



A Qualitative Study Exploring Parents' Experiences of Caring for an Adolescent Child with Conduct Problems during the Covid-19 Lockdowns

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Abstract

Young people with conduct problems (CPs) have been detrimentally impacted by Covid-19 restrictions, with increased behaviour problems and internalising symptoms. Parents experienced increased strain, managing their child's behaviours through lockdowns, while support services have been reduced. The present qualitative study aims to explore the deeper parental experience of caring for an adolescent child with CPs during the Covid-19 period. Participants were purposively recruited through a social media support forum. Semi-structured online interviews were conducted with 14 parents of children with CPs (13 mothers and one father) between June–December 2021. Interviews were analysed through reflexive thematic analysis. Analysis revealed four main themes; Experiencing Positive Changes in Children, Navigating Practicalities of Home Confinement, Parents at “Breaking Point”, and Methods of Survival. Parents observed increased behavioural problems in their children, and expressed great strain and fatigue in relation to their child's expression. Overall, parents felt isolated, confused, and burnt out, feeling they have no support to turn to. These issues appear to expand beyond the pandemic, highlighting an imperative need to provide more social, practical, and psychoeducational support for these parents whose voices are currently going unheard. These should be more robust and tailored to this unique population, with suggested services including peer social networks or parental hubs, more proficient and targeted psychoeducation, crisis interventions, and a greater capacity for parental respite.

Keywords Conduct problems · Covid-19 · Parenting · Conduct disorder · Service development

Highlights

- Adolescents with conduct problems showed a considerable increase of aggressive and defiant behaviour during lockdown.
- Parents experienced emotional dysregulation, mental health deterioration, and parenting related burnout.
- Deterioration in parental wellbeing was attributed to a lack of professional and peer support during lockdown.
- Parents highlighted the need for vastly improved social, practical, and psychoeducational interventions targeted to help their mental health and parenting practices.

Conduct problems (CPs) refer to an array of disruptive behaviours that manifest in childhood and early

adolescence. CPs are distinguishable from typical childhood behaviours such as tantrums, arguing, and excitability, by their pervasive and persistent nature (Fergusson et al. 1995) and are associated with low educational achievement, offending behaviour, and comorbid psychosocial problems (Bevilacqua et al. 2018; Fergusson et al. 2007; National Institute for Health & Care Excellence; NICE 2017; Odgers et al. 2008). CPs have been linked to Conduct Disorder (CD) which is the most common mental health disorder in children and adolescents globally and the most likely reason for referral to child and adolescent mental health services in the UK (NICE, 2017). CD is characterised by persistent

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violation of the rights of others, typically by way of anti-social behaviour, violence, and deceitfulness (American Psychiatric Association; APA 2013).

The Covid-19 pandemic and associated restrictions had a detrimental impact upon child and adolescent mental health (Banks and Xu 2020). De France et al. (2021) completed a longitudinal study assessing the levels of depression, anxiety, and emotion dysregulation in adolescents. Data was gathered at four intervals prior to the pandemic as well as a fifth interval during a period of school closures and social distancing measures. Results showed that all three outcome measures had increased significantly at the fifth assessment point. Meta-analyses showed similar results, revealing that that young people with existing mental health conditions and neurodevelopmental disorders, and those confined to a dysfunctional and abusive home environment during lockdowns, were more vulnerable to an increase of anxiety and depression symptoms (De Miranda et al. 2020) and overall decline of their mental health (Shoshani and Kor 2021). Furthermore, research has found a bidirectional relationship between harsh and inconsistent parenting styles and violent and aggressive outcomes in this group of young people (Hawes et al. 2011), a dynamic which has been exacerbated during the pandemic (McRae et al., 2021; Romero et al. 2020; Waite et al. 2021; Waller et al. 2021).

During lockdowns, CPs associated with neurodevelopmental and mental health disorders such as ADHD and CD increased by up to 35% (Waite et al. 2021) and living through the pandemic had a distinctive impact on young people with CPs compared to those without (Waite et al. 2021). Waller et al. (2021) investigated the impact of pandemic stressors and parenting styles on children with CPs, revealing that parents' worry about family or themselves catching the virus, and harsh parenting practices, were significantly associated with higher severity of CPs in children. The current study aims to expand on insights from Waller et al. (2021) and De France et al. (2021) by exploring and reflecting on the meaning of the lived experiences of parents caring for adolescents with CPs, while navigating Covid-19 worries and lockdown.

Prior to the Covid-19 pandemic, parents caring for young people with CPs experienced higher levels of victimisation at home, mental and physical illness, and poorer life quality compared with parents of children without CPs (Kennair and Mellor 2007; Manor-Binyamini 2012; Manor-Binyamini and Naamneh 2020). Mothers already felt overwhelmed, marginalised, shamed, and stigmatised (Lewis et al. 2015; Peters and Jackson 2009) and families experienced a lack of support from professional services, due to the limited interventions available (Webster-Stratton and Spitzer 1996). Thus, the current study aims to explore these experiences in parents, obtaining a deeper understanding of their emotional and behavioural responses to lockdown and caring for a child with CPs.

Family Stress Theory posits that different factors including available resources (financial, personal resilience) and an accumulation of stressors (somatic symptoms, job insecurity) contribute to a family's ability to adapt to stressful life events, like the pandemic (Hill 1949). For parents of children with CPs, resources were already limited and stressors plentiful prior to lockdowns. McCubbin and Patterson's (1983) paradigm illustrates how changes due to Covid-19 and lockdown could have added to practical and interpersonal strains on parents, impacting their wellbeing and leading to family crisis (Lavee et al. 1985; Patterson 1988). For example, on top of maintaining professional employment, parents took on the responsibility of fulltime teaching and childcare when schools closed (Williams et al. 2020). Parents were unable to practice healthy coping strategies such as exercise, face to face social support, and self-care, leading to parenting related exhaustion (Marchetti et al. 2020). Therefore, it appears that Covid-19 restrictions and associated challenges perpetuated previously identified realities of parenting a child with CPs, such as shame, isolation, and helplessness. Challenges which would also feel intensified while confined with a child displaying manipulative and unpredictable behaviours (Roberts et al. 2018). Yet there is scant first-hand insight into parent's in-depth experiences of surviving this period, and what these experiences mean for them, for policy and practice going forward (Waller et al. 2021).

This study aims to be one of the first qualitative analyses of the statistical deterioration in parents' wellbeing emerging in pandemic literature (Morelli et al. 2020; Spinelli et al. 2020; Westrupp et al. 2021). Specifically, by exploring parents' first-hand perspectives, this study aims to give meaning to their subjective realities, and provide a deeper insight into the parental experience of navigating Covid-19 and lockdowns, while caring for adolescents with CPs. The findings will inform future research and the subsequent development of improved psychosocial interventions for families with children whose needs may have changed because of lockdowns. This examination of Covid-19 restrictions through the eyes of parents of adolescents with CPs will highlight the need for continued awareness campaigns and funding for research into how mental health services can introduce new care approaches that meet the needs of those affected (Westrupp et al. 2021).

Methods

Design and Materials

The study was explorative, obtaining detailed, in-depth information about participants' experiences with parenting and challenging behaviour during the Covid-19 pandemic

Table 1 Participant and child demographic information

Interview number and parent pseudonym	Parental role	Age of child	Gender of child	Conduct problems (Diagnoses)	Number of children in the home	Employment and working from home (WFH) status during lockdown	Country of residence
1 Anna	Mother	13	M	Conduct Problems (CD, ADHD)	2	Employed (WFH)	India
2 Bev	Mother	16	F	Conduct Problems (ADHD/CD)	1	Employed (WFH)	U.S.A
3 Cathy	Stepmother	12	M	Conduct Problems (CD/ADHD/ODD)	2	Unemployed	U.S.A
4 Diana	Mother	17	M	Conduct Problems (ADHD/CD)	3	Employed (WFH)	Canada
5 Emma	Adoptive Mother	18	M	Conduct Problems (ODD/CD/ADHD)	2	Unemployed	U.S.A
6 Felicity	Stepmother	14	F	Conduct Problems (ODD, CD)	2	Unemployed	U.S.A
7 Grace	Single Mother	13	M	Conduct Problems (CD and ASD)	1	Unemployed	U.S.A
8 Heather	Mother	10	F	Conduct Problems (CD/ADHD)	3	Unemployed	Australia
9 Ines	Single Mother	12	M	No Significant Conduct Problems	1	Employed (WFH)	England
10 Julia	Mother	14	F	No Significant Conduct Problems	2	Employed	England
11 Kate	Mother	11	F	Conduct Problems (ASD,ADHD)	3	Employed (WFH)	England
12 Lianne	Mother	14	M	Conduct Problems (ADHD)	2	Employed (WFH)	England
13 Megan	Single Mother	11	M	No Significant Conduct Problems	1	Employed (WFH)	Ireland
14 Neil	Father	16	M	Conduct Problems (CD,ADHD, D, ANX)	2	Employed (WFH)	U.S.A
Totals		Range = 10–18 (<i>M</i> = 13.64) (<i>SD</i> = 2.41)	Male (<i>n</i> = 9) Female (<i>n</i> = 5)	Conduct problems (<i>n</i> = 11) CD (<i>n</i> = 9) ODD (<i>n</i> = 2) ADHD (<i>n</i> = 9) ASD (<i>n</i> = 2)	Mode = 2	Employed WFH (<i>n</i> = 8) Employed (<i>n</i> = 1) Unemployed (<i>n</i> = 5)	USA (<i>n</i> = 6) ENG (<i>n</i> = 4) IRL (<i>n</i> = 1) AUS (<i>n</i> = 1) IND (<i>n</i> = 1) CAN (1)

and subsequent lockdowns. Semi-structured interviews with open questions were administered to gather this information. The interview schedule was developed by the authors (MB, RB, ML), in line with findings from relevant literature regarding the parental experience of caring for children with CPs and the association between pandemic circumstances and CPs (Manor-Binyamini and Naamneh 2020; Waller et al. 2021). The questions aligned with the study's aims of deepening the understanding of parental perspectives and included topics such as; parent perception of the virus and lockdowns, parent wellbeing, parent-child relationship, the young person's behaviour and wellbeing, family relationships, education, access to support services, and long-term effects of Covid-19 and lockdowns. Materials included the interview schedule, a computer with internet access and Microsoft software package (for virtual interviews), online information sheet, consent forms and debrief leaflets.

Participants

Participants were parent volunteers who responded to a purposive recruitment advert shared in an online support forum for parents/guardians of children and young people with CPs. Participants were required to be a parent or legal guardian of a child aged 10–18 years-old who was in their

custody and co-habiting with them throughout the Covid-19 period (March 2020 onwards). We included 10–18-year-olds to account for childhood and adolescent onset of CPs considering the current theoretical framework and diagnostic criteria (APA 2013). Before signing up, participants were informed that the study was exploring parental experiences of Covid-19 restrictions and parenting young people with challenging behaviour. The recruitment advert and information sheet informed participants that they would be reimbursed with a £20 retail voucher for their participation.

Fourteen participants took part in the study (see Table 1). Thirteen mothers and one father discussed their experiences with nine male and five female young people. Nine young people had a formal diagnosis of CD at the time of data collection, three were neurodivergent, and two were neurotypical.

Procedures

Once ethics approval was granted from the Ethics Committee at a Southwest London university, the advertisement was posted on an online support forum for parents and guardians of children with CPs and challenging behaviour. The advertisement contained an overview of the interview topics of Covid-19 and children's challenging behaviour, and invited potential participants to sign-up via a web link. Here participants were

provided with the information sheet with more details about the study and an adjoining consent form. If participants agreed to take part, they were allocated an online interview time slot.

Interviews were conducted through a video call online using Microsoft Teams and were recorded and transcribed using the integrated software. Interviewers (MB and RB) followed the semi-structured interview guide, and interviewees were told to refer to their older child if they had more than one child with CPs. Interviews lasted between 27 and 134 minutes. As is the case with semi-structured interviews, participants were encouraged to explore and recount their experiences at their own pace, in as much detail as they felt comfortable. This accounts for the wide range in interview durations. At the end of the interviews, participants had the opportunity to ask questions or give comments, after which, the recording ceased. Interviews took place between June 28th and December 31st, 2021.

Once the interview had finished, interviewers thanked participants for their time and provided a debrief form which included contact details for appropriate support services. Interview transcripts were checked alongside recordings to omit computer generated transcription errors. During this process, identifiable information was removed from transcripts, and participants were assigned pseudonyms.

Analysis

Reflexive Thematic Analysis (RTA) was selected as the most appropriate form of analysis, to help researchers (MB and RB) actively engage with and interpret meaning from the parental experiences in the dataset (Braun and Clarke 2021a, 2021b; Byrne 2022). In line with the research aims to explore parents' subjective realities, the reflexive analysis followed an inductive approach whereby codes, themes and findings are grounded in the meanings interpreted from the data (Braun and Clarke 2023). Though inductive, researchers also acknowledge that they analysed data with pre-existing knowledge regarding theoretical perspectives such as The Family Stress Theory (McCubbin and Patterson 1983) and existing research into parental experiences such as that outlined in the literature review. As such, data driven codes and themes were interpreted in the context of the researchers' pre-existing theoretical assumptions (Braun and Clarke 2021a, 2021b).

A *contextualist* approach was used as the main epistemological position, which lies in between constructionism and essentialism, as proposed by Braun and Clarke (2006). Analysis accounted for participants' subjective perspective and experience (constructionist) of the physical reality and social context of lockdown (essentialist). In line with this, the research team adopted an experiential orientation to understanding the data.

The six-step approach as suggested by Braun and Clarke (2006) was followed. Researchers (MB and RB) re-read the transcripts multiple times, creating a familiarity and immersion in the data. Regularly re-visiting the words of the participants ensured that researchers were reflecting on the meaning of participants' accounts during the analytic process. The principal researcher (MB) and research assistant (RB) independently annotated transcripts with data driven codes, which were collated in codebooks. Next, the researchers held reflective discussions about their initial codes, refining them to best identify meaningful text. This took place over four online meetings between MB and RB, and a further fifth meeting with the research supervisor (ML). Example codes include "Parent Fatigue" and "Increased Child Violence". MB and RB's interpretations merged around central commonalities, denoting important overarching meanings within participants' experiences (Braun and Clarke 2023; Byrne 2022). After this point, researchers collaboratively developed themes from these core commonalities. The initial six themes and fourteen sub-themes were refined and revised into the final four themes and eleven sub-themes, through a further four meetings between MB and RB and a final meeting supervised by ML.

The researchers committed to reflexivity throughout the analysis process (Shaw 2010), by being open to feedback within the research team, challenging biases and continually referring back to original transcripts to ensure themes were coherent and imbued with true meaning from the dataset. Thematic revisions were recorded in an 'audit trail', where all decisions and activities were documented to enhance trustworthiness and transparency.

Findings

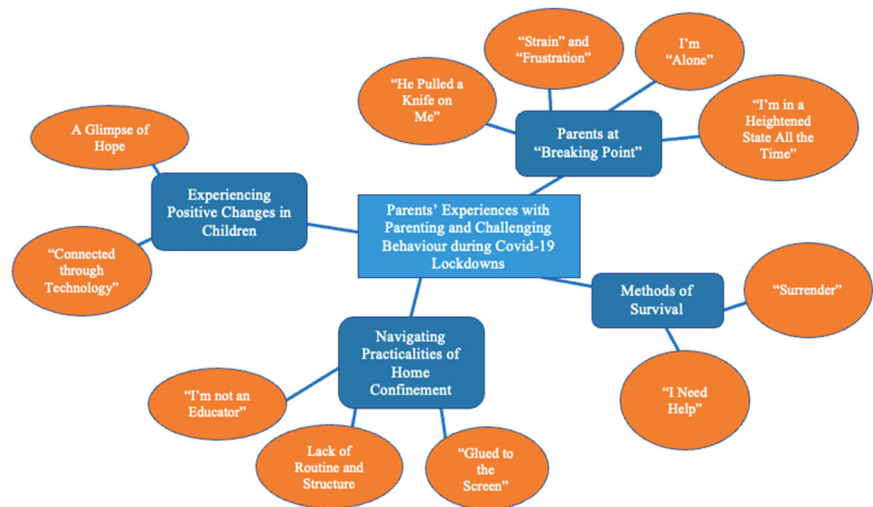
Thematic Analysis

The thematic analysis revealed four main themes in relation to participants' experiences with parenting a child with CPs during the Covid-19 pandemic and subsequent lockdowns (see Fig. 1): Experiencing Positive Changes in Children, Navigating Practicalities of Home Confinement, Parents at "Breaking Point", and Methods of Survival.

Theme 1 experiencing positive changes in children

The majority of parental experience centred around feelings of despair, burnout, trauma and increased victimisation. While this was heavily explored and identified in themes outlined further within the findings, it is also important to first mention some of the hopeful experiences parents reflected upon during their time in lockdown. Parents did of course explore positive experiences with their children, and

Fig. 1 Thematic Map
Illustrating Themes and Sub-themes



these fell within the sub-themes; A Glimpse of Hope and “Connected through Technology”.

A Glimpse of Hope. Though parents spent a lot of their time reflecting on their adverse experiences with disruptive and abusive behaviour displayed by their children, it is important to acknowledge they also observed some behavioural and emotional improvements. Though infrequent and intermittent, parents reflected on observing increased accountability, independence, and communication skills in their children. One parent described that their son had “stabilised” and become “more predictable” during lockdown. Where these observations were made, parents experienced moments of cohesion and connectedness with their children, and felt optimistic about these small improvements and what it meant for their relationships,

“His overall behaviour improved during this time. [...] seems to me that he’s got some maturity, and that slowly happened and it was a positive” (Neil)

“I think that she has grown and improved in being able to have constructive conversations with me.” (Bev)

“Recently he’s been cleaning this room. I know that’s not a monumental thing for [...] your typical average run of the mill parents, but for me it’s like ah he’s started cleaning his room.” (Anna)

“Connected Through Technology”. Again, while the focus was predominantly on overconsumption and overuse of technology, parents also explored their favourable experiences with technology and their child’s usage of

smart devices. In some instances, they felt that their child’s use of technology was helpful during lockdown, “both my boys, they relaxed by looking at screens” (Lianne). It provided a distraction and “social outlet”. Importantly, parents felt it sometimes facilitated a shared activity for parent and child to spend time together. They reflected on this with a feeling of connectedness.

“Something that actually made us get closer was the fact that I started playing on Fortnite and, and, you know, I’m 40 years old. And it’s not my thing, UM, but I think by getting, getting involved” (Ines)

“All his friends are only online. So, it’s his social life” (Diana)

Theme 2 navigating practicalities of home confinement

The first of the major issues parents explored in reflecting on their experiences during lockdown was the navigation of home confinement. Parents explored their experience of adhering to lockdown stay-home-orders and what this meant for them in terms of family practicality and making functional adaptations to ever evolving circumstances. These developments were grouped around three sub-themes; “I’m Not an Educator”, Lack of Routine and Structure, and “Glued to the Screen”.

“I’m Not an Educator”. For the vast majority of parents, their children transitioned to virtual schooling. Parents explored the strains this change put upon them, with a sharp focus on their experience with balancing ‘teacher’ and ‘parent’ roles. All parents took on the extra role of educator to some extent and found great difficulty in separating the different relational and practical schemas attached with each

role. This experience was a source of confusion, discomfort, and frustration for most parents.

“I’m not an educator, so I feel like that. Like a lot of subjects, I can’t really teach him ‘cause I don’t know it myself.” (Anna)

“One of the biggest problems with parents were trying to be teachers and we can’t. That’s not our job with not in our job description” (Heather)

“He would just walk out the classroom or he would be disruptive and just mouth off and say horrible things teachers uhm. [...] Then it came all on me because I was the one trying to enforce schooling (Emma)

Lack of Routine and Structure. Most parents found that lockdown induced a reduction in structure and routine. Parents found it hard to maintain schedules for their children whilst home schooling and became more relaxed about time keeping. Parents associated these changes with irregular sleep patterns, a reduction in personal hygiene and presentation, and having less personal time to themselves for rest and recuperation and vital self-care practices.

“I would say that the family structure and the family routines have become a lot more relaxed during the lockdown” (Bev)

“If they’re going to school [...] They will get up, get dressed and leave the house on time. And you might need to remind them to brush their teeth, but they wouldn’t still be in their pajamas at lunchtime, whereas if they are literally doing their work on their computers then they will be” (Lianne).

“I’ve relied heavily on school because it was 6 h of quiet time [...] now, because of the pandemic I don’t go to bed till 3:00 AM. [...] they used to go to bed at 8:00 o’clock or 9:00 o’clock [...] but they’re not going to sleep until 10 or 11:00 o’clock at night, sometimes [...] 1:00 o’clock in the morning. And when they’re finally asleep I have quiet time for a couple hours just for my own sanity, so sometimes I’m not get into bed till three or four in the morning” (Heather).

“Glued to the Screen”. Finally, parents also observed an increase in their child’s use of technology, which included

smart phones, gaming devices, television, and tech-based remote school learning. This observation was a cause for concern for the majority of parents. They expressed feelings of worry, distrust, and irritation regarding their child’s over-usage and signs of addiction.

“She’s never off the damn zoom.” (Heather)

“you trust your kids to be upstairs revising now, but what are they actually doing? Are they still on their phone because they’re addicted to it?” (Julia)

“worried about them, just, you know, spending just being glued to the screen” (Lianne)

“it’s hard to get a sense when I’m just looking at her, you know, history for the day, exactly how much work she was really doing and how much work she could have been doing” (Bev)

Theme 3 parents at “breaking point”

As parents delved deeper into their reflections, they began to discuss more of their dire experiences. The vast number of parental reflections centered around reaching crisis during lockdowns. Parents reported that while caring for their child during lockdowns, they experienced physically disruptive and aggressive behaviour, increased conflict and tension, and potentially traumatic events. Family life felt like a state of emergency in which parents experienced a real and persistent threat to their fundamental safety and psychological wellbeing. These experiences were explored within four sub-themes: “He Pulled a Knife on Me”, “Strain” and “Frustration”, “I’m Alone”, and “I’m in a Heightened State all the Time”.

“He Pulled a Knife on Me”. A very common theme was the increase in victimisation of not only parents themselves, but their whole family including siblings and pets. Parents reported an increase in the intensity of their child’s aggression and frequency of altercations. Mothers described that their children demonstrated “More aggression” (Grace) “A lot more tantrums” (Diana) and that they “lashed out more” (Emma). This mirrored an increase in parents’ experiences of physical violence, verbal attacks, and general threats to their safety and wellbeing. This meant that as well as navigating a lack of routine, and the blended role of parent and teacher like many parents, parents of adolescents with CPs had to cope with an increase in violence and aggression. One parent described how the circumstances had “caused almost 24/7 war in our house” (Felicity).

Parents experienced acute fear, despair, shame, anxiety and hopelessness in association with this increased victimisation.

“He punched holes in the walls. He took a knife and stabbed the walls. Wrote in the walls with the knife. Busted doors uhm. Scared the dogs half to death [...] just exploded [...] took it out on the house or would chase his brother and was physical with him” (Emma)

“instead of taking a long time to build up to it, they go from there to there really quickly [...] There’s no time to [...] catch it, they’re just screaming at each other before you can blink your eyes.”

“we had police involvement when my daughter struck me with a pole across the back”. (Felicity)

“*Strain*” and “*Frustration*”. As a result of experiencing increased victimisation, tension, and parenting trauma during lockdown, parents spent a considerable amount of time reflecting on their overwhelming feelings of being at breaking point, completely burnt-out. Parents found it exasperating and though they were not sure what, they expressed that something needed to give.

“It’s a lot more strained. I struggle a lot more to love her. I I do love her like but the struggle’s there because she makes me so angry and because we don’t have anywhere near as much patience as we used to” (Heather)

“just getting beyond those like basics that have been really really frustrating. And I would say exhausting” (Anna)

“It’s getting hard for me to give her that confirmation because of it. I say to her I do, but I need some space and I need some time. I cannot give you your cuddle right now [...] I can’t give it to her right now. The way I used to be able to” (Heather)

I’m “Alone”. In line with victimisation and living through constant traumatic experiences in the home, parents reflected on feeling extremely isolated. Parents reported feeling isolated as a result of lockdown restrictions, but far beyond this, expressed isolation in relation to being a child-to-parent abuse victim. A divorced parent only had psychiatric professionals with whom to discuss her experience. One parent

spoke extensively about feeling isolated as they knew no one who could relate to their experience of crisis in parenting a child with CPs, while another feared being judged by other parents and told to “take better care” of her son.

“most people are horrified by the things that I say just because it’s not normal . So uhm. It already was kind of. I already felt like a outlier. But then when COVID happened. You’re even more alone” (Emma)

“I haven’t found many people who have kids that have conduct disorder in my area. So it’s hard to have conversations like oh so and so did this and then have the normal kind of parent back and forth” (Emma)

“blame their parents, right? It’s like you know, the parents could have done better the [...] guardians, the adopted mom, or whatever have you. They could have done better, but now looking at it from the other side, I’m like, you know, as parents we try everything.” (Anna)

“I’m in a Heightened State all the Time”. A final theme relating to the experience of being at breaking point was the constant state of arousal and hypervigilance parents reported being in. Due to their child being unpredictable, volatile, and aggressive, parents reported not being able to predict when tensions would arise and escalate, and as such, found themselves constantly on edge. Being in a constant state of heightened arousal and fear is something parents felt they could not maintain for much longer.

“I don’t feel safe with him. I don’t know when he’s gonna get mad at me ‘cause I said no” (Emma)

“we have a lock on our bedroom door that you have to have the key to unlock [...] We’ve had all the knives in my room before. All the sharpie markers, you know, uhm scissors all that kind of stuff you know we’ve had to.” (Emma)

“I’m in a heightened state all the time because it’s always so loud and so noisy. And there’s never any quiet in my house anymore.” (Heather)

“I can’t get a good night’s sleep because I I’m always like one ear open every noise like where is he and I’m constantly catching him and bring him back.” (Diana)

Theme 4 methods of survival

In discussing their crises and issues with navigating confinement, parents gave particular credence to the notion of survival. Parents reflected on their parenting practices as though they had conceded to victimisation and abuse, and were now functioning and experiencing life through a very primal and instinctive lens. For many parents, there was the feeling that getting through and simply just surviving each day without being a victim to serious harm was the best possible outcome, and as such their narratives reflected very practical, survival-based parenting strategies. These discussions centered around two sub-themes; “Surrender” and “I Need Help”.

“*Surrender*”. A major change which was discussed by all parents was their shift towards being more lenient with their children. Parents explored the idea that they had conceded to their child’s behaviour and their disruption, as a means of survival. Most parents “choose the battles”, and adapt existing expectations and house rules in order to prevent conflict and escalation of CPs during lockdown.

“I’m a little more lacks [...] like the goal at the moment is just for everyone to be safe and healthy and just alive, right? So UM, yeah I would say like I, I give in a little more than I usually do” (Anna)

“I went from. Picking my battles to all out surrender”. (Felicity)

“Let go of some of the behaviours more just to. Pretend some things are not happening just to give yourself a mental health break.” (Diana)

“a lot of times I wouldn’t correct that behaviour because I knew it would just be a blow up. So those those smaller things I would let pass” (Emma)

“I got so tired of the constant fights, it got to the point where I just kind of said, F it, over some things, and I gave in it wasn’t worth it.” (Felicity)

“*I Need Help*”. Parents emphasised that in order to carry on without imminent catastrophe, they need professional support services to help manage their child’s behaviour. Firstly, of great importance, parents reflected on the need for specialised emergency/crisis support. Parents often resorted to calling the police, who often did not know how to provide specialised crisis management and support.

Further, the majority of parents felt isolated, with little-to-no long-term support unless they could afford expensive private care. Moreover, the lack of a professional support prompted parents’ attempts to make sense of their child’s behaviour, often seeking psychoeducation to add etiological meaning to a diagnosis and reassure themselves. In the four cases where parents were granted professional help from government funded social services, emergency rest bite child care, and specialist family therapy, they found this to be valuable in supporting their parenting strategy.

“I’m in Facebook groups of conduct disorder parents but. I can’t go in there a lot of times because it’s so depressing and. Everybody is venting, but there’s no help. (Emma)”

“I don’t know if there’s courses I can take, or if there’s things that I can do to help teach me a better way to deal with this. But I need someone so when she’s smashing my house up at 3 AM I don’t have to call the police” (Heather)

“I have resources now on, to call in emergencies we have safety care plans in place. Uhm. Which we’ve taken advantage of. We have numbers for crisis lines. Crisis workers. Umm. Non-emergency numbers for the Police Department. Uhm. Which is helpful. (Felicity)

“maybe like a handbook. Or, you know, a guide of resources like you know where to go, who to get in touch with and for parents to know it’s not their fault” (Anna)

“I think that would probably be worst thing, was not having face to face mental health care. [...] A lot of things can, a lot of things can be done virtually, but especially for kids and, and stuff like. They reduction in mental health services overall was evidential.” (Felicity)

Discussion

The findings from these interviews highlight the dire issues experienced by parents of children with CPs during the lockdown period. The interviews revealed that while there were some encouraging outcomes related to

lockdowns such as brief improvements in behaviour, parents of children with CPs mainly encountered increased difficulties and ongoing challenges during Covid-19 lockdowns. Overall, parents reflected on difficult practicalities of lockdown such as balancing parent teacher role, which was likely a common experience for most guardians of children both with and without CPs (de Jong et al. 2022). However, far beyond the practical issues explored, parents' reflections represented a state of acute crisis. Among many adverse experiences reported by parents during this time, they experienced increased victimisation, threats to their safety and wellbeing, burnout, isolation, and defeat. This study extends on prior quantitative findings that outline the parental impact of Covid-19 lockdowns, such as increased parental worry, and an observed increase in CPs (Waite et al. 2021; Waller et al. 2021) by exploring the deeper meaning parents give to their experiences. Their reflections paint a vivid lockdown picture of horrific violence and psychological turmoil, in part attributed by parents to a lack of support services to meet their desperate need.

This study also highlights important issues such as how parents envisage improving their experiences, and what they need to feel better. For example, parents in this study explore desperately needing more information regarding their child's behaviour in the form of psychoeducation, and specially tailored resources ("handbook") to help manage crises. These detailed practical insights have seldom been explored in quantitative studies, whereas this study provided parents the opportunity to feel empowered by sharing the insights that make them experts on the weaknesses of current resources.

In line with the Family Stress Theory (Hill 1949; McCubbin and Patterson 1983), these findings also provide deeper insight into the specific stressors, and reduced resources experienced during lockdown, which may have contributed to the breakdown in functioning and urgent crises reflected on by most parents in this study. As previously found, parents took on the burden of fulltime teaching and childcare when schools closed, alongside maintaining full time employment (Williams et al. 2020). Further, parents were unable to practice healthy coping strategies such as exercise, and self-care, leading to parenting related exhaustion (Marchetti et al. 2020). From these more detailed findings, we see such inabilities to practice coping strategies were associated with breakdowns in routine and structure, and a sharp hyperfocus and distraction towards simply maintaining basic safety. Further, and most importantly, detailed accounts of victimisation, trauma, parenting defeat, and isolation, reveal the consequences of overwhelming stressors and lack of resources for parents caring for children with CPs during the Covid-19 period.

Existing research shows growing evidence of parental burnout during the pandemic, with parents from varying

backgrounds (e.g. nationalities, existing mental health problems, socio-economic statuses) showing elevated levels of exhaustion, emotional distancing, parental stress, and reduced parental satisfaction as indicators of burnout (Aguiar et al. 2021; Kerr et al. 2021; Skjerdingsstad et al. 2021). Further, this burnout was found to have a bidirectional relationship with child wellbeing and behaviour (Kerr et al. 2021; Swit and Breen 2022) potentially because parents who experience burnout are unable to maintain an effective quality of parenting (Griffith 2020). An experience also reported by the parents in the current study. Importantly, these findings clarify that aside from impacting the quality of parenting that children with CPs were receiving during lockdown (which is commonly the focus of research into this population) parents also suffered personal mental health crises, which they deserved to be protected from and supported through.

To our knowledge, such detailed insights have not been explored in previous research. Limited work has explored parental accounts of child CPs (Lewis et al. 2015; Oruche et al. 2015), however these were not explored in the context of Covid-19 restrictions, and seem to pay more focus on understanding parental perspective in relation to CP intervention and improving outcomes for youth as opposed to understanding parents as agents and victims in their own right. Further, the findings from the current study represent experiences of parents from varying cultures and of children with both childhood-onset and adolescent-onset CPs, showing the universal struggle and crises these parents find themselves in.

Protective Developments

While the majority of themes focused on negative impacts of Covid-19 restrictions, it should be noted that some parents did experience positive outcomes in their parent-child relationships and within the overall family dynamic. For example, some parents commented that stay-home orders reduced opportunities for their child to be antisocial outside of the home setting. Other parents noted improvements in their child's ability to communicate with adults and develop more autonomy with regards to schoolwork and decision making. While some struggled with the adaptation to lockdowns, others may have benefitted from solidarity and time for self-care and reflection. This is highlighted by Romero et al. (2020) who found that if families were able to maintain a strong structure within the home during lockdown, children showed better adjustment outcomes such as adaptation to daily routines and involvement in prosocial activities. Further, children with adequate sleep, exercise, and bedtime structure have been found to display reduced psychosocial problems during the pandemic (Tso et al. 2020).

Furthermore, it is important to acknowledge that parents reported some benefits associated with increased time in

confinement. For some, this gave families a chance to recalibrate through spending quality time together. Some parents also found the use of technology and shared usage (e.g. playing video games together) facilitated this quality time. It should be noted that shared activities and ever improving technology may be a protective factor in promoting familial bonds (Connell et al. 2015). These insights highlight specific variables which could be investigated for their potential role in reducing child-parent conflict.

Strengths and Limitations

This is the first study to qualitatively explore the experiences of parents of children with CPs during the Covid-19 pandemic across six nations. Due to the diverse sample, this study yields representative research findings, and accounts for ranges in parental ethnotheories (Harkness and Super 2006). Although such theories suggest these parents may be using different parenting approaches based on cultural norms and practices, it is clear from the findings that when it came to parenting a child with CPs, these parents universally experienced the same fundamental challenges and needs during the Covid-19 pandemic. Previous quantitative studies have provided similar insights in the past within more homogeneous samples (Marchetti et al. 2020; Waller et al. 2021). However, the current findings support specific commonalities across continents meaning that the need for tailored support is urgent and universal.

However, these conclusions must be interpreted in light of some methodological limitations. Firstly, in discussing sample characteristics, it should be noted that this study could have benefitted from being more representative in terms of differing parental roles. For example, more fathers, gender non-conforming parents, and other forms of legal guardians could have been included. Moreover, while online interviews are convenient in facilitating global representation, it is important to acknowledge that this mode of data collection comes with some challenges. It is suggested that online interviews may reduce interviewer-interviewee rapport, participant comfort, and the space for reflection and reflexivity (O'Connor and Madge 2017). Researchers were aware of this potential challenge, and made a conscious effort to develop rapport with and promote comfort for participants. As Braun et al. (2021) argue, when online mediums of data collection are executed well, they can be exciting and flexible, with participants benefiting from the increased attention to non-verbal cues given by researchers during the video calls (Mirick and Wladkowski 2019).

Finally, it is important to acknowledge that the present study aimed to explore the parental experience during Covid-19 lockdowns. However, many biopsychosocial changes occur in adolescents aged between 10 and 18 years

(Orr and Ingersoll 1988), thus these experiences may also reflect typical developmental observations seen in youth with CPs regardless of whether Covid-19 occurred. However, while this may restrict how precisely the findings address the research aims, this argument further highlights the need for parental support. Pertinent challenges to parenting a child with CPs existed prior to the pandemic and will not disappear at the end of it, which substantiates the suggestion that parents need more established, long-term support in the aftermath of Covid-19 and beyond.

Implications

Insights from this study echo conclusions drawn in the previous literature, about the additional responsibilities and difficulties encountered by parents of children and adolescents with CPs, and extend beyond the Covid-19 pandemic (Manor-Binyamini 2012). Services often overlook and minimise parenting stress, burden and strain, and the impact of child-to-parent abuse victimisation (Meltzer et al. 2011; NICE, 2017). Demand for specialist psychosocial intervention such as systemic family therapy, education, health, and care plans (EHCs) and rest bite childcare already far outweighs supply. As such, parental needs just do not take priority. The lack of funding for research and intervention development in proportion to the prevalence of CPs is one contributing factor that should be addressed (Fairchild et al. 2019; MQ Transforming Mental Health through Research 2017).

Research, policy, and practice all place a great focus on parents as the main stakeholder when it comes to disorder detection, facilitating intervention, managing behavioural symptoms, promoting education, and advocating for their child (Fairchild et al. 2019; NICE, 2017; Peters and Jackson 2009). Due to the behavioural presentation of disorders such as CD and stigma attached to a diagnosis, there is still a lack of acceptance and understanding around CPs as clinical disorders (Fairchild et al. 2019). Such stigma and lack of understanding can lead to mental health and social services avoiding working with the client group meaning that parents have to advocate harder for support, increasing parental burden (Staniford and Lister 2021; Webster-Stratton and Spitzer 1996). The detailed experiences of isolation, external and self-stigma were shared by parents in the current study with one parent disclosing that she only began to receive professional support for her child's CD when and because a comorbid mental health disorder was diagnosed. Moving forward, beyond Covid-19 lockdowns, service development should reflect such detailed accounts, and should actively work to target these issues explored by parents in this study.

This study provides glaring insight into parental victimisation and the need for better victim support for this group. As well as absorbing responsibility for their child's

behaviour management and intervention, parents are abused and victimised by their children (Ibabe et al. 2013), our findings indicate that this problem was maintained, if not exacerbated during Covid-19 lockdowns. As abuse victims, parents in this study encountered stigmatising beliefs about themselves (Johnston and Burke 2020) which stops them from seeking support for not only their child, but for their own wellbeing for fear of judgement and a feeling of obligation to prioritise their child's mental health, a conclusion strengthened by empirical evidence (Eaton et al. 2016; Peters and Jackson 2009; Tapp et al. 2018; Trigueros et al. 2022). We must give urgent priority to the experience of victimisation explored in this study. Parents reported being at risk of serious harm and other than calling emergency services, had little-to-no support. Detailed accounts show that victimisation had numerous consequences including isolation, burnout, and hypervigilance. These are all common characteristics seen in victims of other forms of abuse such as intimate partner violence and parent-to-child domestic abuse (Leigh et al. 2022; McCrory et al. 2011) and are characteristic of Post-Traumatic Stress Disorder (APA 2013). However, child-to-parent abuse is not recognised in the Domestic Abuse Act 2021 until the child is 16. Evidently, there is a gap in both care preventing, and legislation protecting, parents from the consequences of their child's violent behaviour. Services need to address the long-standing lack of support for this unique population.

Moreover, the findings suggest that mental health, educational, and social services need to work towards a more holistic approach for families with children with CPs, to treat CD as a clinical disorder in itself, and to provide more consistent care which empowers parents instead of scapegoating them. For example, listening to the parents in this study, developments could include the facilitation of peer social networks or parental hubs, providing more proficient and targeted psychoeducation, and a greater capacity for parental respite. Of great importance, services need to better address parental victimisation, so tailored crisis procedures can be put in place for parents who experience a very real risk to their physical and mental safety. Such developments should be rooted in inclusive research, and should be co-produced with families and experts by experience, to ensure that services are as appropriate, effective, and useful as possible (Hoddinott et al. 2018; NIHR 2014).

Finally, this research supports previous findings which highlight the negative impact of Covid-19 lockdowns on the emotional and behavioural wellbeing of young people with pre-existing CPs (Waite et al. 2021). These young people need ongoing support to manage and overcome the lasting effects of lockdown, and to move forward beyond the pandemic (Sonuga-Barke and Fearon 2021). In doing so, it would be beneficial to also focus on some of the protective factors uncovered in this research including the increased shared use of technology.

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Compliance with ethical standards

Conflict of interest The authors declare no competing interests.

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