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Responding to child-to-parent violence: Innovative practices in child and adolescent mental health

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Author(s)	Coogan, Declan
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Although child-to-parent violence has yet to become a visible and explicit concern of social work policy and practice development, child-to-parent violence is a growing social problem with broad implications for research, policy, and intervention. Although the initial referral to out-patient child and adolescent mental health services for assessment and intervention may be related to concerns about attention deficit/hyperactivity disorder, depression, or out of control behaviours, more parents are beginning to talk with embarrassment and fear about their experiences of being the target of their child's aggression and violence at home. This article examines the prevalence of child-to-parent violence and proposes a clear definition of child-to-parent violence for social work practitioners and researchers in mental health. Some of the obstacles in health and social care practice for the recognition and development of effective responses to child-to-parent violence are explored. Using an outline case example from community mental health practice in Ireland, the author suggests the Non Violent Resistance Programme as one innovative response to the problem of child-to-parent violence.

Key words: child-to-parent violence; innovative practice; Non Violent Resistance Programme; obstacles to recognition; social work practice

Child-to-parent violence is as an act carried out by a child with the intention to cause physical, psychological, or financial pain or to exert power and control over a parent (Calvette, Orue, & Gamez-Guadix, 2013; Cottrell, 2001). Although not yet a visible and explicit concern of social work policy and practice development, child-to-parent violence is a

growing social problem with broad implications for research, policy, and intervention (Avrahim-Krehwinkel & Aldridge, 2010; Coogan, 2011; Hong, Kral, Espelage, & Allen-Meares, 2012). Clinical practice experiences of practitioners in child and adolescent mental health also suggest that the aggressive behavior of children and adolescents toward their parents is an increasing concern in the community. Although the initial referral to outpatient child and adolescent mental health services may be related to concerns about attention deficit/hyperactivity disorder, depression, or out-of-control behaviors, more parents are beginning to talk with embarrassment and fear about their experiences of being the target of their child's physical and emotional aggression and violence in their homes.

A "VEIL OF SILENCE" AND DIFFICULTIES OF DEFINITION

Hunter and Nixon (2012) described a "veil of silence" surrounding the topic of child-to-parent violence in the literature on forms of family violence. Following a number of investigations into child-to-parent violence in the early 1980s and 1990s (for example, see Agnew & Huguley, 1989; Cornell & Gelles, 1982; Paulson, Coombs, & Landsverk, 1990), there seems to have been very limited interest in the area until relatively recently. Coogan (2011) pointed to the continuing unacknowledged and under researched nature of child-to-parent violence as a type of family violence in policy and practice in Ireland and further afield.

One of the factors that may contribute to the relative invisibility of child-to-parent violence is related to difficulties of definition. There is no single or simple definition of what constitutes child-to-parent violence (Tew & Nixon, 2010). 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, Tremblay, Nagin, Zoccolillo, & McDuff, 2009), and "parent abuse" (Holt, 2009, 2013; Kennair & Mellor, 2007), for example, have been used variously to describe this form of family

violence. Child-to-parent violence can be defined as an act carried out by a child with the intention to cause physical, psychological, or financial pain or to exert power and control over a parent, as part of a repeated pattern of behavior (Calvete, Orue, & Gamez-Guadix, 2013; Cottrell, 2001). While recognizing the validity of the term “parent abuse” to describe child-initiated violence and controlling behavior toward parents (for example, Cottrell, 2001; Holt, 2009; Wilcox, 2012), in this article, the term “child-to-parent violence” is preferred for three reasons:

1. It encompasses a wide range of abusive behaviors, including acts of violence and controlling tactics.
2. It indicates that it is the parent who is the target of the abusive behavior by the child under the age of 18 years of age.
3. The term clarifies that it is the child who uses violence to disempower the parent.

EMERGENCE OF CHILD-TO-PARENT VIOLENCE IN THE LITERATURE

In addition to the variety of terms used to describe the realities of child-to-parent violence, a number of factors make it very difficult to measure the prevalence of child-to-parent violence. These include the low levels of awareness of this form of family violence in research, policy, and practice, the variety of definitions used by different agencies that may record violence against parents, the small samples used in some of the surveys exploring child-to-parent violence, and the reluctance of parents to describe experiences of child-to-parent violence (Coogan, 2011; Holt, 2013). However, there are some indications of the extent of child-to-parent violence. In their review of the U.S. National Incident Based Reporting System data that compared victim, offender, and incident characteristics between 1995 and 2005, Walsh and Krienert (2009) reported that 18 percent of two-parent and 29 percent of one-parent families in the United States experienced an incident of child-to-parent violence, with mothers being the most likely targets of child-to-parent violence. On the basis

of incidents reported to the police, these figures are likely to be an underrepresentation of the true extent of the prevalence of child-to-parent violence. A Canadian study drawing from a randomly selected group of almost 3,000 15- and 16-year-old boys and girls from a longitudinal childhood development study in Quebec found that 12.3 percent of boys and 9.5 percent of girls had been physically aggressive toward their fathers in the previous six months (Pagani et al., 2009). These figures are significant because they are drawn from a general rather than clinical population sample and include both boys and girls using violence toward fathers and because it could be argued that had respondents being asked about physical aggression toward mothers, the figures would probably have been much higher.

There is evidence to indicate that factors frequently used by social work practitioners and researchers to understand family violence, such as social isolation, parental stress, family power structure, family size and structure, and social status, are unrelated or weakly related to child-to-parent violence (Agnew & Huguley, 1989; Hong, Kral, Espelage, & Allen-Meares, 2012). Some studies indicate, for example, that child-to-parent violence is not confined to underprivileged and multistressed families but occurs across the spectrum of social and cultural landscapes (Avrahim-Krehwinkel & Aldridge, 2010; Kennedy et al., 2010; Omer, 2004).

Do childhood experiences of abuse and violence account for the emergence of child-to-parent violence? Sounding a note of caution, Baker (2012) suggested that in the absence of alternative explanations of child-to-parent violence, cycle of violence theories—which regard children as replicating the abusive behavior of the parent who shares the same gender of the child—could become the dominant ways of understanding child-to-parent violence. There is some evidence suggesting that domestic violence is, in fact, a significant predictor of child-to-parent violence (see Hong et al., 2012, for a review of such studies). A study carried out by Boxer, Gullan, and Mahoney (2009), for example, examined three forms of physical violence

in the home: youth-to-parent, inter-parent, and parent-to-youth violence among 232 mother–adolescent dyads composed of mothers from two-parent families and their 11- to 18-year-old child in the American Midwest. Boxer et al. (2009) found that child-to-parent violence was most likely to take place in families where there had been father-to-mother and parent-to-child violence. Violence directed toward the mother by the child was significantly associated with father-to-mother abuse for males, though not for females. The findings from this research suggested that adolescents were most likely to direct violence toward an opposite-sex parent who was abused by the same-sex parent.

Further indications of a link between childhood experiences of abuse and the emergence of child-to-parent violence were suggested by Cottrell and Monk (2004), who found that youths who abused their parents had often themselves been physically abused as children, with the youths becoming violent toward parents when they developed the physical strength to do so or when motivated by a desire for retribution. Some female youths in the same study (Cottrell & Monk, 2004) reported that they had been sexually abused by the father or stepfather in the family. In these cases, youths described their violence as being motivated by a need for self-protection, as an expression of rage at the perpetrator, or as a need to protect siblings from sexual abuse.

But Baker (2012) and Holt and Retford (2013) have advised against an uncritical adoption of cycle-of-violence theories for conceptualizing child-to-parent violence. There is significant evidence to undermine a confident assertion of a link between childhood experience of abuse and child-to-parent violence. Research suggests that not all children and young people exposed to domestic violence will experience harm as a consequence: For example, having surveyed 24 studies over a 10-year period (2000–2010) on the effects of domestic violence on children, Woods and Sommers (2011) concluded that the question of a direct link between experiences of domestic violence and the emergence of child-to-parent

violence remains controversial and without a single answer. They stated that although there is some evidence to support a hypothesis of intergenerational transmission of domestic abuse from the children exposed to such violence to the men who use violence toward partners in later life as adults and women who experience violence as victims and partners, there is no evidence in the research to support claims of a direct causation. In his review of clinical and qualitative papers on child-to-parent violence, Gallagher (2008) also indicated that the abuse of children by their parents was not a contributing factor to child-to-parent violence. It seems, then, that child-to-parent violence presents considerable challenges to established patterns of thinking and intervention in the field of social work practice in health and social care settings.

ENCOUNTERING CHILD-TO-PARENT VIOLENCE IN PRACTICE

I first encountered child-to-parent violence while working as a mental health social worker on a multidisciplinary community-based Child and Adolescent Mental Health Service (CAMHS) in the Republic of Ireland. CAMHS teams operate as part of the public health service provision, and their services are available free of charge to all citizens and are widely used across all socioeconomic groups. An anonymized case example is used to illustrate the complexities of child-to-parent violence in mental health practice and the potential of the Non Violent Resistance Programme (Omer, 2004; Weinblatt & Omer, 2008) as a constructive response to this problem. All names and case details have been changed to protect client anonymity.

During his initial appointment with the CAMHS social worker, “Michael” stormed out of the therapy session, shouting and vowing never to return. Michael’s mother, “Laura.” burst into tears, saying she did not know what to do. His father, “Brendan,” got up to leave the room, saying he would try to calm Michael down. Michael was eight years of age, the older of two children, from a comfortable family background, and had no prior contact with social work children’s services or mental health services. He had been referred to the

CAMHS clinic because of his temper tantrums, his aggressive behavior toward his brother at home and toward other children at school, and his threats of self-harm.

Michael's parents and the parents of some other children referred to the service have described their overwhelming feelings of embarrassment, helplessness, and shame when discussing their own child's use of or threats of violence against them. But a victim–perpetrator model from conventional domestic violence perspectives does not seem to fit with the complex lived experiences of these families. We were also conscious of the ethical and practice limitations in adapting some of the conventional domestic violence approaches (such as the exclusion of the person who uses violence from the family) when working with the problems presented by child-to-parent violence.

A further obstacle to developing a constructive response was the absence from domestic violence and abuse policy frameworks in Ireland and the United Kingdom of the idea of the child as an initiator or perpetrator of violence at home (Coogan, 2011; Wilcox, 2012). There is a counterintuitive dynamic inherent to child-to-parent violence that could lead to the mistaken belief that child-to-parent violence is uncommon and does not require exploration, a belief reinforced by parents' reluctance to describe their experiences of violence at the hands of their child or adolescent (Coogan 2011, 2012; Tew & Nixon, 2010). Violence within the family usually involves attacks on less powerful individuals (children or partners) by more powerful individuals. Child-to-parent violence, however, involves attacks on parents, usually regarded as more powerful individuals, by the usually less powerful child or adolescent (Agnew & Huguley, 1989). In families where child-to-parent violence takes place, conventional power dynamics within family relationships are reversed, with parents feeling disempowered and unable to assert their authority as parents (Calvete et al., 2013; Omer, 2004, 2011).

POWER AND CONTROL: MAKING A CLEAR DISTINCTION BETWEEN CHILD-TO-PARENT VIOLENCE AND DEVELOPMENTAL STAGES

During the initial assessment session, it emerged that Michael's violent behavior was a concern for his parents, who felt disempowered when confronted by their son's violence, and for his teacher, who felt concerned about the safety of Michael and other children at school. He was physically aggressive toward peers and younger children. Michael sometimes stated that he wished he was dead. Laura and Brendan also described his aggressive behavior toward them, which included biting, kicking, hitting, and shouting and screaming, information that was not contained in the initial referral information.

Social workers in child and adolescent health services are familiar with helping families resolve difficult conflicts that may contribute to the emergence of problems in family relationships as children mature and develop. Social workers often engage parents and children in negotiating their ways through developmental stages as a son or daughter grows through childhood, testing and challenging boundaries, leaving infancy behind, and reaching toward incremental increases in autonomy and self-assertion.

But there is a clear need to mark a boundary between concerning behaviors that could be seen as falling within normative or expected childhood or adolescent behaviors that accompany the testing of parental limits, for example, and the types of behavior that can be described as child-to-parent violence.

An effective way of making this distinction could be to consider child-to-parent violence from the perspective of power dynamics within families, where child-to-parent violence is seen as an abuse of power by the child or adolescent through which he or she attempts to dominate, coerce, and control others in the family (Coogan, 2011; Tew & Nixon, 2010). Such misuse of power by the child clearly distinguishes child-to-parent violence from

the kinds of behaviors that may be regarded as part of a conventional journey through developmental stages.

It was unclear whether Michael's violence was a deliberate and intentional strategy he used as a way of compelling his parents to fulfill his wishes (Calvete et al., 2013). But Michael's parents felt completely disempowered in their role as parents in the family.

UNDERSTANDING CHILD-TO-PARENT VIOLENCE FROM AN INTERACTIONAL PERSPECTIVE

At first, Michael's parents did not describe their experiences of child-to-parent violence. But during direct questions about who experiences violence and where, Michael's parents described his use of violence at home. His parents then asked about what caused the problem that would now form the primary focus of work at the CAMHS clinic and at home. Adopting a perspective that focuses on behavior and relationship patterns within families, practitioners can explore child-to-parent violence from a systemic psychotherapy position, focusing on relationship processes, behavior patterns within families, and the complex interplay between individual and contextual factors. Omer (2004, 2011) and Omer and Weinblatt (2008) suggested that a characteristic shared by families with violent and self-destructive children are escalation processes that lead to the development of a pattern of hitting out and giving in and the emergence of recurrent incidents of child-to-parent violence. Cycles of escalation and coercion between parent and child may develop, in which higher levels of aggression become part of what had been familiar conflict patterns between the child and the parent within the family. This can then lead to the child using acts of violence toward parents (Omer, 2004, 2011; Pagani et al., 2009).

Such an interactional and escalatory understanding of the emergence of their son's difficulties seemed to make most sense to Michael's parents. But an understanding of the factors that may contribute to the emergence of a problem does not necessarily cast a clear

light on how best to resolve the difficulties with which a family is living (Duncan, Miller, & Sparks, 2004; Yee Lee, Sebold, & Uken, 2003).

INNOVATIONS IN CHILD AND ADOLESCENT MENTAL HEALTH PRACTICE: THE NON VIOLENT RESISTANCE PROGRAMME

Having reached a shared understanding about the emergence of Michael's concerning behavior, our attention then turned to exploring potentially helpful responses. Michael's parents were not in favor of participating in a group-based parenting program that did not seem to them to address the issue of their child's use of violence toward them and his threats of self-harm. Alternative approaches were suggested by Sheehan (1997), Gallagher (2004), and Omer and Weinblatt (2008), which offered useful principles for intervention and grounds for optimism that the problems of child-to-parent violence could be addressed in a community-based youth mental health service.

Describing a community agency that provided interventions that aimed to address family violence in Watsonia, Australia, Sheehan (1997) explored a narrative family therapy and psychodynamic theory approach to addressing the use of violence by adolescents at home. The article focused on an intervention with 60 families attending the service where the use of violence by an adolescent was a referring concern; Sheehan (1997) discussed the dilemmas faced by families and workers when addressing these problems. Another approach to addressing such problems was described by Gallagher (2004), who outlined his work in Australia with a clinical sample of 60 families where children victimized parents; he addressed questions of definition, labeling, and solution-focused questioning as a response to the use of violence by children at home. Both of these approaches involved engaging the child in therapy.

A third option was proposed by the Non Violent Resistance Programme, as described by Weinblatt and Omer (2008), and seemed to have promising results, without directly

engaging the child. Weinblatt and Omer (2008) outlined a short-term intervention project in Tel Aviv, Israel, that involved the parents of 41 families where children (ages between four and 17 years) presented with aggressive behavior problems toward their parents. During the period of the Non Violent Resistance intervention project, the parents reported less permissiveness and helplessness in their parenting style, a decrease in their escalatory behaviors, significant reductions in their children's escalatory behaviors, and an increase in positive behaviors. Significantly for a parent-focused intervention, only one parent failed to complete the program.

The Non Violent Resistance approach to addressing child-to-parent violence had a number of distinctive factors that made it attractive to practitioners and to parents. The intervention focused on offering therapeutic and psychoeducational support to parents, without the requirement of directly engaging the child. When the CAMHS team began to search for a way to work effectively with parents who were describing their experiences of child-to-parent violence, the son or daughter either refused to attend the service or would agree to attend only an occasional session. The Non Violent Resistance Programme seemed to offer practitioners and parents a way around the potential barrier to intervention where the son or daughter refused to attend or engage. It also seemed to be a model that was easy to understand and implement from a practitioner's perspective, it did not seem to require a comprehensive assessment of the child, and the basic principles of the approach did not vary with the parents of children and young people of different ages. The social worker consulted with the CAMHS team and made contact with one of the authors of the Weinblatt and Omer (2008) article. It was then agreed that the Non Violence Resistance Programme could be adapted for use in the service and offered to parents as one way of responding to the dilemmas presented by child-to-parent violence.

THE ADAPTED PROGRAM IN IRELAND

The Non Violent Resistance Programme, adapted in Ireland, seemed to enable Michael's parents to discover a new sense of their abilities as confident and competent parents, while building on the positive aspects of their relationship with their son. It also facilitated the emergence of stories of resilience and strengths, which seemed to be much more useful for the family, rather than focusing on the role of genetic factors or family "deficits" (McKenna, 2010). Whereas the design of the Non Violent Resistance Programme in Israel involved telephone interventions and clinical sessions with parents (Omer, 2004; Weinblatt & Omer, 2008), the adapted program in Ireland invited parents to commit to up to 10 clinical sessions and did not offer regular telephone interventions between sessions while parents were engaged with the program.

It may be helpful to briefly outline some elements of the Non Violent Resistance Programme adopted by the mental health social worker and by Michael's parents. Following a description of the nature and extent of Michael's use of violence at home, his parents accepted a suggestion from the social worker to experiment with the Non Violent Resistance Programme. It had been adapted in Ireland by the social worker as a 10-session program involving parents attending sessions at the CAMHS clinic, committing to resistance of violence, and avoiding the use physical or verbal aggression of violence in their responses to the child, regardless of the provocation. At the end of the first session, Michael's parents responded positively to the social worker's proposal that they consider "pressing the pause button" (Sharry & Fitzpatrick, 2004) the next time it seemed Michael's behavior was about to escalate.

The strategy of "pressing the pause button" encourages parents to avoid responding immediately to a crisis and to remain calm while informing the child that the violent behavior would be dealt with later when they and the child are calm. This approach is derived from the

principle of parental self-control and delayed responses to provocative behavior, which is a cornerstone of both the Parents Plus Programme, developed in Ireland as a parenting skills program, and the Non Violence Resistance Programme (see Omer, 2004, 2011; Sharry & Fitzpatrick, 2004).

Throughout the next six sessions, Michael's parents and the social worker explored reservations and successes in the parents' implementation of the Non Violent Resistance Programme at home. For example, at first, Laura and Brendan were reluctant to recruit a support network as a way of ending the secrecy that facilitates violence and were uncertain about whether Michael would react with violence or feel ashamed when they made the announcement about nonviolent resistance at home. The social worker explored their concerns with the parents and discussed with them the supporting and the restraining factors (Madsen, 2011) associated with these two key elements of the Non Violent Resistance Programme. During later sessions, Laura and Brendan reported the positive reactions of grandparents and the class teacher to their request to them that they become involved in the support network by undertaking tasks such as speaking with Michael about their support for him and his parents for ending violence at home. Michael's parents also described how they made the family announcement of commitment to nonviolence while reassuring Michael that although they would no longer tolerate violence, they loved him and they knew that together with him, the family could overcome violence.

Other key factors of the program included the following:

- Laura and Brendan's disclosure about the extent of the problem of violence with a number of significant people chosen by them
- the parents' development of self-management and self-calming skills
- close liaison with the school in relation to the new approach to responding to violence at home

- reconciliation gestures and a parental sit-in protest.

On completion of the program, Laura and Brendan reported that Michael no longer declared any wish to be dead, no longer used violence at home or at school, and that his place at school was no longer at threat of withdrawal.

OBSTACLES FOR PARENTS AND PRACTITIONERS WHEN RESPONDING TO CHILD-TO-PARENT VIOLENCE

Although Michael's parents' commitment to the Non Violent Resistance Programme led to significant positive outcomes for the family, many parents wrestle with a number of factors that might make it more difficult for them to tell others about their experiences of child-to-parent violence, including their own fears about the consequences of talking about this problem. The feelings of shame and embarrassment described initially by Michael's parents are echoed by the research findings that it is common for parents who are assaulted by their young children to deny or minimize the violence they experience or to blame themselves for the abusive behavior of their son or daughter (Cottrell & Monk, 2004; Edenborough et al., 2008; Gallagher, 2004). As we saw earlier, Michael's use of violence toward his parents was not included in the original referral to the team and emerged only during the first session in response to direct questions about where Michael's violence took place.

Parents who disclose experiences of child-to-parent violence to external agencies risk finding themselves at the center of child protection investigations and may have their child removed from their care (Omer, 2004). Holt (2009) and Tew and Nixon (2010) described the ineffective and parent-blaming responses from child protection and criminal justice services in the United Kingdom to requests from mothers for support in managing the violence of their children toward them.

Child and family services such as child protection, child and adolescent mental health, and social care agencies tend to operate on the assumption that children are victims and need

support (Tew & Nixon, 2010). This can make it more difficult for social workers and other practitioners working in such settings to regard a child as being both a victim and a perpetrator of abusive behavior and to consider the possibility that a parent may feel unsafe at home with his or her child (Coogan, 2009; Gallagher, 2004).

Some practitioners in health and social care may also be influenced by assumptions that there is a causal relationship between a child's use of violence toward parents and other forms of violence at home. It seems likely that children who use violence toward their parents may be regarded by practitioners more as victims than as perpetrators; the aggressive behavior of children is often understood as being "caused" by parents as a result of exposure of the child to domestic violence at home and/or because of some deficits in their parenting ability (Agnew & Huguley, 1989; Gallagher, 2004; Holt, 2009; Omer, 2004; Tew & Nixon, 2010). As we saw earlier, although there is some evidence to support a hypothesis of intergenerational transmission of violent behavior, an assumption of direct causation is not supported by research.

Further challenges for social workers in child and adolescent mental health services include the possibility that the violent behavior could be attributed to a mental health diagnosis such as attention deficit/hyperactivity disorder or oppositional defiance disorder. This could have the unintended effect of excusing aggressive and violent behavior and disempowering children and parents. It may be useful in some cases for a child to be provided with a mental health diagnosis where the behaviors described by the parents, the child, and the school, for example, meet the relevant diagnostic criteria. In Ireland, a mental health diagnosis could facilitate access to resources such as a special needs assistant at school and additional payments to support care and treatment. However, from a strengths-based and solution-focused perspective, a mental health diagnosis or a comprehensive understanding of all factors contributing to the emergence of a problem (such as child-to-parent violence, for

example) is not necessary to arrive at a solution to the presenting problem (Duncan et al., 2004; Yee Lee et al., 2003). The Non Violent Resistance Programme has demonstrated success with the parents of children between the ages of four and 17 years of age, without the necessity of a mental health diagnosis or a comprehensive understanding of the emergence of the problem (Omer, 2004; Weinblatt & Omer, 2008). One of the unintended consequences of a diagnosis of a mental health disorder could be an assumption that the child using child-to-parent violence cannot learn the skills required to avoid the use of violence and cannot be expected to change his or her behavior. Such beliefs risk disempowering parents and children and prolonging experiences of helplessness, hopelessness, and violence. Working through the agency of the parents and the support network, the Non Violent Resistance Programme communicates to the child a very clear message that there is no excuse whatsoever for violence and that he or she is expected to and can change.

EMPOWERING PARENTS AND PRACTITIONERS IN CHILD AND ADOLESCENT HEALTH AND SOCIAL CARE

Intervening in violence within the family in health and social care settings is a complex and contested issue (Husso et al., 2012). As we have seen, the relative invisibility of child-to-parent violence in social work policy and practice articles and mistaken beliefs about the prevalence of child-to-parent violence and about the "causes" of the problem can make child-to-parent violence difficult to detect and difficult to discuss in health and social care practice. Conceptualizing child-to-parent violence as an abuse of power by the child in family relationships can create the potential for involving social workers and other practitioners in child and adolescent health and social care in innovative and supportive practices. There is a need for health and social care agencies to support the development of approaches that both facilitate the disclosure of child-to-parent violence by parents living in fear of their child and

to equip social workers in health and social care agencies with the skills to respond confidently to this newly emergent problem.

The Non Violent Resistance Programme (Omer, 2004; Weinblatt & Omer, 2008) is an approach that addresses power dynamics within the family: It offers the possibility of empowering parents through a rediscovery of parental authority and competence; through the development of skills such as de-escalation techniques, nonviolence resistance, and self-control strategies; and through the recruitment of a support network. As earlier noted, the Non Violent Resistance Programme is not the only approach possible, but it is a promising one that works directly with parents over a brief period, supports parental confidence and competence, and enhances the immediate protection and safety needs of family members (Weinblatt & Omer, 2008).

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Declan Coogan, MSW, MSc, is Lecturer in Social Work, Systemic Psychotherapy, National University of Ireland Galway, MA in Social Work Programme, Aras Moyola, North Campus, National University of Ireland Galway, Newcastle Road, Galway, Ireland 0000; e-mail: declanp.coogan@nuigalway.ie.

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