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Randomised control trial of the Child and Adolescent to Parent Violence and Abuse (CAPVA) programme run by RISE Mutual Community Interest Company (CIC)

Submission date
04/10/2024

Recruitment status
Stopped

Registration date
02/12/2024

Overall study status
Stopped

Last Edited
24/11/2026

Condition category
Signs and Symptoms

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data
[_] Record updated in last year

Plain English summary of protocol

Background and study aims

This study will look at the RISE Mutual CIC CAPVA programme, which is designed to reduce violence and abuse from children and teenagers towards their parents and carers (CAPVA). The programme starts by teaching parents non-violent resistance (NVR) techniques to help them manage their children's behaviour. Previous studies have shown that this approach can reduce CAPVA and improve behaviour. However, there has been limited research about how to deal with CAPVA, as most studies have focused on what it's like to live with it, rather than how to stop it. CAPVA usually involves aggressive behaviour by teenagers trying to control their parents. Data from London and other surveys show that CAPVA affects about 1.2% of families, but it is often not reported to the police. Most cases involve boys being violent towards their mothers, and minoritised families seem to be affected more.

Who can participate?

Families from 8 to 10 areas will be referred to the study if they have a child aged 9 to 17 years old who has been using verbal, financial, physical, or emotional abuse to control a parent or carer in a medium to high-risk situation.

What does the study involve?

After being referred, families who meet the initial criteria will be screened by RISE practitioners to see if they are suitable for the programme. If they meet the full criteria and agree to take part, they'll be randomly placed into one of two groups: the intervention group (which will do the RISE CAPVA programme) or the control group (which will get standard support). The programme aims to change how parents and carers respond to their child's violent or abusive behaviour, hoping that this will then improve the child's behaviour. Parents or carers will attend at least 12 sessions, and young people will have up to six separate sessions. Parents will learn NVR techniques to handle their child's behaviour in a calm and respectful way, without punishment. If young people take part, they will also learn skills through a flexible approach that includes trauma-informed care, cognitive behavioural techniques, and mindfulness. Practitioners

will also help families strengthen their support networks. The later sessions will focus on helping the family reconcile and maintain the positive changes.

Half the families will be placed in the control group and will receive the standard support available in their local area, this varies depending on where they live. At a minimum, this includes being assigned a lead professional (such as a social worker), safety measures provided by RISE during the initial screening, and guidance on other organisations that can help. Families in both groups will fill out questionnaires before the programme starts and about 10 months later. These will measure any reduction in CAPVA, improvements in family behaviour and conflict, and better family functioning overall.

What are the possible benefits and risks of participating?
By taking part, families will contribute to important research that could improve support for other families dealing with CAPVA in the future. Even if they are placed in the control group, they'll still help to improve their understanding of what works. The study is not expected to cause any direct harm, but discussing experiences of violence may bring up difficult emotions. RISE staff or the family's local authority lead professional will provide support throughout the study, and any existing support arrangements should stay the same.

There is a risk that families in the control group might not get all the support they need, which could have negative effects. To reduce this risk, they will receive a safety plan with tips on how to handle situations and information about services they can access. All families will still follow normal child and adult safeguarding procedures in their local area.

If families experience new or unexpected difficulties during the study, they can contact the study team. They will have an online form to report any issues, and the study team will work with the relevant professionals to help manage any risks.

Where is the study run from?
The CAPVA programme is being delivered by RISE Mutual CIC, located in London. The evaluation team is located at the University of Hertfordshire.

When is the study starting and how long is it expected to run for?
October 2024 to April 2026

Who is funding the study?
The Youth Endowment Fund (UK)

Who is the main contact?
Dr Caroline Cresswell, c.cresswell@herts.ac.uk (Trial Manager)

This plain English summary was developed with the help of OpenAI.

Contact information

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Public, Scientific

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Study information

Scientific Title
Child and Adolescent to Parent Violence and Abuse (CAPVA) programme run by RISE Mutual CIC: an efficacy randomised control trial with implementation process evaluation

Acronym
RISE CAPVA RCT

Study objectives
The RISE CAPVA programme will be more effective than business as usual in reducing child /adolescent to parent/carer violence and abuse.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 03/09/2024, The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (College Lane Campus, Hatfield, Hertfordshire, AL10 9AB, United Kingdom; +44 (0)1707 284000; hsetecda@herts.ac.uk), ref: LMS /SF/UH/05788

Primary study design
Interventional

Study design
Two-arm randomized controlled parallel-group study

Study type(s)
Efficacy

Health condition(s) or problem(s) studied
Reduction and/or amelioration in CAPVA behaviours.

Interventions
This efficacy study will be a Two-arm randomised controlled trial with random allocation to business as usual or intervention following referral and initial screening for intervention suitability. Randomisation will be made at the family level with a 1:1 allocation to either study arm. Group allocation will be by minimisation using Taves' method, using the child's age (under 12, 12-17), gender (male, female, non-binary), and ethnicity (Asian, Black, Mixed, White, Other) as factors. Randomisation will be managed through the study database via the Research Electronic Data Capture (REDCap) browser-based software.

All families who are referred to the programme by a service within their local authority area, meet the eligibility criteria following screening and suitability assessment, consent to be part of the evaluation and complete baseline measures will be allocated at random to the intervention (CAPVA programme) or control group (business as usual [BAU] support).

Families allocated to the treatment group will receive the RISE CAPVA programme intervention. Delivery to any one family spans up to 20 sessions, which includes two screening and assessment meetings preceding formal delivery and two optional follow-up sessions. At least 12 programme sessions are with parents/carers and up to six sessions are with the children/adolescents or the rest of the family should they choose not to engage. The time allowed for completion of the intervention will be between 9 and 11 months. Sessions with parents/carers are grounded in nonviolent resistance (NVR), which provides parents with the skills and knowledge to deal with behaviour in a nonviolent way, avoiding punishments and relying on consequences. Sessions with children/adolescents adopt a flexible skills-based approach using trauma-informed care alongside CBT techniques and mindfulness.

Families allocated to the control group will receive the usual support available within their local authority area. BAU will vary across the referral sites (which are 8-10 boroughs in and around London) and may vary depending on the family's needs (e.g. some children/adolescents may be awaiting intervention from mental health services) or whether competing models are being used to address CAPVA (e.g. those targeted at children and young people rather than parents/carers first). The minimum BAU support is the allocation of a lead professional (e.g. social worker) at referral, the provision of safety measures by RISE as part of the initial screening and assessment for suitability for the CAPVA programme/study, and signposting to organisations.

Intervention Type
Behavioural

Primary outcome(s)
The extent and severity of child-to-parent violence measured using the parent report on the Abusive Behaviour by Children Indices (ABC-I) at pre-intervention (at baseline following screening and consent) and post-intervention (typically 10 months following baseline)

Key secondary outcome(s)
1. Problematic internalising/externalising behaviours (emotional, conduct, hyperactivity, peer problems and impact subscales), measured using the parent reported Strengths and Difficulties Questionnaire (SDQ) pre- and post-intervention.
2. Reductions in family conflict assessed using a non-standardised measure developed by UH and RISE pre- and post-intervention.
3. Improvements in family relationships measured using the impact supplement from SDQ pre- and post-intervention.

Completion date
30/04/2026

Reason abandoned (if study stopped)
Participant recruitment issue

Eligibility

Key inclusion criteria
1. A parent/carer has a child or adolescent in the household aged 9-17
2. The child/adolescent has been referred due to medium to high-risk situations where they have used verbal, financial, physical and/or emotional means to exert power and control over a parent /carer

Participant type(s)
Service user

Healthy volunteers allowed
No

Age group
Other

Sex
All

Total final enrolment
18

Key exclusion criteria
1. The child/young person known to be causing harm is not aged 9-17
2. The level of CAPVA risk does not meet the threshold for intervention
3. There is evidence of abuse and violence between parents/carers having the potential to

impact intervention delivery
4. There is current domestic violence between parents/carers and a known perpetrator lives in the household
5. There is a known history of child abuse toward the child/adolescent
6. The child/adolescent causing harm is on the 'edge of care' and an assessment of risk determines it is not safe to keep the family together

Date of first enrolment
28/10/2024

Date of final enrolment
31/10/2025

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
RISE Mutual CIC
221 Walmer Road
London
England
W11 4EY

Sponsor information

Organisation
Youth Endowment Fund

Funder(s)

Funder type
Charity

Funder Name
Youth Endowment Fund

Alternative Name(s)
YouthEndowFund, YEF

Funding Body Type
Private sector organisation

Funding Body Subtype
Trusts, charities, foundations (both public and private)

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
For families that enrol in the trial, data will be retained by the University of Hertfordshire (UH) until the end of the trial period and until submission for archiving and confirmation that archiving has been successful, as per Youth Endowment Fund (YEF) requirements (https://youthendowmentfund.org.uk/evaluation-data-archive/).

Two data sets will be created for archiving:
Dataset 1 - Containing identifying data and a unique project-specific reference number – data will be submitted to the Department for Education (DfE) after
personal identifying data has been removed and replaced with DfE's pupil-matching reference numbers (PMRs). Project references and PMRs will be submitted to ONS for storage.

Dataset 2 – Containing all evaluation data and project references; submitted directly to ONS for storage.
Once the data has been transferred to the ONS, the University of Hertfordshire will hand over control to the YEF for protecting the personal information. The de-identified data will be held in the YEF archive indefinitely, in the ONS Secure Research Service, along with all the other data collected during the evaluation. The YEF website states that: the YEF is the data controller of the information in the YEF archive. By maintaining the archive and allowing approved researchers to access the information in the archive, the YEF is performing a task in the public interest, and this gives the YEF a lawful basis to use personal information.

The YEF has put in place strong measures to protect the information in the archive. As well as the pseudonymisation process described, the YEF archive is protected by the ONS 'Five Safes' framework. The information can only be accessed by approved researchers in secure settings and there are strict restrictions about how the information can be used. More information about the YEF archive and the Five Safes can be found at https://youthendowmentfund.org.uk/wp-content/uploads/2021/07/YEF-Data-Guidance-Participants.pdf

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Funder report results		01/10/2026	24/11/2026	Yes	No
Protocol file	version 1.4	11/06/2024	17/10/2024	Yes	No
Study website		11/11/2025	11/11/2025	No	Yes