



Child to Parent Violence Project consultation and background July 2016

Background¹

National policy and legislation has taken giant strides over the past decade or so to address the devastating effects of domestic violence on the lives of those who suffer it. However, domestic violence responses primarily focus on violence and abuse perpetrated by adults to other adults or children. Child to parent violence (CPV) is both poorly recognised and understood – and when the child also uses drugs and/or alcohol, the issue becomes even more complex.

*'The notion that parents, apparently in a position of power within the family, might be subject to levels of abuse from their children, akin to domestic violence from a partner, is one which many people find hard to grasp.'*²

Previous research by Adfam found that every day parents (usually mothers) are living with violence and abuse from their child (usually sons). CPV occurs disproportionately in single parent families, often because parenting energies are eroded by the lack of partner to share the burden, as well as circumstantial factors such as poverty, moving home, children changing schools, losing social stability and friends.

"I think the one-parent mother thing is an important thing because you've only got to look at the Government and the way they stigmatise...because they do, and they have in the past and they probably will do in the future...because what they're doing to one parent families at the moment I think is diabolical."

Whether the child is 11 or 40 years old, such violence and abuse can result in severe emotional and mental distress, financial hardship, physical health problems and injuries, or worse. These parents need care and support, and to receive the right advice and information.

¹ This section is taken from: Adfam (2012) [Between a rock and a hard place: How parents deal with children who use substances and perpetrate abuse. Project report \(pdf\)](#)

² Bonnick, (2010) [Searching for help for Parent Abuse: The usefulness of the internet as resource for parents \(pdf\)](#), Respect newsletter: unknown.

The types of CPV are varied, including emotional abuse, financial exploitation, death threats, serious physical assaults with weapons, destruction of property in the home and social isolation caused by emotional manipulation. Parents report issues such as long-term worry, fear, lack of sleep, profound emotional distress, serious financial worries, involvement with the criminal justice system and admissions to hospital with CPV-related injuries. Many parents feel guilty and believe that their child's behaviour is to some extent their fault. Although, many feel that CPV is an extension of their child's substance use, and that by addressing the substance use, the issue of violence would resolve itself. As such, parents rarely identify themselves as being victims of domestic violence.

"I got up to my eyes in debt cos [my son] would come in and say 'oh mam I need some money because if I don't they're going to do what they threatened to do', and next thing you know they're going to torch the house."

"I give her money now since I found out she was working as a prostitute to feed her habit. What else can I do?"

"My experience is...to do with mental harm...he has just damaged me so much I am so tired that I wonder sometimes how I can keep going."

"At one point he was sectioned and then afterwards he came with a knife to kill me cos he had it in his head that I had got him sectioned but really it was the police that did it. I had to wrestle the knife off him, it was terrifying. I had no choice but to dial 999 - I couldn't ask the neighbours."

Parents have also discussed the double stigma they face as a result of the co-existing substance use and violence issues, meaning that they are often scared to tell anyone, professionals, friends and family alike, about what they are experiencing. Some parents have experienced dismissive and judgmental attitudes from professionals, friends, family and members of the community.

"We thought there was a problem but hoped there wasn't one, so we sort of sat on the fence and then eventually we had to do something because we didn't understand enough about drugs."

"It's the same as with having a drug or alcohol user in the family. It's that stigma. And then there's the double stigma of admitting you're being abused as well. ... The other thing is that they are scared of what the person who's abusing them would do if they found out."³

In terms of support, parents typically turned to their friends, social services, the police and GPs. Feedback on support varies greatly, for example some spoke of the police in glowing terms whilst others felt unfairly judged or dismissed. As recognised by one researcher, *"children's behaviour is generally seen as being directly caused by the parenting they have received, hence parents are seen as responsible."*⁴ The mixture of experiences was also true of GPs and other services.

"Police, the PCSOs, absolutely amazing. They were so understanding."

³ Galvani (2010) [Supporting families affected by substance use and domestic violence \(pdf\)](#), The Tilda Goldberg Centre for Social Work and Social Care: University of Bedfordshire

⁴ Ambert, 1992 cited by Gallagher (2004) 'Youth Who Victimise Their Parents,' 25(2) ANZJFT 94

"I've got the best GP on the planet. He's always there. In the worst case scenarios I could ring up in the morning and I would get a phone call back some time through that day."

"Social services believe the child and they will not entertain the truth at all, they only believe the child and they have to protect the child."

"Services wanted to involve me when it suited them only."

Practitioners report varying levels of confidence in being able to appropriately deal with domestic violence issues when they were identified, and feeling unsure about the relationship between substance use and domestic violence.

Research has found that support groups for families of drug and alcohol users run on a peer support model were routinely reported as effective and highly valued by parents. They felt it was a safe area for them to share experiences and problems without having to worry about stigma or prejudice.

"I just depend on it, it's such a necessary part of my life...it's made me so much stronger. I mean I can't deal with everything, it's impossible, but I feel that much stronger."

"You're not judged, that's the important thing, us not being judged, because when you first arrive here you think, 'oh God I'm a failure, I'm a reject.'"

Indeed, barriers to accessing services for support included, amongst other things, stigma and shame, a lack of awareness of the existence of such support and parents not seeing themselves as legitimate recipients of support. A general feeling of not knowing where to turn and being failed by services was reported.

CPV - experiences of support consultation

Adfam held a consultation via an online survey in August and September 2016 to document the experiences of support in cases of child-to-parent abuse, drugs and alcohol. 14 responses were received, 9 of which were complete.

Support accessed

Of those who had experienced CPV, 60% had received support while 40% had not. Places which people went to for support included family support groups and carers services. Everyone who said that they had accessed support thought that it had helped.

Effective parts of support

People found that support helped in a number of ways, particularly because it provided the opportunity to talk through their experiences and issues. This was especially valuable in peer support groups, which respondents found were a safe environment to share their experiences in:

"Having somewhere to speak openly and honestly where I know that I'm not going to be judged no matter what I say is invaluable especially as they are more than likely to be or have experienced the same issues."

“The comments from other family members in the group about their problems and how they were coping (or not) put our situation into perspective.”

Others found that talking through their issues on a one-to-one basis was helpful, with one saying that they spoke to a qualified psychotherapist. Another respondent found that the chance to talk through her experiences was helpful, even if it was not with someone specialised in drugs:

“I paid to talk to my counsellor, she is not a drug specialist but it helped to offload.”

For some, the support gave them tools and coping mechanisms to help them to deal with their situations:

“Being shown ‘tools’ I could use to help keep myself physically and mentally safe as well as meeting other people in the same situation as me who understood what I was going through.”

“The experience and guidance of the... staff and volunteers in recovery helped us put our experiences in perspective and gave us coping mechanisms to help us concentrate some time on us rather than the addict.”

Ineffective parts of support

However, there is still much room for improvement in terms of the support offered. While some had valued practical advice being given, others felt that it was too prescriptive, with one respondent commenting that they disliked

“Being told what to do. I had to realise my own boundaries.”

Others felt that the subject of child-to-parent abuse was hard to talk about as they feared others being judgemental or they did not want to disclose too much information about themselves:

“It is a taboo subject, people are judgemental and don't understand the unconditional love a mother has for her child.”

“As I work in the field of addiction (I am an Addictions Counsellor, Family Practitioner and I carry out shifts in a residential dry house), I was wary of disclosing personal details of my past to strangers and wondering if they would talk about me outside of the group.”

For some, the main drawback was the lack of support available:

“There just needs to be more available. The service is stretched.”

One respondent commented that changes to the group could be disruptive, but acknowledged that there were also benefits to this:

“Sometimes changes in the group structure or movement of staff can feel disruptive to your continual recovery, however this can also sometimes add value offering new opinions that you can relate to.”

Barriers to support

The reasons people had not sought or received support varied. One person felt that they already had enough support from family and friends.

Some people feared being judged or felt that seeking help would betray their loved one:

“Judgement. Not wanting to betray my daughter. Also, the hope of recovery and not wanting people to hold it against her.”

Several people found it hard to access the support that they need. For one person, the multiple needs of their loved one meant that they failed to get adequate help:

“I have sought support from mental health service but they put his psychosis down to substance misuse so he doesn't get the help he needs.”

Others searched for help but felt overwhelmed by all the related problems of their loved one's addiction:

“We tried to find appropriate support. But going through the trauma of dealing with the fall out of our daughter's addictions we were overwhelmed by social service's involvement and the legal side of taking on the care of our granddaughters. Not knowing what to do where to go... we just muddled through... 10 years on we are dealing with the effects of addiction on the unborn child. Behavioural and psychological. FASD Autism ADHD, AD the list is endless. The support is zero.”

Others were unaware of where they could access support and one respondent had become disillusioned with the support services out there:

“I have founded and ran a family support group for families of substance users but had to close it because over the years I lost all faith in relevant services I was referring onto.”

Recommendations for Adfam's project

The survey asked how best people thought the project could support parents, and the respondents came up with a variety of suggestions.

Several people suggested encouraging people to engage with family support groups or to seek peer support:

“Encouraging them to attend meetings with others going through similar situations. A twelve step programme has been wonderful for me. Sharing experience with other people who have gone through the similar situations.”

“I'm a great believer in expertise by experience... having the knowledge and the empathy to understand.”

“Offer a safe, secure and confidential environment where people can speak openly and honestly about their situation.”

Others suggested providing a helpline for people to call in a time of crisis or giving information about where help could be found, or having an online forum or advice website.

“Having someone to call particularly following a crisis can give someone the strength and clarity to continue to see that they need to put their wellbeing before the addict/abuser.”

For some, recognising that each situation is different was very important, and so making sure any support is flexible, non-judgemental and sensitive to complex needs is key.

“Each situation is so different. Stigma is a huge issue. Services need to be flexible and I do feel that it is a complex area so support needs to be professional and skilled.”

“By being non-judgemental. Understanding that it is an illness and not a deliberate choice to behave in that way. Not wanting to become a victim myself.”

“In my experience... I have seen that a lot of people attend their first meeting looking for definitive answers on how to fix the problem of the addict/abuser. I have learned that although the core problem is the same in many cases and similar themes emerge such as parents enabling, financial problems etc. there is no silver bullet answer to fix the problem.”

Training in how to tackle moments of crisis was also seen as important:

“By training them in diffusion techniques and the importance of their own wellbeing.”

“If parents can be helped to identify and put in place simple boundaries that help them feel safer and in more control of their own situation, also offered guidance on how to safely help the abuser to see that they have the problem not the victims, it can sometimes help the abuser to a place that supports them to seek help.”

One respondent stressed the need for good training for peer supporters:

“To become more professional and learn tools which will benefit them, other clients, and provide interventions which will benefit other family clients.”

Concluding remarks

Two thirds of respondents expressed an interest in taking part in this project, although some expressed reservations about whether they would have enough time.

Several of the respondents were very positive about the project and were hopeful about its outcomes:

“It can be very difficult and isolating having a child with a substance abuse problem. It is good to know there are support organisations which can help.”

“I feel strongly that this is something that interests me, and my experience would benefit others who are suffering as a result of a loved one’s addiction/abusive behaviours.”

“I think this project could be very successful if aimed at the right groups. It's been far too long for tailored support to be offered. Good luck I await the outcome of your findings.”