.4%)

27) What do you think would work best to stop bullying in school? (tick UP TO THREE answers) (90 missing)

An anti-bullying policy that makes it clear what bullying is and how it will be stopped 426 (53.3%)	Classroom lessons about bullying 286 (35.8%)
Clear rules about bullying and what will happen if you bully 445 (55.6%)	Information to parents and carers about how to stop bullying 210 (26.3%)
An adult that you can talk to if you're worried about bullying 268 (33.5%)	Bullying is not a problem in my school 43 (5.4%)
Another pupil you can talk to if you're worried about bullying 143 (17.9%)	Other - please write on the lines below 76 (9.5%)
(Additional Response) I don't know 8 (1%)	

SECTION 6 ABOUT YOUR RELATIONSHIPS WITH THE PEOPLE YOU LIVE WITH

...

Just to remind you, all your answers are confidential and will not be seen by anyone you live with or your school

28) Who do you live with? (63 missing)

Mother 789 (95.4%)	Father 629 (76.1%)	Sister 434 (52.3%)	Step Brother 48 (5.8%)
Step Mother 38 (4.6%)	Step Father 89 (10.8%)	Step Sister 34 (4.1%)	Foster Brother 1 (0.1%)
Foster Mother 2 (0.2%)	Foster Father 1 (0.1%)	Foster Sister 0 (0%)	Other Family Member 62 (7.5%)
Don't have a Mother 5 (0.6%)	Don't have a Father 17 (2.1%)	Brother 446 (53.9%)	I live in a Care Home 0 (0%)

29) Most children have occasional arguments with their parents or others that they live with.

In the last 6 months, how often have you argued with the mother figure you live with? (mother, step-mother, foster-mother, or female carer in a care home) (tick one answer) **(77 missing)**

Most days 87 (10.7%)	Hardly ever 404 (49.7%)
More than once a week 119 (14.6%)	I don't have a mother figure 14 (1.7%)
Less than once a week 189 (23.2%)	-

30) In the last 6 months, how often have you argued with the father figure you live with? (father, step-father, foster-father, or a male carer in a care home) (tick one answer) **(87 missing)**

Most days 51 (6.4%)	Hardly ever 464 (57.8%)
More than once a week 87 (10.8%)	I don't have a father figure 59 (7.3%)
Less than once a week 142 (17.7%)	-

31) Please mark each of the statements below either 'Never', 'Sometimes', or 'Often'. In the last 6 months, how often have you...

	Never	Sometimes	Often
Shouted at your parents/guardians/carers? (61)	262 (31.6%)	474 (57.2%)	93 (11.2%)
Insulted or sworn at your parents/guardians/carers? (63)	622 (75.2%)	164 (19.8%)	41 (5%)
Threatened to hit your parents/guardians/carers, even if you did not actually do so? (62)	787 (95%)	26 (3.1%)	15 (1.8%)
Slapped your parents/guardians/carers? (62)	807 (97.5%)	12 (1.4%)	9 (1.1%)
Hit your parents/guardians/carers with an object that could harm them? (63)	811 (98.1%)	7 (0.8%)	9 (1.1%)
Kicked or punched your parents/guardians/carers? (64)	797 (96.5%)	17 (2.1%)	12 (1.5%)

32) If you live with brothers or sisters (including step-brother/sister, or in a care home with other young people), DO THEY DO any of the following TO YOU at home?

Please mark each of the statements below either 'Never', 'Sometimes', or 'Often'. In the last 6 months, how often have they...

	Never	Sometimes	Often
Hit, kicked, or pushed you (70)	388 (53.6%)	256 (35.4%)	80 (11%)
Taken your belongings (72)	444 (61.5%)	203 (28.1%)	75 (10.4%)
Called you nasty names (70)	420 (58%)	213 (29.4%)	91 (12.6%)
Made fun of you (70)	421 (58.1%)	218 (30.1%)	85 (11.7%)

33) If you live with brothers or sisters (including step-brother/sister, or in a care home with other young people), how often DO YOU DO any of the following TO THEM at home?

Please mark each of the statements below either 'Never', 'Sometimes', or 'Often'. In the last 6 months, how often have you...

	Never	Sometimes	Often
Hit, kicked, or pushed them (75)	430 (59.9%)	242 (33.7%)	46 (6.4%)
Taken their belongings (76)	525 (73.2%)	162 (22.6%)	30 (4.2%)
Called them nasty names (76)	445 (62.1%)	221 (30.8%)	51 (7.1%)
Made fun of them (77)	452 (63.1%)	219 (30.6%)	45 (6.3%)

NEARLY FINISHED, JUST ONE MORE SECTION!

SECTION 7 ABOUT YOU...

34) Are you: (68 missing)

Male 535 (65.1%)	Female 287 (34.9%)
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35) I am: (61 missing)

11 years old 104 (12.5%)	15 years old 136 (16.4%)
12 years old 140 (16.9%)	16 years old 49 (5.9%)
13 years old 193 (23.3%)	17 years old 31 (3.7%)
14 years old 168 (20.3%)	18 years old 8 (1%)

36) I am in year: (60 missing)

Year 7 147 (17.7%)	Year 11 107 (12.9%)
Year 8 147 (17.7%)	Year 12 30 (3.6%)
Year 9 188 (22.7%)	Year 13 29 (3.5%)
Year 10 182 (21.9%)	-

37) Do you receive free school meals? (67 missing)

Yes 78 (9.5%)	No 745 (90.5%)
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38) Which one of these best describes you (83 missing)

Asian or British Asian 19 (2.4%)	-
Indian 9 (1.1%)	Chinese 2 (0.2%)
Bangladeshi 7 (0.9%)	Any other Asian background 7 (0.9%)
Pakistani 17 (2.1%)	-
Black or Black British 11 (1.4%)	-
African 10 (1.2%)	Any other Black background 3 (0.4%)
Caribbean 8 (1%)	-

Mixed 9 (1.1%)	-
White and Asian 15 (1.9%)	White and Black Caribbean 6 (0.7%)
Any other mixed background 10 (1.2%)	White and Black African 12 (1.5%)
White 155 (19.2%)	-
Traveller of Irish Heritage 5 (0.6%)	British / Irish 337 (41.8%)
Any other white background 81 (10%)	Romany or Gypsy 12 (1.5%)
Other 0 (0%)	-
Any other ethnic background 20 (2.5%)	Arab 6 (0.7%)
I don't know 21 (2.6%)	Prefer not to say 25 (3.1%)

THANK YOU

Thank you for taking the time to complete this survey.

Where can I get advice and support about any issues raised?

If you are being bullied or want to talk to about any other problems you may be experiencing, you can call Childline whenever you need to talk:

Childline is the UK's free confidential helpline for children and young people. Childline is open 24 hours to give you advice. Call them on 0800 1111 or visit www.childline.org.uk

NB: All data will be stored for 6 years as per the requirements of the Data Protection Act (DPA, 1998). Consent forms will be stored for 25 years under DPA (1998) conditions. All data will be treated as confidential. The only identifier for a school will be by a code number known only to the researchers. The identity of participating students will be anonymous. Ethically compliant arrangements have been made for obtaining Informed consent from schools, parents/carers and students.

APPENDIX XI: SIGNPOSTING SUPPORT INFORMATION

If you are being bullied or are worried about any other problems, please remember to talk to someone. **At School, you can speak to your Form Tutor and Heads of Year / Heads of House.** If you need help or advice about bullying there are helplines and websites that can provide you with information and support:

HELPLINES

Childline is the UK's free, confidential helpline for children and young people. They offer advice and support, by phone and online, 24 hours a day, Call **0800 1111**

EACH has a Freephone Actionline for children experiencing homophobic bullying from Monday to Friday 10am-5pm. Call **0800 1000 143**.

WEBSITES

The Child Exploitation and Online Protection Centre (CEOP) has a website for children and young people, and parents and carers about staying safe online: www.thinkuknow.co.uk

Childline www.childline.org.uk

Bullying Online www.bullying.co.uk

Kidscape www.kidscape.org.uk

APPENDIX XII: APVA & SEX PEARSON'S CHI SQUARE TEST RESULTS

Table 9.1 APVA & Sex: Pearson's Chi Square Test of Independence

			Sex		$X^2(1)$
			Male	Female	
Shouted at parents	No	<i>N</i>	180	76	4.73*
		%	34.1%	26.7%	
	Yes	<i>N</i>	348	209	
		%	65.9%	73.3%	
Insulted or sworn at parents	No	<i>N</i>	401	211	.15
		%	75.8%	74.6%	
	Yes	<i>N</i>	128	72	
		%	24.2%	25.4%	
Threatened to hit parents	No	<i>N</i>	504	268	.32
		%	95.3%	94.4%	
	Yes	<i>N</i>	25	16	
		%	4.7%	5.6%	
Slapped parents	No	<i>N</i>	516	276	.09
		%	97.5%	97.2%	
	Yes	<i>N</i>	13	8	
		%	2.5%	2.8%	
Hit parents with an object that could harm them	No	<i>N</i>	516	280	.71
		%	97.7%	98.6%	
	Yes	<i>N</i>	12	4	
		%	2.3%	1.4%	
Kicked or punched parents	No	<i>N</i>	510	273	.12
		%	96.6%	96.1%	
	Yes	<i>N</i>	18	11	
		%	3.4%	3.9%	

* $p < .05$

APPENDIX XIII: APVA & PERPETRATOR OF BULLYING PEARSON'S CHI SQUARE TEST RESULTS

Table 9.2 APVA & Perpetrator of Bulling Pearson's Chi Square Test of Independence

			Bullying - Perpetrator			Physical bullying - Perpetrator			Verbal bullying - Perpetrator			Indirect bullying - Perpetrator			Bullying - Perpetrator (no type classification)		
			No	Yes	$\chi^2(1)$	No	Yes	$\chi^2(1)$	No	Yes	$\chi^2(1)$	No	Yes	$\chi^2(1)$	No	Yes	$\chi^2(1)$
Shouted at parents	No	<i>N</i>	241	12	15.13****	8	6	.16 ^{NS}	9	5	2.46 ^{NS}	11	3	.06 ^{NS}	10	4	Fishers**
		%	33.8%	13.5%		15.4%	18.8%		23.7%	10.9%		16.2%	18.8%		12.8%	66.7%	
	Yes	<i>N</i>	472	77		44	26		29	41		57	13		68	2	
		%	66.2%	86.5%		84.6%	81.3%		76.3%	89.1%		83.8%	81.3%		87.2%	33.3%	
Insulted or sworn at parents	No	<i>N</i>	560	45	34.12****	22	17	.93 ^{NS}	25	14	10.46****	30	9	.77 ^{NS}	34	5	3.54 ^{NS}
		%	78.8%	50.6%		42.3%	53.1%		65.8%	30.4%		44.1%	56.3%		43.6%	83.3%	
	Yes	<i>N</i>	151	44		30	15		13	32		38	7		44	1	
		%	21.2%	49.4%		57.7%	46.9%		34.2%	69.6%		55.9%	43.8%		56.4%	16.7%	
Threatened to hit parents	No	<i>N</i>	686	74	Fishers****	44	25	.57 ^{NS}	33	36	1.04 ^{NS}	54	15	1.82 ^{NS}	63	6	1.41 ^{NS}
		%	96.3%	83.1%		84.6%	78.1%		86.8%	78.3%		79.4%	93.8%		80.8%	100.0%	
	Yes	<i>N</i>	26	15		8	7		5	10		14	1		15	0	
		%	3.7%	16.9%		15.4%	21.9%		13.2%	21.7%		20.6%	6.3%		19.2%	0.0%	
Slapped parents	No	<i>N</i>	697	84	4.01 ^{NS}	50	28	2.24 ^{NS}	35	43	.06 ^{NS}	62	16	1.52 ^{NS}	72	6	.50 ^{NS}
		%	97.9%	94.4%		96.2%	87.5%		92.1%	93.5%		91.2%	100.0%		92.3%	100.0%	
	Yes	<i>N</i>	15	5		2	4		3	3		6	0		6	0	
		%	2.1%	5.6%		3.8%	12.5%		7.9%	6.5%		8.8%	0.0%		7.7%	0.0%	
Hit parents with an object that could harm them	No	<i>N</i>	702	83	Fishers***	48	29	.07 ^{NS}	36	41	.86 ^{NS}	61	16	1.80 ^{NS}	71	6	.59 ^{NS}
		%	98.7%	93.3%		92.3%	90.6%		94.7%	89.1%		89.7%	100.0%		91.0%	100.0%	
	Yes	<i>N</i>	9	6		4	3		2	5		7	0		7	0	
		%	1.3%	6.7%		7.7%	9.4%		5.3%	10.9%		10.3%	0.0%		9.0%	0.0%	
Kicked or punched parents	No	<i>N</i>	690	81	Fishers*	47	28	.49 ^{NS}	36	39	1.54 ^{NS}	59	16	2.11 ^{NS}	69	6	.69 ^{NS}
		%	97.0%	92.0%		92.2%	87.5%		94.7%	86.7%		88.1%	100.0%		89.6%	100.0%	
	Yes	<i>N</i>	21	7		4	4		2	6		8	0		8	0	
		%	3.0%	8.0%		7.8%	12.5%		5.3%	13.3%		11.9%	0.0%		10.4%	0.0%	

p* < .05 *p* < .01 ****p* < .005 *****p* < .001 Fishers = Fisher's Exact Test with corresponding p-value NS – not significant, *p* > .05

APPENDIX XIV: UPR16 RESEARCH ETHICS REVIEW CHECKLIST

FORM UPR16

Research Ethics Review Checklist



Please include this completed form as an appendix to your thesis (see the Postgraduate Research Student Handbook for more information)

Postgraduate Research Student (PGRS) Information		Student ID:	UP228983
PGRS Name:	Elizabeth McCloud		
Department:	ICJS	First Supervisor:	Professor Carol Hayden
Start Date: (or progression date for Prof Doc students)	October 2015		
Study Mode and Route:	Part-time <input checked="" type="checkbox"/>	MPhil <input type="checkbox"/>	MD <input type="checkbox"/>
	Full-time <input type="checkbox"/>	PhD <input type="checkbox"/>	Professional Doctorate <input type="checkbox"/>

Title of Thesis:	Adolescent-to-Parent Violence and Abuse (APVA): An Investigation into Prevalence, Associations and Predictors in a Community Sample
Thesis Word Count: (excluding ancillary data)	49,248

If you are unsure about any of the following, please contact the local representative on your Faculty Ethics Committee for advice. Please note that it is your responsibility to follow the University's Ethics Policy and any relevant University, academic or professional guidelines in the conduct of your study

Although the Ethics Committee may have given your study a favourable opinion, the final responsibility for the ethical conduct of this work lies with the researcher(s).

UKRIO Finished Research Checklist:

(If you would like to know more about the checklist, please see your Faculty or Departmental Ethics Committee rep or see the online version of the full checklist at: <http://www.ukrio.org/what-we-do/code-of-practice-for-research/>)

a) Have all of your research and findings been reported accurately, honestly and within a reasonable time frame?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
b) Have all contributions to knowledge been acknowledged?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
c) Have you complied with all agreements relating to intellectual property, publication and authorship?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
d) Has your research data been retained in a secure and accessible form and will it remain so for the required duration?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
e) Does your research comply with all legal, ethical, and contractual requirements?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

Candidate Statement:

I have considered the ethical dimensions of the above named research project, and have successfully obtained the necessary ethical approval(s)

Ethical review number(s) from Faculty Ethics Committee (or from NRES/SCREC):	14/15:62
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If you have *not* submitted your work for ethical review, and/or you have answered 'No' to one or more of questions a) to e), please explain below why this is so:

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Signed (PGRS):	Elizabeth McCloud	Date:	20.09.17
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