

Child-to-Parent Violence: Qualitative Analysis of Case Vignettes with Significant Potential for Violence

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Abstract

Knowledge about the phenomenon of 'child-to-parent violence' (CPV) is still characterized by a Resignation and still requires a great deal of research to make it accessible. Therefore, this study aims to further explore CPV by means of qualitative file analyses of case vignettes. By means of a qualitative content analysis of 20 expert reports as part of the expert activities of a research member, the following factors were considered, taking into account and following previous categorizations of a review CPV [1]: family dynamics/family roles, family violence at the adult level (child abuse, partner violence), psychological and psychiatric factors, developments in the dynamics of violence over time, resilience factors that may have enabled changes in development, and deductive factors that cannot be expected from the available research. While the analyzed case groups confirmed expected results in some categories (psychiatric diagnoses, resilience factors), there were also differentiated results that were not visible in previous (mainly quantitative) studies, particularly with regard to the categories of family dynamics, family violence and violence dynamics over time. Methodological limitations, as well as initial implication for practice and future research will be discussed.

Introduction

Knowledge about 'Child-to-Parent Violence' (CPV) is insufficient among the various professions in which it is encountered in practice. For instance, data from the special analysis 'domestic violence' of the police crime statistics in Germany in 2022 show that approximately 23% of cases of family violence (excluding partner violence) involved acts by children against their parents [2]. Professionals in educational and therapeutic counseling also report that CPV has a significant presence in their daily work. Occurrence of CPV can be extremely associated with shame and fear for those affected, leading to a high number of unreported cases due to attempts to trivialize and conceal the violence [3,4]. Often, time can be taken for affected parents to acknowledge violent assaults by their own child and realize it as family violence, during which the occurrence of CPV often continues to manifest.

The results of a systematic review by Creutz, Baumann & Bolz [1] form the starting point for the study presented here. The general research objective is to explore the phenomenon of CPV.

In an initial derivation, the authors differentiate four forms of violence by children and adolescents towards their parents: verbal, psychological, physical, and financial CPV. Given the high evidence of risk factors such as stress and strain on the children and adolescents, domestic violence and emotional and behavioral disorders, similar results are expected in this study design. Other research focuses, which have been established as overarching categories in this analysis, concern the age structures of children and adolescents committing CPV (where, based on the trivialization hypothesis [3,4], the analysis of violence dynamics over time is also carried out from a reconstructive perspective). It is also assumed that qualitative research methods will allow for a more precise identification of risk and protective factors, specifically related to the orientation of CPV, and a deeper understanding of external conditioning factors. This identification of

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categories, derived from the previous review study, forms the basis of the present investigation [1].

The body of the qualitative content analysis [5] consists of 20 expert reports originally prepared for other issues in family law or child and youth welfare. However, in the underlying cases, clearly identifiable and very severe forms of CPV were identified. This data material is used to present differentiations and definitions of the various categories of CPV. Additionally, the focus is on intra-family aspects, which, in line with the expected results, provide insights into identifiable behavioral disorders, socio-emotional impairments, psychological abnormalities, family dynamics, and patterns of case progressions.

Method

The aim of the present study is to identify factors within family dynamics that potentially lead to CPV. For this purpose, a qualitative content analysis of 20 educational-psychological expert reports, created between 2013 and 2021, will be conducted, methodologically guided by Mayring (2022). These 20 reports, prepared by a member of the research team (M.B.) as part of his expert work commissioned by family courts or youth welfare offices (nationwide in Germany), will be fully anonymized by the expert according to strict criteria before being reviewed and processed by the analysts:

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- Redaction of all names, dates, and names of institutions,
- Coding of city and town names (village, small town, medium-sized town, large city, metropolis),
- Anonymization of recognizable peculiarities of family relationships (e.g., foster care, unusually high number of children, etc.),
- Complete redaction of the original research question of the report and its response, diagnostic steps that included institutional factors of the support system, and the commissioning institutions.

Cases will be analyzed exclusively categorically, not by reconstructing individual cases, so that the individual cases will no longer be visible in the results of the Study. All processes leading to the creation of the expert reports have been securely completed. This ensures that families will not suffer any disadvantages from the scientific analysis of the reports, even in the event of possible coincidental findings that were not considered significant in the original assessments but might have influenced the outcome of the original question.

By imposing these conditions on the research process, the protection of personal life stories is both prioritized and maximized¹.

Initial material analysed was based on several anamnesis interviews with the parents, usually separately, and other carers as well as the young person themselves. In the majority of cases, professionals who had worked with the family were also interviewed.

In addition, a detailed file analysis of the court case files, or the youth welfare office files was carried out and other documents (medical reports, previous expert reports, school reports) were included.

Inclusion criteria for the study body were clear indications of incidents of family violence perpetrated by children against their parents in the case history.

Following the structured content analysis in a systematic approach, adhering to rule-guidedness, theory-guidedness, and verifiability with the aim of a conclusive method [5], the deductively established categories are to be defined in advance:

Additionally, the inductively identified category 'drug use' is to be included. Based on the material, some children and adolescents perpetrating CPV appear to consume drugs, which facilitate and intensify CPV acts. Examples include "[...] suspected use of other illegal drugs" or "[...] regularly under the influence of drugs".

| Category | Definition | Anchor example | Coding rule |
|---|---|---|---|
| Emotional and behavioral disorders | In the course of development, anomalies are described that indicate neurological developmental impairments, socio-emotional development deficits, as well as psychiatric disorders. | - "[...] very limited gestures and facial expressions [...]" - "[...] increasingly observed abnormalities in the emotional reaction [...]" | The focus is on extracting diagnoses, psychological impairments, and abnormalities, as well as impairments in the social and emotional development of children and adolescents committing CPV. |
| Family violence at the adult level | It is possible to identify verbal, psychological, physical, or financial actions with harmful effects among adult family members or from adult family members towards minor family members. | - "[...] experienced massive family violence in his childhood" - "[...] experienced massive physical abuse by her former partner, which the children witnessed" | Violence at the adult level is considered in two dimensions: firstly, the experienced violence of parents or caregivers during one's own childhood, and secondly, violence within later family configurations. |
| Family dynamics/ family role | Intrafamilial circumstances, patterns, structures and roles that appear established within the family, as well as expectations and attributions among family members towards each other. | - "[...] parenting and supply [...] in early childhood are to a large extent the task of women [...]" | The focus is on examining potential intrafamilial similarities based on the case histories, with the aim of identifying risk factors. |
| Development of the dynamics of violence over time | It is hypothesized that the violence of children and adolescents against their parents develops over time. The moment at which the family recognises and names the violence and the moment at which the violence actually occurs are often not identical. | - "[...] Thefts and domestic violence against the mother become more frequent" - "[...] Increasing aggressiveness [...]" | All situations where the child behaves aggressively towards a parent are recorded, regardless of whether the family perceives this as violence at that time. |
| Resilience factors | Resilience factors are aspects that contribute to individuals' ability to develop positively and activate resources to cope despite adverse circumstances or life situations. | - "[...] despite everything experienced still ready [...] to provide a stable anchor point" | The focus is solely on the resources of the person closest to the child or adolescent committing CPV, aimed at preventing such acts. Other individuals and external factors are not considered. |
| Forms of CPV and its occurrence | CPV offences can be divided into verbal, psychological, physical, and financial CPV. In the following, a distinction will be made between how these are presented in active cases and how they can be linked to each other. | - "[...] participate in a burglary [...]" - "[...] Serious threats [...] with a knife [...]" - "[...] accused her of beating her" - "[...] attack her mother, pull out her hair and crush her hand while slam the door." | The four forms of CPV are defined and applied according to precise rules in order to create an exact distinction between them. The aim is to analyse when each form occurs and how they may relate to each other. |

Table 1: Definitions of the categories.

¹Ethics vote of the Fliehdner University of Applied Sciences Düsseldorf by the Chairwoman of the Commission for Ethics and Transparent Science on September 12, 2023, subject to the conditions listed above

The sample includes a total of 20 children and adolescents aged approximately 5 to 16 years old. Initial indications of CPV were retrospectively identified in kindergarten age, often named during the transition from elementary school to secondary school. Some showed indications even in early childhood, though it remains unclear if these behaviors should be interpreted as CPV. A preliminary peak of CPV incidents appears to occur between the ages of 10 and 14.

In total, there are both girls (six) and boys (14) identified as perpetrators of CPV. They reside in various settings including rural villages (two), small towns (two), towns (six), and cities (ten), indicating a highly heterogeneous group in terms of general external aspects.

Eleven of the children and adolescents are raised by a sole custodial parent (including two with their father), seven by both parents, and two by other legal guardians.

Results

The analysis of the material according to the category system reveals significant qualitative differentiations, which have been largely overlooked in previous studies [6,7,1]. In the first step, the results related to each category will be presented to structure them into hypotheses in the subsequent discussion.

Emotional and behavioral disorders

In the examined material, there is a noticeable accumulation of socio-emotional impairments (including the need for special education support within the school system), psychological abnormalities (which usually led to ICD-10 based diagnoses), as well as a wide range of neurological and pediatric developmental abnormalities.

Even though the sample cannot meet the criterion of representativeness and is certainly too small to make quantitative inferences, the accumulation of early childhood perceptual problems and impairments is striking. These include, in particular, abnormalities in auditory processing or visual ability (e.g., in terms of balanced vision in both eyes), as well as extreme sensitivity to stimuli or a passive reaction, such as to eye contact, as described in several case histories. Closely related to this, in many cases, are so-called neurological soft signs [8], which are reflected in language development and motor development.

In another portion of the children and adolescents, clearly definable neurological abnormalities are identifiable ($n = 8$). Since birth or early childhood, seizure disorders (epilepsy) and organic brain changes have been observed. Patterns of alcohol or substance use during pregnancy are also evident, some with a clear diagnosis of Fetal Alcohol Spectrum Disorders (FASD), while others are noted only as special features in the record without clear diagnostics.

In the area of psychiatric diagnoses, there is a wide range of diagnoses provided by the ICD-10 for children and adolescents, which are seen in connection with behavioral disorders. Comorbidities are the norm, especially with internalizing disorders such as depression or with very early diagnoses such as ADHD or attachment disorder.

Particularly noticeable is that both developmental abnormalities and psychological abnormalities appear to be contextually significant to varying degrees in the case histories, or they are given different

weight by the support system. In case vignettes where the extent of stress factors in the family environment is relatively low, diagnoses such as FASD (ICD-10, Q86.0), diagnoses from the autism spectrum disorders (ICD-10, F84: 'Pervasive developmental disorders'), or atypical psychoses (ICD-10, F23) can be found (in the case of foster families, sometimes combined with early childhood trauma), which apparently lead to family system overloads in a rather secondary manner.

In contrast, if significant psychosocial risk factors in the environment can be described (in 14 case vignettes), the genesis of violence lies more in this developmental line, and psychiatric diagnostics are carried out as a consequence or as a medical designation of behavioral disorders in the context of family tensions. In most of these cases, trauma plays a central role (in 11 cases), although it is noteworthy that the direct diagnosis of post-traumatic stress disorder (ICD-10, F43) as a professionally made diagnosis does not appear in the material. However, the analysis also reveals where clearly recognizable risk factors in the social environment are present, some clearly identified organic risk factors (alcohol during pregnancy, severe developmental delays) have not been further pursued within the help system.

A recent study confirms these findings [9]. The authors of the study identify, among other things, impulsivity and a lack of empathy and reflective ability as risk factors for the development of CPV. At the same time, they mention psychopathological symptoms such as hostility and anxiety, which can be associated with CPV.

Family violence at the adult level (child abuse, intimate partner violence)

As expected from the international study situation [1], family violence in the form of intimate partner violence or violence by a parent against children is a very present motive within the sample. This can affect the families of origin of the parents (transgenerational violence), the relationship arrangement of the biological parents, as well as current step-parent or single-parent families. The fact that violence spans generations and persists through successive partnership constellations is also a clearly recognizable motive in the material.

At this point, however, the present study reveals a very clear dynamic that has not yet been outlined in previous research, where family violence has only been considered as a present or absent risk factor in an unspecific manner: At the onset of Conduct Problems in Violence (CPV) development, children and adolescents perpetrate acts of violence particularly against the parent who did not commit violence against them or their sibling(s) beforehand, but rather against the parent who was previously in a victim position in the dynamics of violence on a partnership level or transgenerationally. Thus, the individuals affected have experienced recurring (sometimes significantly severe) violence during their own lives. The children and adolescents resorting to CPV have experienced this violence as direct or indirect participants. They sometimes actively try to protect the abused parent from the aggressor or witness violent acts.

Furthermore, gender-stereotypical roles of men and women appear to influence the experience of family violence: Family violence - whether psychological, verbal (often in the form of sexual and feminine degradation), physical (both abuse and exploitation), as well as the orchestration of financial dependencies - place mothers in a victim role, which is apparently interpreted as 'given' and later adopted

by the children and adolescents perpetrating violence. These patterns in the context of family violence are documented in numerous studies [10,11]. However, the precise presence of this factor in families with severe CPV incidents has not yet been directly described with this level of detail.

In the context of transgenerational violence, it is noticeable that children and adolescents who perpetrate CPV appear to be more often witnesses of intrafamilial violence. While the research team has observed individual cases where the child itself was a victim of violence (by their parents), these were exceptions. The prototypical pattern that emerges from the material is a dynamic of witnessing primarily physical violence against mothers, occasionally combined with concurrent forms of neglect and psychological abuse against the children - though directed towards all children in the family, not just those engaging in violent behavior.

Within the examined material as part of the case histories, the impact of parents' (primarily mothers') experiences of violence is evident in early childhood interactions. In the case vignettes, there is a notably clear lack of emotional interaction and responsiveness in face-to-face contacts from infancy onward. Mothers report feeling overwhelmed by their children's emotional intensity, often described as above average and demanding, although this cannot be scientifically verified. They indicate not being able to respond appropriately and perceiving their child as emotionally intrusive from infancy. Many parents also describe withdrawing and leaving their children alone during episodes of excessive crying (infancy) or intense anger (toddlerhood), sometimes leading to initial acts of violence against siblings or objects. Therefore, the examined material in some case scenarios portrays a lack of emotional regulation, as parents' traumatic experiences or their entrapment in current violent relationships manifest as an impairment of their ability to respond to their child's needs or strong emotions.

Family dynamics/ Family role

The assessments within the focus of the family setting indicate that siblings varied greatly in their development. For the vast majority of siblings, no incidents of CPV were reported. Instead, they appear to be (heavily) involved in the violent acts of their sibling. Thus, they may directly or indirectly experience CPV acts, be victims of psychological, verbal, financial, or physical actions, or be powerless witnesses to violence against their (shared) parent(s).

An important aspect is the role distribution and relationship structures at the couple level within which CPV establishes itself. In the examined material, fundamentally all parental positions are affected by CPV (mother, father, step-parents, foster parents), but with one exception, the dynamics of violence unfold in our study through specific relationship constellations. At the beginning of the escalation of violence, it is directed towards the primary caregiver, clearly identified as the main attachment figure, in most cases the mothers [9]. They seem to represent the group of individuals who are emotionally closest to their child and at the same time directly experience CPV behavior.

In contrast, fathers in family set-ups where family violence is a risk factor are positioned as aggressors in the preceding violence. It is striking that mothers often enter into multiple violent partnerships stemming from a childhood and adolescence marked by violence,

while the fathers' childhoods are also often marked by violence. In families where violence persists as a motif, a pattern emerges: The mother, often coming from a childhood and adolescence marked by violence, enters into a relationship where she becomes a victim of family violence once again. Even after the birth of children, multiple violent relationships can follow. At some point, the mother manages to escape from the (at least temporarily) last violent relationship, and within the context of separation dynamics (which often continue to be marked by at least psychological violence and severe verbal degradation by the ex-partner), this leads to an escalation of child-to-parent violence. When considering typical phases of family development (such as phases of family formation, significant life events, or parental separation) in relation to CPV, it is observed that CPV actions occur, among other times, when the violent aggressor recedes into the background. Reasons for this can include separations or forms of out-of-home placement within child and youth welfare services.

Development of the dynamics of violence over time

Initial aggressions in the development of the violence dynamics over time are often observed at kindergarten age. What begins with domestic tantrums can later escalate into difficulties (fitting into groups) and initial aggressive behaviors towards other children and adults. In this phase of life, the case histories frequently identified initial issues by the institutions involved and communicated them to the parents as such. Three patterns seem to emerge. Firstly the development of social problems outside the family leads to pressure on the family and eventually escalates into CPV within the family. Secondly CPV occurs within families already, while outside these settings, behaviors are still adapted and no major difficulties are noticed. Thirdly, escalation occurs both within the family and in social groups outside simultaneously.

In the first pattern, early social-emotional development impairments are often described, leading to discussions in schools or childcare facilities. Often, pressure at the workplace is added shortly thereafter as the issues require time flexibility. At the same time, there is growing social pressure from neighbors, extended family, or friends, leading to increasing isolation of the parents, especially mothers. In this situation, conflict density between parents and children increases, leading to initial aggressions. Families in this pattern often face multiple risk factors. This also applies to the third pattern, where violence escalates almost simultaneously in multiple key life domains of the affected children.

Families in the second pattern, however, experience escalating violence in the context of CPV, while outwardly everything seems to function for a long time. In these families, classic social risk factors are often not present, but psychiatric diagnoses appear to significantly influence the situation.

Parents affected by CPV in the context of this study typically report a decisive event in terms of CPV occurring on average around the phase of entering secondary school. This initial manifestation of violence perception is triggered by a significant violent event by the children and adolescents. This first manifestation presents itself as the CPV event that affected parents first recognize and subsequently identify as such crossing boundaries. There is a clear 'before' and 'after' in the perception of the parents, even though in hindsight, boundary violations had been remembered long before, but were only perceived as such in retrospect and previously trivialized and denied out of

shame - sometimes even within communication between the parents, if they were still in a couple relationship.

These impactful CPV incidents are often characterized by an exceptionally high level of violence, for example, in an attack with a knife, intrusion into the family setting, or resulting in (severe) injuries to a parent. This event does not remain within the confines of the family but also activates other institutions such as child and adolescent psychiatry or the youth welfare department.

Resilience factors that may have enabled changes in development

The most important factor to mention is the parent who is typically affected by their child's CPV actions. This parent is often seen as dedicated, striving to improve the situation despite facing further personal harm and limitations. At times, this individual is supported by other family members, such as their own siblings. For example, there is a mother who fled with her children from her husband. After initially worsening CPV related situations and the mother's isolation, she was able to gradually break free from the downward spiral with the help of her siblings and close family support.

Another mother, while feeling completely helpless against her child's violence, takes a clear stand against it, actively participates in all available assistance programs, progressively builds parenting skills, and advocates for her child. These examples illustrate that affected individuals recognize their suffering and desire for change (after prolonged phases dominated by CPV), and with external help, they strive to gradually break free from the frozen state in response to their child's CPV actions.

In this group of individuals, there appears to be a fundamental readiness to accept help and acknowledge the problem after an initial phase of denial and suppression. They increasingly recognize the violent acts of their child, typically by identifying suspicions or observations of CPV incidents made by third parties, as the case progresses following prior escalation.

Forms of CPV and its occurrence

Physical CPV encompasses all 'hands-on' offenses, which include physical assaults such as hitting, biting, or kicking. Psychological CPV, on the other hand, includes 'hands-off' offenses such as extortion or humiliation. There is also a distinct category for verbal CPV, where affected parents are subjected to yelling, insults, or verbal abuse. Verbal CPV appears to be less targeted and often escalates during specific conflict moments. Financial CPV, as a fourth category, includes actions like stealing and intentionally causing financial harm by the child.

All four mentioned forms are present in the study body. They vary in their occurrence and intensity and can be exercised simultaneously. In a CPV situation, multiple forms of CPV can occur. For example, during an outburst of anger, a child may threaten a parent with physical violence while shouting and insulting them, indicating both verbal and psychological CPV in this case. Another child, along with other adolescents, breaks into the family home to steal items. Besides financial CPV through the resulting damages, there is also psychological CPV involved. The latter manifests in invading a private, protected, and sensitive space with a display of power and devaluation of this sanctuary. Another adolescent breaks into a parent's workplace, thereby bringing the family conflict into the public sphere.

Overall, in the 20 case vignettes, there are 12 instances of verbal CPV, 15 of psychological CPV, 14 of physical CPV and nine of financial CPV observed.

There appears to be a progression in physical CPV: In some instances, an extreme CPV act represents a temporary peak of the phenomenon. This is evident in situations such as attacking a parent with a knife, deliberately throwing objects at a parent, and physical violence ranging from hitting to severe kicking with potentially medically treatable consequences.

Financial CPV is recurring in some cases. These actions range from taking money from wallets or demanding money to burglary within the family setting. In general, a controlling character of this form can be recognized.

Drug use

The analysis of the material shows that drug use can indeed exacerbate CPV actions, but it is likely less of a primary cause. Families where drug use contributes to worsening CPV already exhibit clear patterns of boundary-crossing behavior beforehand. However, an intensification during the onset of drug abuse is probable; for instance, an increase in financial CPV actions for the purpose of criminal procurement can be observed.

Often, the drug use of predominantly youth is associated with a negative peer group within their respective environment. They operate within the street scene.

A scoping review also shows that occasional substance use can lead to minor aggressions in about 60% to 70% of the analyzed sample (n = 52 studies). The use of drugs can be considered a predictor for CPV. [9].

Discussion

The qualitative content analysis of the case material reveals that Child-to-Parent Violence (CPV) is observable in various socioeconomic settings. Desolate living conditions and severe poverty are mentioned, as well as residential areas in affluent neighborhoods with higher family incomes. No clear socio-spatial factors could be identified in the material. Families from large cities, medium-sized towns, small towns, and rural regions are represented.

In the examined 20 case vignettes, the four manifestations of CPV (verbal, psychological, physical, and financial [1]) could clearly be delineated and differentiated qualitatively in specific progressions. In severe forms examined, there is considerable overlap, yet the individual acts are distinct. It is assumed that in less severe cases, verbal forms may occur in isolation, and are quite frequent overall [6]. There are also indications that physical acts of violence often occur singularly without ensuing cycles of violence [7].

The present study, of course, did not address the quantitative gaps regarding prevalence and likelihood of manifestation [1]. The question of when conflicts between children and their parents become problematic in a pathological sense, and up to what point conflict patterns are to be understood as 'expected' educational problems within socialization, was also not answered. However, the study contributed qualitatively to the definition of Child-to-Parent Violence and the meaningful differentiation of its four manifestations, which can help structure future research.

Furthermore, it can be deduced that (considered on an average timeline), verbal and psychological CPV typically represents the initial forms of violence by children and adolescents against their parents. Financial CPV is rather seen as a form that emerges later in an escalation dynamic, often in already deeply entrenched family violence patterns or when drug use is involved. It is also evident that even in chronic cases, not every child or adolescent who perpetrates psychological, verbal, and/or financial CPV will escalate to physical CPV acts.

Setting aside the cases where violence occurs in the context of a defined developmental disorder (psychiatric or neurological), largely independent of classic social risk factors and traumas, the core result shows the fatal role dynamics between the affected primary caregivers as victims of CPV and their children. This analysis has highlighted several aspects that have received insufficient attention in current discourse but appear highly relevant for counseling and therapeutic practice: on one hand, the motive of double victimization (mostly) of mothers who experienced early childhood and/or partner violence trauma and disrespect, which then continues through CPV. While affected parents have been able to sever contact with previous perpetrators, such as separating from a violent partner, this is not as feasible to the same extent with a violent child. Although (institutional) youth welfare measures are supportive and are frequently present in the case vignettes (at least temporarily), there must be an acknowledgment of the situation and a desire for change, which seems to occur late as described. Shame, guilt, and a negative self-image that ultimately views violence as a deserved biographical constant lead to a distressing fatalism. For many affected parents, it is overwhelming shock when their own child suddenly displays aggressive behavior and recalls past potential traumas and experiences of violence. Instead of being the mature and guiding figure in the situation, those affected seem to fall into reversed role structures, allowing themselves to be led by the child in their CPV actions and freezing in helplessness. However, it is also positive to note that some parents who managed to separate from a violent partner gradually regained an adequate understanding of their own parenting role with close support and processing of their experiences. From an external perspective, the hypothesis can be proposed both as a core problem and as the most important resource: 'The closer the relationship between parent and child, the more likely CPV seems to occur in the affected cases.'

From the results, the authors derive three important consequences:

Firstly, parents who have been victims of violence in their childhood, past relationships, or current family context constitute a vulnerable group when it comes to supporting their children's emotion regulation through attachment-oriented methods. This factor deserves significantly more attention in educational contexts and social work.

Secondly, there is a need for clearer support for violence protection when a parent seeks to extricate themselves from a violent relationship. Even if the child has not been a direct victim of violence by the other parent, the dynamics of the relationship alone pose a strong risk factor. Continued psychological violence and severe verbal devaluation by the aggressor must be clearly prevented and require a clear stance from support systems in youth welfare and family law, as CPV is to be considered a serious impairment of participation and thus a risk to child welfare. The argument that 'nothing (directly) happened to the child so far' is significantly attenuated by the results of this study.

It is not sufficient to focus solely on the aspect of trauma due to witnessing; the dynamics of humiliation in (transgenerational) family violence must be considered as a risk factor for CPV and therefore as a factor endangering child welfare.

Finally, the resources of the primary caregivers primarily affected by CPV need to be acknowledged and supported. Attempts to confront them with demands for more consistency or clearer boundaries, but then leaving them alone with these demands in reality, prove to be unhelpful and rather drive parents deeper into their negative self-image of guilt, leading to self-abandonment.

In the analysis and evaluation of the case material, neurological soft signs, perceptual disorders, and cognitive impairments are conspicuously frequent. In the case histories where a clustering of social risk factors in the family history was apparent, these factors were medically identified but rarely seriously considered in subsequent assistance measures. This highlights the challenge of further research to better understand and consistently integrate the interaction of physical, family-dynamic, and trauma-specific factors.

Limitation

The present study includes some aspects that should be considered and reflected upon in its overall evaluation [5,12,13].

It should be noted that the 20 children and adolescents committing CPV in their actions exhibit particularly severe courses and consequences. These involve very serious progressions of both CPV and overall development. This needs to be reflected upon when transferring the results to less pronounced dynamics and patterns of behavior.

The proximity to the subject matter [5] of a member of the research team in the collection of the anamnesis data in the role of the original assessor needs to be questioned (reflexive subjectivity; [13]). In addition to the ethical issues arising from this, which were reviewed by the ethics committee of Flieðner University of Applied Sciences in Düsseldorf, it naturally follows that the data were collected within a specific methodological framework and interpreted within a theoretical framework. This could potentially introduce bias in the data analysis of this study. It noteworthy that official and judicially commissioned assessments, particularly in the anamnesis section, should proceed initially without theoretical interpretation, but rather present the perspectives of different stakeholders (all caregivers, the child, and professionals). Furthermore, attempts were made to ensure the criterion of intersubjectivity through the categorization of the material by another member of the research team (O.C.). The categorization process up to this point focused on elucidating observable motives and refrained from theoretical classification (e.g., within the frameworks of attachment theory, mentalization theory, or family systems models - all of which appear relevant based on the material). However, the theoretical framing of the initial material as an observation spotlight of data collection [14] cannot be completely ignored.

Anchor examples secure argumentatively the interpretation of the results made. The step of communicative validation [5] was not separately conducted at the end of this study in order to preserve the protection of the families whose anamneses were evaluated and to maintain the generalizability of the results. However,

communicative validation of the material was indeed part of the quality assurance process of the assessment process, so that the initial material was communicatively validated in the process of reconstructing the case histories and anamnesis assessments with the affected families. The presentation of the family histories was confirmed by the families themselves as comprehensible and substantively correct, as well as in terms of the weighting of individual aspects.

In the final step of quality assurance in qualitative research, an analytical induction [12] was conducted. All case vignettes were re-examined using the category system, and hypotheses from each category in the material were reconstructed. Additionally, the hypotheses were applied to and verified against three case histories not included in the data. This step revealed that the category system as well as the core statements formulated in the discussion section of the study were seamlessly confirmed by this material.

No statements about inter-coder reliability can be made, as the material was analyzed by only one person. Future analyses should take this into account in order to make statements about intersubjectivity.

Implications for Research and Practice

The present study identifies several aspects relevant for everyday practice. Particularly in counselling affected parents, it is crucial to consider the structure of CPV: CPV typically targets the parent who did not perpetrate violence but has already been affected by dynamics of violence such as partner violence or transgenerational violence. Accordingly, it is important to empower this group of individuals, provide counselling services, and recommend therapy or support for them to process their experiences and break the cycle of violence.

Certainly, further research can be built upon the basis of the present study. The following aspects are of particular interest:

1. Further research needs to explore when violent and aggressive behaviors should be considered as Child-to-Parent Violence (CPV), and what behaviors from children and adolescents should be anticipated. A unified definition would not only address existing research gaps but also foster a better understanding of the phenomenon.
2. For Germany, there are no representative data available on the occurrence, frequency, and severity of Child-to-Parent Violence (CPV) yet. However, such data would provide crucial insights for further research and everyday practice, potentially aiding in breaking the cycle of violence.
3. As mentioned above, many of the children and adolescents mentioned here exhibit psychosocial abnormalities. It would be interesting to foster interdisciplinary collaboration with various stakeholders to further explore the potential relevance of these abnormalities and clinical diagnoses as risk factors for child-to-parent violence (CPV).

Competing Interests

The authors declare that they have no competing interests.

References

1. Creutz O, Bolz T, Baumann M (2024) Child-to-Parent-Violence - Der blinde Fleck in der Forschung zur familiären Gewalt? Ein Systematic Review. *Praxis der Kinderpsychologie und Kinderpsychiatrie* 73: 200-218.

2. Bundeskriminalamt (2023) Häusliche Gewalt. Lagebericht zum Berichtsjahr 2022. Retrieved July 28, 2024.
3. Mazziotta A (2019) Mein jüngster Sohn hat mich geschlagen! Gewalt gegen Eltern. *Zeitschrift für systemische Therapie und Beratung* 37: 13-23.
4. Rotthaus W (2006) Familiäre Gewalt, die von den Kindern ausgeht - Ein neues gesellschaftliches Phänomen. *Kontext* 37: 231-246.
5. Mayring P (2022) *Qualitative Inhaltsanalyse. Grundlagen und Techniken*. 13. überarbeitete Auflage. Beltz Verlag.
6. Beckmann L, Bergmann MC, Fischer F, Mölle T (2021) Risk and Protective Factors of Child-to-Parent Violence: A Comparison Between Physical and Verbal Aggression. *Journal of Interpersonal Violence* 36: 3-4.
7. Cuervo K, Palanques N (2022) Risk and Protective Factors in Child-to-Parent Violence: A Study of the YLS/CMI in a Spanish Juvenile Court. *Journal of Child and Family Studies* 31: 1707-1723.
8. Niemann R, Michaelis G (1999) *Entwicklungsneurologie und Neuropädiatrie*. Stuttgart, New York: Thieme Verlag.
9. Junco-Guerrero M, Fernández-Baena FJ, Cantón-Cortés D (2023) Risk Factors for Child-to-Parent Violence: A Scoping Review. *Journal of Family Violence*.
10. Kazemi Dastjerdehei R, Khosravi B, Iravani Manesh N, Mohammadi M, Sattari Bahabadi H, et al. (2020) Factors Affecting Domestic Violence: A Qualitative Study. *Social Behavior Research & Health (SBRH)* 4: 471-479.
11. Baumann M (2020) Familiäre Gewalt in der Corona-Zeit. *Zeitschrift für Sozialpädagogik* 18: 233-250.
12. Flick U (1999) *Qualitative Forschung: Theorie, Methoden, Anwendung in Psychologie und Sozialwissenschaften*. Hamburg: Rowohlt Taschenbuch Verlag.
13. Steinke I (2000) Gütekriterien qualitativer Forschung. In: Flick, U., von Kardoff, E. & Steinke, I. (Hrsg.): *Qualitative Forschung. Ein Handbuch*. Reinbek bei Hamburg: Rowohlt S: 319-331.
14. Baumann M, Bolz T, Albers V (2021) *Verstehende Diagnostik in der Pädagogik*. Weinheim: Beltz Verlag.