



Supporting parents affected by  
child-parent-abuse (CPA) from  
substance-using adult children

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# About Adfam

Adfam is the national charity working to improve life for families affected by drugs and alcohol. We want anyone affected by someone else's drug or alcohol use to have the chance to benefit from healthy relationships, be part of a loving and supportive family and enjoy mental and physical wellbeing.

## Introduction

Abusive behaviour from adult children is a subject that has often not had the attention it deserves – yet we know from research that thousands of parents and carers around the country are affected by it. Not all of those who perpetrate elder abuse use drugs or alcohol, but the two often go hand in hand.

This toolkit is the culmination of several years of research and projects into the problems facing parents who care for someone who uses drugs or alcohol and is also abusive toward them.

In 2010, funded by Comic Relief, Adfam published research<sup>1</sup>, into domestic abuse and substance use. The findings identified that in many households where there was substance abuse there was also child to parent abuse, a theme often neglected in domestic abuse training.

A second project funded by the Department of Health in 2011/12 looked further into this issue and Adfam produced a report<sup>2</sup> amplifying the voices of parents and carers who had experienced abuse in this way.

A third project followed, offering training to practitioners who work with families and with substance users who may be able to offer support and reduce the impact of the abuse. As part of this project, peer befrienders were identified, who could offer a listening ear to a parent in crisis and help them to make sense of their experience.

<sup>1</sup> Galvani, S., Supporting families affected by substance use and domestic violence, 2010

<sup>2</sup> Adfam, Between a rock and a hard place, 2013

# The toolkit

This toolkit for practitioners is the legacy of the work that Adfam has done over the past few years. It is intended to equip practitioners with some practical tools to help parents who are experiencing any form of abuse from their adult substance-using children.

The toolkit contains resources for practitioners to work through with their clients and others that can be given directly to clients.

It is not intended as a substitute for practitioner training and we recommend that anyone working with families continue their own CPD by regularly improving their knowledge and skills around these issues. However, this toolkit is intended to complement Adfam's CPA training course. You can find out more information about this accredited training by contacting Adfam.

## Adolescent to parent abuse

Whilst we acknowledge that in some cases parents are experiencing abusive behaviours from adolescents who are under the age of eighteen, this is outside of the scope of this toolkit. The added complexities of working with families where CPA is a problem affecting parents with children who are still in the care of their parents, make it inappropriate to label these adolescents 'perpetrators' or their behaviour as 'abuse'.

This issue is, and should be, treated as a safeguarding issue, rather than being necessarily identified as abuse. Young people, especially those who have experienced complex trauma, are less able to regulate their emotions and behaviours than adults and need support to recover effectively from adverse childhood experiences. However, it must also be remembered that the parent will have support needs and their experience should not be overlooked.

Where a child under the age of 18 displays similar behaviour, it is inappropriate to class it as abuse. Children who are violent or use abusive language may themselves

be experiencing/have experienced abuse from others, and safeguarding protocols must be considered to ensure that appropriate steps are taken if the child is currently at risk of harm. Of course, older teenagers and adults in their 20s and beyond may also be experiencing the effects of adverse childhood experiences and have deficits in mentalizing or understanding their behaviour as abuse.

While the practical options for parents are more limited where a child is still their legal responsibility, the distress is no less real. Parents of adolescents have told us that they value support to:

- Express their feelings in a non-judgemental, non-blaming environment
- Meet other affected parents and realise they are 'not alone'
- Work through emotions such as guilt and shame
- Learn parenting techniques that help them to set and maintain appropriate boundaries and communicate positively

Adfam advocates for more research in this area to identify the extent of the problem and find effective solutions that reduce the harm to all members of families affected by substance use.

At the end of this toolkit you will find some information on adolescent to parent/carer abuse that will help if you wish to investigate this topic further.

# 1. What is Child to parent abuse (CPA)?



*You don't label it that (CPA), not until you start speaking to somebody and you start thinking then actually this isn't normal...It's only when you hear those words that you think that's actually it.*

**Parent, Between a rock and a hard place**

Child to parent abuse is when a parent or guardian experiences abusive behaviour from their child. In this toolkit it refers specifically to abuse from an adult child (i.e. over the age of 18). A guardian includes anyone who has parental responsibility for someone, for example aunts and uncles, kinship carers, step-parents and foster carers.

Abuse is a wide-ranging term which covers psychological, physical, sexual, financial, and emotional behaviours. Abusive behaviour can include, but is not limited to:

- Physical: spitting, hitting, punching, strangling/choking and assaults with weapons.
- Psychological: 'gaslighting' – making the person think that they are mad or imagining the abuse
- Emotional: name-calling, bullying, belittling and shaming.
- Financial: controlling budgets, denying victim access to funds, and blackmailing victims for money.
- Coercive control: socially isolating the victim, controlling who the victim sees and scaring off friends and neighbours.

The latest definition of domestic violence and abuse<sup>3</sup> now states that abuse is:

*Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.*

Note that there is a lower age limit of 16. Evidence from Adfam/AVA Project<sup>4</sup> identified perpetrators as young as 11. However, where a child is under the age of 18, their behaviour needs to be considered in the context of safeguarding (for both the parent and the child). Please see chapter 10 for further information.

The government definition of abuse goes on to add:

*Controlling behaviour: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.*

*Coercive behaviour: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."*

## **Identifying abuse**

Adfam's research shows that it can be difficult for carers to understand that what they are experiencing is abuse. With adolescent children in particular it may feel hard to distinguish what is normal teenage behaviour and what constitutes abuse.

Most families will disagree from time to time. Conflict is normal. How the conflict escalates or how it is resolved may determine the difference between what is 'normal' and what is abuse. The lines can be blurred.

The following checklist will help you to work with a parent/carer to identify whether they are experiencing abuse. You can run through the questions with them or hand it to your client to complete for themselves. If they tick one or more boxes, they may be experiencing CPA.

<sup>3</sup> <https://www.gov.uk/government/news/new-definition-of-domestic-violence>

<sup>4</sup> [https://adfam.org.uk/files/docs/Adfam+AVA\\_Child-parent\\_violence\\_Briefing\\_2\\_-\\_Practitioners.pdf](https://adfam.org.uk/files/docs/Adfam+AVA_Child-parent_violence_Briefing_2_-_Practitioners.pdf)

## Checklist of abuse

The following questions ask about signs that your child may be abusive toward you		
1	Does your son/daughter criticize you, insult you or put you down?	
2	Has your son/daughter ever deliberately destroyed your belongings?	
3	Have they ever hurt you physically or threatened to hurt you?	
4	Have they coerced you into giving them money because you're afraid of what will happen to them or to you?	
5	Do they blame any abusive behavior on their substance use?	
6	Has your son/daughter's behavior prevented you from seeing friends or family?	
7	Are you afraid to talk to your son/daughter about their drug/alcohol use because of their response?	
8	Does your son/daughter try to make you feel guilty to make you do what they want?	
9	Do they disregard your feelings, opinions or needs?	
10	Do they deliberately do things that scare you (including self-harming)?	
11	Have they ever intimidated you with weapons?	
12	Have they threatened to kill themselves if you don't do as they wish?	
13	Have they ever stolen money or property from you?	
14	Do they control your movements or constantly check up on you?	
15	Do they threaten to hurt others e.g. siblings or pets if you don't comply?	
16	Do you feel bullied or shamed by your son/daughter?	



## Gender and CPA

Research by Oxford University<sup>5</sup> based on police statistics identified that:

- 77% of parent victims are female
- 87% of perpetrators are male
- 66% of cases involved son to mother abuse

These data suggest that CPA is a gendered issue and Adfam's research supports this, adding that in the majority of cases identified, the parent was a lone parent, usually a mother.

However, it's important not to rely on gender stereotypes about either single parents or perpetrators/victims of abuse. CPA is a complex issue and the use of substances by the abuser (and potentially also the victim) can complicate matters further.

CPA is different to intimate partner violence (IPV) and, although there are some similarities, most services supporting abuse victims or working with perpetrators are not structured to meet the needs of families affected in this way.

Each family will be experiencing a unique set of circumstances and our response to CPA must be based on the needs of the service user as individuals and as part of a family unit.

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<sup>5</sup> Safe Lives conference 2016

## 2. Making your service CPA aware



*A lot of our clients have spent a great deal of time walking on eggshells, trying to avoid any kind of confrontation, in the hope that it will make things better, but often it doesn't."*

*"Some of our families, there's no domestic abuse at all, because there's compliance, because everybody's compliant. But if that compliance is stopped, then I'm sure we'd have a lot more people telling us about abuse, either threatening behaviour, intimidation."*

**Family Member Support Providers**

If your service supports parents and carers, substance users or victims/survivors of abuse, staff need to be aware of CPA and its impact on families.

There are a number of ways that you can raise awareness:

- ✓ Raise the topic at team meetings
- ✓ Distribute this toolkit among staff
- ✓ Download and distribute Adfam's briefings on CPA
- ✓ Attend Adfam's CPA training course
- ✓ Download 'Between a rock and a hard place', to help staff to understand the perspective of families affected by CPA
- ✓ Share this information with volunteers and with other services
- ✓ Engaging with local domestic abuse services to develop joint working protocols on CPA
- ✓ Develop clear pathways to support for parents facing CPA

It will also be helpful to raise awareness of CPA among clients. You can do this by:

- ✓ Printing and displaying the leaflet for parents and carers from appendix 1 of this toolkit
- ✓ Displaying posters defining CPA
- ✓ Asking clients about their experiences
- ✓ Taking a non-judgemental approach to clients' parenting
- ✓ Engaging with other local support services to raise awareness
- ✓ Provide information about family services and make referrals where appropriate

You can use the checklist of service user behaviours below to help you to identify that a service user might be experiencing CPA.

What behaviours might alert you that a service user is experiencing CPA?		
1	Does the parent/carer make frequent appointments but present with no particular issue?	
2	Are appointments or group sessions often missed?	
3	Does the parent/carer find it difficult to comply with treatment or to follow through with the plans?	
4	Are there injuries inconsistent with explanations or to particular parts of the body (back, abdomen, upper arms, for example?)	
5	Does the parent/carer have multiple injuries at different stages of healing (bruises on top of bruises, burns, etc.)?	
6	Does the parent/carer try to minimize injuries or try to disguise them or conceal them?	
7	Does the parent/carer appear evasive, anxious, frightened, distressed or depressed?	
8	Is the parent/carer evasive or reluctant to speak or disagree in front of a family member?	

9	Does the parent/carer make small comments that suggest they might have cause to be frightened (e.g. 'sometimes he gets angry when he's drunk')?	
10	Does the parent/carer minimise or excuse unacceptable behaviour?	
11	Does the parent/carer talk about their loved one stealing from, putting down, intimidating or threatening them?	
12	Does the parent/carer blame the problems in their relationship on the substance use?	

## 3. Encouraging disclosure



*Although it isn't in my remit to do anything about that, I will discuss with the grandparent, if you will, "Are things OK? Do you think everything's OK within the family? Are you concerned about anything?" So that I've got my eye on it, if you understand me, even though it isn't really part of what I do*

**Family Member Support Provider, 2010**

Adfam's interviews with service users who have experienced CPA identify a number of barriers that prevents parents and carers from disclosing the abuse. These include: Shame – I am ashamed that my son/daughter is like this

- Guilt- It's my fault that my son/daughter uses drugs and behaves like this
- Fear – I fear what my son/daughter may do if I seek help; I fear that they or my other children will be taken away from me
- Isolation – No-one will understand; this doesn't happen to other people
- Stigma – People will judge me, and I will be blamed or punished
- Denial – This is just temporary, when they get some help things will be different; it's the substance use making them behave like this
- Lack of trust/awareness of support – who can I talk to about this?
- Minimising – I can cope with this; I just want some help for my son/daughter

Many service users also describe negative responses when they finally did start to talk about the abuse. You can help to reduce the barriers to disclosure by making your practices as well as your service CPA aware.

## How to ask the question

### Environment

- ✓ Have posters and leaflets available in the service
- ✓ Make sure you see each parent/carer alone; never ask if a someone else is present
- ✓ Make women workers available for women to talk to; many women will only be able to discuss abuse with another woman
- ✓ Have clear and explicit boundaries of confidentiality; a parent/carer's engagement with services should never be discussed with others

### Key principles

- ✓ Be explicit; ask clear questions
- ✓ Be clear and honest about the limits of confidentiality especially in relation to child protection
- ✓ Validate feelings
- ✓ Believe what they are telling you
- ✓ Ask questions to help establish what role the abuse has in substance/alcohol misuse
- ✓ Be clear that the abuse is not their fault
- ✓ Ask how you can support them around safety planning and referrals to other services

### Questions that work

- ✓ Does your son/daughter ever frighten you?
- ✓ Do you spend a lot of time trying to keep your son/daughter happy?
- ✓ What happens when your son/daughter is angry?
- ✓ Has someone else ever frightened or hurt you?

- ✓ Has anyone ever hurt you? Who?
- ✓ Does your son/daughter make it difficult for you to come to services? What happens if you are late home, or late out of the appointment?
- ✓ How do you cope with your son/daughter's anger?
- ✓ Where do you go when you are frightened?
- ✓ Is there anyone you can talk to when you are frightened or upset?
- ✓ How can we make it easier for you to come to services?

#### **Four tips for encouraging disclosure of CPA**

1. Ask the question
2. Provide a definition of abuse to your client
3. Use posters and other literature to inform clients about CPA
4. Ensure all staff are aware of CPA and trained to respond

## 4. The impact of CPA of families



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

**Parent, Between a rock and a hard place**

Adfam and AVA's research into the impact of CPA suggests that the impact is often similar to that of intimate partner violence. Parents describe feeling anxiety, fear, worry, stress, financial difficulties, injuries, loss of confidence, poor mental and physical health, isolation and hopelessness. These effects may make it more difficult for victims to disclose and they may suffer increasing levels of abuse without feeling able to seek support.

To compound this, services that support victims of intimate partner violence (IPV) are often not sufficiently aware of the differences between CPA and IPV to offer a tailored service.

In some situations, such as when the abuser is under 18 or has coexisting mental health problems or where the parents/carers are elderly or infirm, there may be safeguarding concerns and appropriate reports and referrals will need to be made.

Anyone experiencing abuse, particularly from someone close to them, is likely to experience trauma. We all experience traumatic events in our lives and usually we have the resources to cope with them. When the trauma is ongoing or the person doesn't have the emotional reserves to 'bounce back', the trauma can become complex and lead to physical illness and psychological harm.



When someone experiences fear or anxiety, their sympathetic nervous system initiates the 'fight or flight' hormones cortisol and adrenaline. These prepare the body for action by increasing awareness, fuelling muscles and reducing appetite and fatigue. However, in the long term, constant release of these hormones can reduce the immune response leading to illness, cause the person to become hypervigilant and unable to sleep, affect their appetite and put them in a constant state of stress and worry. It can also affect their mood, memory and ability function in everyday life.

It can be very helpful for parents who are supporting an adult child with substance use issues to understand what is happening in their body, so that they can learn to recognize the signs that they are becoming stressed and start to take action to respond.

Several things have been found to help people to overcome the impacts of trauma including mindfulness, meditation and talking therapies.

The first step is to help them to understand that what they are experiencing is abuse and that it is traumatic.

### **What can you do?**

- ✓ Listen to your service user's story and validate their experience
- ✓ Ask them to describe how they feel physically when they are under stress because of their son or daughter's behaviour
- ✓ Run through the checklist of symptoms below with them
- ✓ Identify the behaviour as domestic abuse and provide a definition of abuse
- ✓ Offer to advocate for your service user with other services
- ✓ Understand that they may not want to cut off contact with their son or daughter
- ✓ Help them to develop effective coping strategies
- ✓ Encourage them to focus on their own wellbeing
- ✓ Encourage them to visit their GP for a check up

- ✓ Help them to put a safety plan in place
- ✓ Set up a support group for parents experiencing abuse

<b>Checklist of symptoms of chronic stress</b>		
1	Restlessness and nervousness	
2	Insomnia	
3	Feeling anxious and 'wound up'	
4	No appetite or eating too much	
5	Poor memory	
6	Exhaustion	
7	Difficulties in concentrating	
8	Panic attacks	
9	Intrusive thoughts about something terrible happening	
10	Mood swings or constant crying	
11	Irrational fears	
12	Feelings of low self-esteem and low self-worth	

For parents and carers, there may be other concerns that can prevent their seeking support even when CPA has been identified and acknowledged, such as:

- Belief that the abuse will improve if the son/daughter enters drug treatment
- Uncertainty as to whether the abuse is caused by the effects of drugs (e.g. disinhibition or dependence)
- Not wanting to make a fuss if their son/daughter is in recovery
- Feeling responsible for both the substance use and the abuse
- Fear of losing their child into prison

- Stigma and shame
- Finding it hard to ascribe personal responsibility to their son or daughter
- Uncertainty about whether their son/daughter understands that their behaviour is abusive

## 5. Working with perpetrators



*... when you're taking drugs and stuff, you can control yourself. It's not like, the drug is taking control of yourself. You are in control of yourself. Not the drugs*

**Young person, Supporting families affected by substance use and domestic violence, 2010**

If you suspect a service user of abusing a family member, you will need to think about the safety of the whole family and the impact that their behaviour is having on anyone else living in the same house or subjected to abuse or violence by your client.

The following checklist outlines factors that need to be considered by practitioners.

Checklist of things to consider when working with domestic abuse (CPA) perpetrators		
1	What are the boundaries of your confidentiality agreements with clients?	
2	Does your organisation have policies and procedures that cover disclosure of perpetration of abuse?	
3	Are you concerned that a parent/family member (including siblings and others under the age of 18) is at risk of immediate serious harm?	
4	Are you concerned that you may be at risk of harm from your client?	
5	Are any of the victims/potential victims, vulnerable adults?	
6	Is any intervention likely to increase the risk to family members?	
7	Is any intervention likely to increase risks associated with substance use?	

8	Does the client give permission for you to make contact with their family members?	
9	What form does the abuse take (e.g. coercive control, financial, physical)?	

The following good practice guidelines on working with perpetrators of abuse have been adapted from Respect's guidelines for working with domestic violence perpetrators.

- ✓ Be aware that substance use does not cause the abuse, although it may be a means to acquiring money or drugs
- ✓ Convey that abuse comprises a range of behaviours, not just physical violence
- ✓ Be clear that abuse is always unacceptable
- ✓ Be clear that abusive behaviour is a choice
- ✓ Keep responsibility for the abuse with the perpetrator
- ✓ Establish whether the client is aware of the extent to which their behaviour is abusive
- ✓ Be positive – people can change
- ✓ Be straight-forward; avoid jargon
- ✓ Be clear that you might have to speak to other agencies
- ✓ Be empathic and respectful but do not collude with, justify, minimise or rationalise their behaviour
- ✓ Ask whether the perpetrator would like to change their behaviour
- ✓ Return to this issue in future sessions and meetings
- ✓ Seek supervision if you have any safety concerns

#### Questions that work

- ✓ Does your drug/alcohol use affect your relationships with your family/parents?
- ✓ What do your parents think about your drug use?
- ✓ Have you ever frightened or harmed anyone while you have been substance affected?
- ✓ Have you ever done or said something to your parents/carers that you regret while you have been intoxicated?
- ✓ Have you ever hit or kicked or pushed a family member?
- ✓ Have you ever harmed or frightened them while you have been sober?
- ✓ Do you ever do things that you know will worry or upset your parents so that they will do what you want?
- ✓ Do you think your drug/alcohol use is having an effect on your parents/carers or causing problems for them?

If abusive behaviours are disclosed, you can signpost the client to Respect, who can provide information about services available.

### Example

*From what you have told me, I am concerned about the safety of your [family member]. If you would like to change your behaviour, we can ring the Respect Phonenumber who will give you information about support and services available to you. Would you like to do this now?*

The Respect Phonenumber is a confidential helpline for people who are abusive and/or violent towards a family member. They offer information and advice to support them to stop their violence and change their abusive behaviours.

Tel: 0808 802 4040

Email: [info@respectphonenumber.org.uk](mailto:info@respectphonenumber.org.uk)

Web: [www.respectphonenumber.org.uk](http://www.respectphonenumber.org.uk)

### **Brief Solution Focused Therapy (BSFT)**

BSFT has impressive researched results in working with people affected by or perpetrating domestic abuse<sup>6</sup>. The non-confrontational, non-blaming approach has a high completion rate, and holds individuals accountable to building solutions through developing useful goals, developing alternative, new, beneficial descriptions of themselves that eliminate violence from relationships. This approach also encourages practitioners to help clients to understand:

- ✓ ambivalence about the behaviour,
- ✓ that control is possible,
- ✓ that violence is a purposeful, chosen behaviour, it has costs and benefits.

### **Information-sharing and perpetrators**

If your service user discloses that they are a perpetrator, you will need to revisit the confidentiality agreement once again making sure that their confidentiality agreement includes a stipulation that your agency can share information with other service providers.

A model of good practice is to get permission to contact their victim if you feel their safety is at risk e.g. if the perpetrator has made threats to seriously harm their parent upon leaving the service.

<sup>6</sup> Lee, M.Y., Sebold, J. and Uken, A.; Solution-Focused Treatment with Domestic Violence Offenders in Handbook of Solution-Focused Brief Therapy, Clinical Applications; Edited By Thorana S Nelson, Frank N Thomas

Research<sup>7</sup> suggests that perpetrators of abuse toward parents are often also abusive toward their intimate partner; they may also be victims of abuse by their intimate partner and they may be survivors of past abuse. These factors add another layer of complexity and specialist help should be sought for families experiencing these issues.

<sup>7</sup> Galvani, S., Supporting families affected by substance use and domestic violence, 2010



## 6. What do parents want?



*My doctor asked what these burns were, and I was feeling very vulnerable at the time...he'd beat me a week before...the doctor said, "Can you tell me what happened?" He was easy to talk to...it felt like a weight had lifted*

**Parent, between a rock and a hard place**

The research shows that affected parents rarely come to services looking for help for themselves but are seeking ways to help and support their child. It can be difficult to persuade a parent that their own needs must be met and that they need to put their own wellbeing first if they are to be effective in supporting their substance using child.

Often, understanding that their experience is abuse, is a first step to accepting help. Parents also describe the power of peer support in helping them to face their most difficult challenges.

The following list, based the findings of Adfam's work with families affected by CPA, outlines what families say they want from support services.

### **Practical support**

- ✓ First aid skills
- ✓ Benefits advice
- ✓ Help to set and maintain boundaries
- ✓ Techniques for dealing with conflict

- ✓ Someone to advocate for them
- ✓ Help to develop effective coping strategies
- ✓ Signposting to domestic abuse services
- ✓ Signposting to 'concerned other' services

### **Information about...**

- ✓ Drugs and the law
- ✓ Local substance use services
- ✓ Carer's assessments
- ✓ The Cycle of change
- ✓ Treatment options
- ✓ Risks associated with different substances
- ✓ How to recognise a substance use issue
- ✓ Domestic abuse

### **To be heard**

- ✓ Someone to listen without giving advice
- ✓ To feel accepted and not blamed
- ✓ A coffee and a chat
- ✓ Acknowledgement that they're trying their best
- ✓ Not to be considered the cause of the problem
- ✓ Sharing experiences and meeting others
- ✓ A space to think about themselves
- ✓ Reassurance
- ✓ To be honest without fear of judgement

Checklist of things you may be able to offer		
<b>Practical support</b>		
1	Invite St Johns Ambulance in to deliver a short first aid demonstration	
2	Stock leaflets about common first aid techniques (e.g. recovery position, choking, CPR)	
3	Distribution opening times and addresses of local Citizen's Advice Bureau	
4	A mediation service	
5	A volunteer 'buddy' to offer support and advocacy	
6	Train staff in the 5-step model <sup>8</sup> and deliver individual or group sessions	
7	Naloxone training	
8	Deliver a conflict resolution session	
9	Safety planning advice	
<b>Information</b>		
10	Posters advertising FRANK online drug information	
11	Leaflets about the effects of different drugs (including alcohol)	
12	Leaflets about local substance use recovery services	
13	Leaflet on the Cycle of Change	
14	Posters on defining domestic abuse	
15	Leaflets on local domestic abuse services	
16	Signpost to Carers UK website <sup>9</sup> for information on Carer's Assessments	
17	Leaflets/signposting to information about drugs and the law/abuse and the law	
<b>Listening</b>		

<sup>8</sup> An evidence-based support model for families affected by substance use. Further information at: <https://www.afinetwork.info/5-step-method>

<sup>9</sup> [www.carersuk.org](http://www.carersuk.org)

18	Coffee mornings	
19	Social groups	
20	Structured support groups for parents	
21	Drop-in support group for parents	
22	Peer support	
23	Wellbeing and pampering activities (e.g. craft morning, massage)	
24	Signposting to local therapeutic support (e.g. counselling services, mindfulness courses)	
25	Day trips and outings	

The following technique offers families a way to express how they feel about their child's behaviour and the impact that it is having on them. Rather than blaming the other person for the effect that their words or actions have; the carer can explain how they feel about things and what they would like to be different. The young person can also use this technique.

- ⇒ When you... (the behaviour that you find difficult).
- ⇒ I feel... (explain how you feel when the person acts in that way).
- ⇒ I think... (your thoughts about the behaviour).
- ⇒ I would like... (how would you like things to change).

Ideally, this technique will be used when both parties are calm and not under the influence of alcohol or other drugs.

## 7. Risk and Safety



*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.*

**Parent, between a rock and a hard place**

Safety planning and safety strategies will be different depending on whether the victim is living with the substance user. It will also be related to the stage in the process that the victim is at, and how they are currently understanding their situation and their control over it.

We will focus here on safety planning where there is physical violence from the substance user but, according to parents, they find psychological and emotional abuse harder to bear than physical abuse. Of course, where there is the potential of risk to life, there needs to be a robust safety plan in place, but this does not mean that abuse that is coercive, controlling or cruel in other ways does not exact a heavy toll from the victim.

A parent may also feel at risk of violence from others, such as drug dealers or friends of their son or daughter and it's important to explore with families the extent to which this is a risk.

Even without the threat of physical violence a parent may feel that for their own safety or mental or physical health, they need to be apart from their adult child. This may mean removing the child from the house, which may escalate the level of abuse.

Safety planning needs to be an on-going discussion as situations change.

Please refer to your organisations policy and practices on risk assessment and management. The information below is not intended as a substitute for your own agency's protocols.

### **Key principles of safety planning**

- ✓ Keep the responsibility for the abuse explicitly with the perpetrator
- ✓ Provide consistency and continuity
- ✓ Never assume you know what is best for victims; they know their situation and the risks better than you do
- ✓ Recognise that victims will already be employing safety strategies, though they may not name them; recognise, validate and build on what they are already doing.
- ✓ Explore which strategies are effective and helpful, and which may not be so helpful and could be adapted.
- ✓ Do not suggest or support anything that colludes with the abuse

### **Increasing safety in the current situation**

- ✓ Help to make an emergency plan
- ✓ Discuss and identify where documents and money may be stored safely
- ✓ Prepare contact numbers for support agencies and keep them in a safe place
- ✓ Tell professionals about the situation; social worker, doctor, other children's teachers (with client's permission)
- ✓ Support the client to report and explain injuries to doctor, health visitor, A&E staff, Visual Evidence for Victims Projects etc.
- ✓ Try to leave a 'paper trail' documenting abuse
- ✓ Identify safe places to go in emergency
- ✓ Ensure that others within your service are not likely to reveal information to the substance user

<b>Increasing safety in your current situation</b>	
Where can you safely store documents and money, in case you need them in an emergency?	
Who can you call to help you if you need some support in an emergency? (friends or family)	
Where can you go, where you will be safe, in an emergency? (family, friends, refuge)	
Who can you talk to for support, who you can trust to keep confidentiality and offer support?	
Can you identify times, actions, events or moods that make your son or daughter more likely to be violent? How can you make yourself safer during these times?	
Who else might your child be violent towards, who may need a safety plan?	
What services are you in contact with? Write down their numbers here:	
If you don't live with your son/daughter can you change the locks or have additional window/door locks fitted?	
The quickest safest route out of your home is...	
When will you review your safety plan?	

### **What you can do**

- ✓ Take their identification of danger and risk seriously
- ✓ Help them identify areas of increased risk

- ✓ Help them identify safer times and locations
- ✓ Identify what is working in practice to protect them and any other children in the home (including the abuser's children)
- ✓ Take time to validate what they are already doing
- ✓ Help to develop as wide a range of options as possible, ones that they feel they can use and achieve
- ✓ Focus on the options that work best, review and adapt with changing circumstances
- ✓ Be willing to suspend safety planning in order to support the client and return to it at a later session
- ✓ Act as advocate with other support services
- ✓ Recognise it will take time for the situation to change

#### **Some questions to ask in drawing up a safety plan**

- ✓ When was the most recent incidence of violence or abuse? Frequency, severity, where/when etc.?
- ✓ What do you currently do to keep you and others safe? What works best?
- ✓ Who can you tell about the violence?
- ✓ Do you have important phone numbers available e.g. family, friends, refuges, police?
- ✓ If you left, where could you go?
- ✓ Do you ever know in advance when your son or daughter is going to be violent? e.g. after drinking, when you refuse a demand, after relatives visit?
- ✓ When you suspect s/he is going to be violent can you go elsewhere?
- ✓ Which part of your home do you feel safest in?
- ✓ Is there somewhere for others to go (e.g. any children in the house) when your son or daughter is being violent and abusive?
- ✓ What is the most dangerous part of your house to be in when s/he is violent?



## 8. Peer support and befriending for parents affected by CPA



*I need professionals to see me as a professional, and not just a family member, because of attitudes and beliefs around that sometimes. But my family members, I need them to see me as a family member, but also a family member who knows, who's worked through the experience and come out through the other side and knows a little bit.*

**Family member support provider, Supporting families affected by substance use and domestic violence, 2010**

As part of Adfam's CPA project, peer befriending training was offered to local concerned other supports services around the UK in 2017 and 2018. This enabled volunteer peer supporters to pair up with a 'buddy' – a parent experiencing CPA - and offer one to one support.

Families found this service to be very useful and benefitted from the opportunity to talk through their situation with a volunteer. If your service already has a volunteer body that offers peer mentoring or befriending and would like to include CPA befriending, here are a few pointers.

### **Your CPA peer befriending service**

If you already have peer befrienders working for your service, this should be straightforward to set up. You will already have volunteer training in place and policies for ensuring volunteer safety. However, please bear in mind that volunteers who are 'experts by experience' may have first-hand experience of CPA and we recommend

that you undertake a recruitment selection process that explores the issue with your volunteers.

Even if you already have an in-house training programme for your peer supporters, those working with issues of CPA may also benefit from extra training in the following areas:

- ✓ Safeguarding
- ✓ Roles and boundaries
- ✓ Active listening
- ✓ Challenges

We have appended a **Peer Befriending Pack** as **appendix 2** in this toolkit, which can be used by your peer befrienders. Your volunteers may wish to offer telephone or face-to-face meetings on a one-to-one basis but this could also be via Skype if this were more convenient for your service or your volunteers and their buddies.

Befriending could also take place in a group setting, either by setting up a new group comprised of befrienders and befriendeds or inviting volunteers to befriend clients attending existing groups.

You must undertake a comprehensive risk assessment, looking at potential and existing risks to both clients and volunteer befrienders.

You must also make arrangements for contracts detailing the nature of the befriending relationship and the responsibilities of those involved.

It is not essential that peer supporters are chosen for their experience of CPA. The key qualities that parents value are a supportive friendly face and a listening ear. Experience of having a child who uses substances problematically, however, would be a useful quality in a befriender.

Checklist of steps to setting up a CPA peer befriending service		
1	Define guidelines for the peer support relationship	
2	Establish criteria for project success	
3	Identify suitable volunteers/befrienders	
4	Identify potential clients	
5	Deliver peer support training	
6	Conduct risk assessments (and repeat regularly)	
7	Agree how peer support will take place	
8	Make supervision arrangements	
9	Review and evaluate your befriending offer	

You can also download Adfam's guide, [Making it happen, support for families and carers affected by someone else's drug or alcohol use](#) (pdf) from Adfam's website.

## 9. Wellbeing and self-care tools



*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*

**Parent, between a rock and a hard place**

Besides practical and emotional support, victims of CPA may benefit from learning to take better care of themselves and their own needs. Often, they are so concerned with the care and wellbeing of their child that they neglect themselves.

Structured support programmes such as 5-step<sup>10</sup> and CRAFT<sup>11</sup> offer families some breathing space to think about the impact of the abuse and the substance use on them and on the wider family. They focus on the needs of the family member and explore what would help to improve their own wellbeing.

In informal groups and relationships, parents can also be encouraged to find opportunities to increase their resilience, improve their coping strategies and develop an enhanced sense of wellness.

The following list outlines some of the wellbeing tools that families have found helpful in the past.

<sup>10</sup> See <https://www.afinetwork.info/5-step-method> for further information

<sup>11</sup> Delivered by PROPS North East: <https://www.newcastleprops.org.uk>

Wellbeing tools		
1	<b>Five ways to wellbeing (appendix 3)</b> Evidence-based activities to improve wellbeing	
2	<b>Mindfulness mobile phone apps</b> These can help to reduce anxiety and increase a sense of wellbeing (popular examples include Happify, Headspace and Mindshift)	
3	<b>Family Star Plus<sup>12</sup></b> A tool for helping families to maximise their resources when coping in difficult circumstances	
4	<b>Wheel of life (a browser search will show examples)</b> A coaching tool that focuses on eight aspects of life and aims to improve client's happiness in each area	
5	<b>Adult Education Centre courses</b> Where families can learn a new skill or take up a hobby	

<sup>12</sup> Delivered by Triangle Consulting:  
[https://www.staronline.org.uk/star\\_mock\\_homepage.asp?section=832](https://www.staronline.org.uk/star_mock_homepage.asp?section=832)

## 10. Older parents and older children

We have not yet looked at the impact of substance using children who are abusive toward elderly or infirm parents. It may be even more difficult for older parents to acknowledge their experience as abuse and seek help for themselves.

Issues of abuse don't necessarily stop when the child leaves the family home and, as they get older, the familiar patterns of behaviour between parent and child may continue. In *Between a Rock and a Hard Place*<sup>13</sup>, Adfam spoke to parents who had experienced CPA from children in their 40s and the parents themselves were in their 70s.

In some cases, an adult child will return to the parental home after a marital break-up and abuse may start or continue at this point. They may also become financially dependent on parents, including requiring elderly parents to fund their substance use or provide them with a home.

In other cases, the adult child may take on a caring role for an elderly parent. Alternatively, an elderly parent may take on a caring role for an adult child.

According to the World Health Organisation<sup>14</sup>, problematic alcohol use has been identified as a risk factor for elder abuse. As with other forms of CPA, there is still very little research about how many elderly parents are affected, the impact on their lives and how best to support them, although one study<sup>15</sup> identified that as many as 45% of carers of older people receiving respite care admitted to committing some form of abuse. In this study, harmful alcohol consumption was the most significant risk factor for physical abuse.

<sup>13</sup> Adfam, 2013

<sup>14</sup> WHO, 2006, Elder abuse and alcohol

<sup>15</sup> WHO, 2006, Elder abuse and alcohol quoting Homer A. C. and Gilleard, C., *British Medical Journal*, Abuse of elderly people by their carers, 1990, 301: 1359-62

## Additional risks for elderly parents

- Older adults may be particularly vulnerable to the consequences of physical violence
- Isolation and withdrawal from public life may be considered a natural consequence of the aging process
- Injuries may be attributed to fragility rather than abuse
- If being abused by their carer, they may have very little contact with others to whom they could talk
- Stigma, shame and guilt of feeling like a burden to their carer
- Fear of losing contact with grandchildren if they are not compliant
- Abuse may include neglect, misuse of parent's medication and financial or accommodation exploitation
- Older adults may be unaware that their experience is one of abuse
- Belief that, as the parent, it is their role to support their child regardless of the consequences
- Contact with their child's substance using peers, who may also be abusive
- The elderly parent's care needs may be greater than their child can provide
- Older adults may have health conditions that are exacerbated by physical or emotional abuse.

## What you can do

- ✓ Raise awareness of this issue among colleagues and volunteers
- ✓ Ask substance using clients about their elderly relatives
- ✓ Ask elderly clients about their dependents
- ✓ Be alert for signs of abuse (as with other parents of substance users)
- ✓ Raise the topic with the parent if abuse is suspected
- ✓ Acknowledge their experience and their fears if abuse is disclosed (by an elderly parent)
- ✓ Name the abuse with the abuser if they disclose
- ✓ Signpost and refer older adults to relevant services

- ✓ Complete a carer's assessment checklist with the child/parent, if appropriate
- ✓ Explore whether the parent meets the criteria for a vulnerable adult and consider a safeguarding response
- ✓ Listen to, and validate their experience, whilst exploring what changes they would like to see



## 11. Adolescent to parent/carer abuse



*There are quite a few children to parents, children abusing parents. For example, a 16-year-old lad using drugs or alcohol and a single parent, they would be subject to a lot of abuse.*

**Family Member Support Providers, Supporting families affected by substance use and domestic violence, 2010**

### When the perpetrator is under 18

*Where a child under the age of 18 displays similar behaviour, it is inappropriate to class it as abuse. Children who are violent or use abusive language may themselves be experiencing/have experienced abuse from others, and safeguarding protocols must be considered to ensure that appropriate steps are taken if the child is currently at risk of harm.*

Responders should also use their discretion and professional judgement when addressing cases of adolescent to parent/carer abuse and also be mindful of the impact on the carer.

While the practical options for parents are more limited where a child is still their legal responsibility, the distress is no less real. Parents of adolescents have told us that they value support to:

- ✓ Express their feelings in a non-judgemental, non-blaming environment
- ✓ Meet other affected parents and realise they are 'not alone'
- ✓ Work through emotions such as guilt and shame

- ✓ Learn parenting techniques that help them to set and maintain appropriate boundaries and communicate positively

Extensive guidance on how to respond to adolescent to parent abuse is given in: Information guide: adolescent to parent violence and abuse (APVA).<sup>16</sup>

In 2016 the Home Office published guidance on adolescent to parent violence and abuse<sup>17</sup>. Although the focus is on the wider phenomenon of child to parent abuse, there is a section covering features of abuse when the adolescent is also a substance user.

The definition of abuse includes damage to property, emotional abuse and economic abuse.

Some of the key challenges for the family are:

- ✓ It's likely to involve a pattern of behaviour
- ✓ Siblings may also be abusive or abused
- ✓ Young people may not be aware of impact of their actions
- ✓ Safeguarding of child/young person is a priority
- ✓ The context for abuse may include self-harm, learning difficulties, mental health problems and other behavioural problems
- ✓ Parents do not know where to go for help
- ✓ Often no support available locally
- ✓ The CPA is often compounded by other domestic abuse or child abuse within the family

For practitioners working with families where CPA among young people is an issue, there are also significant barriers:

- Practitioners may be willing to help but don't know how to meet their needs

<sup>16</sup> Home Office, 2016

<sup>17</sup> Information guide: adolescent to parent violence and abuse (APVA), Home office, 2016

- Sense of isolation, stigma and shame make it difficult for families to acknowledge their problems
- Lack of official recognition and policy and lack of awareness among the public
- Concerns about criminalizing a young person
- There's a need for a tailored approach rather than a generic parenting programme
- Unlike other forms of domestic abuse there is a desire to keep the family together rather than separate victim and perpetrator

### **Additional issues when the child is under the age of 18**

- The child is likely to still be living in the family home
- The carer has responsibility for school attendance etc
- Carers need to continue to care for the child
- Impulse control is less well formed in adolescents than in adults
- The young person may not be aware of the impact of their actions
- Child safeguarding practices need to be followed
- There may be an impact on other children in the family
- The emphasis is on protecting the child from the parent rather than protecting the parent from the child
- The child may have undiagnosed mental health problems
- A multi-agency approach will be required

In these cases, it is important that the whole family is supported. Research suggests that concurrent support for both substance use issues in the child and a behaviour change programme such as Brief Solution Focused Therapy, alongside parenting support and a whole family approach, yields the best outcomes for the whole family.

### **How to Respond to Adolescent to Parent abuse: General Advice for Practitioners**

Children's services and domestic violence and abuse services need to develop protocols for joined-up working and identify appropriate referral pathways.

### **Children aged 18+**

Even above the age of 18, many young people are not emotionally mature enough, especially when under the influence of drugs or alcohol, to self-regulate. A pattern of abusive behaviour can continue into adulthood and children over the age of 18 and well into their 20s may continue to live in the family home.

Relationships do not change overnight when someone turns 18. Emotional dynamics and physical dependency can mean that abuse continues and negotiating boundaries continues to be challenging for parents of adult children. The child may also continue to have significant needs and vulnerabilities, whilst themselves being abusive and causing harm.

### **Safeguarding**

It is important that a young person using abusive behaviour toward a parent receives a safeguarding response. The statutory guide to interagency working to safeguard and promote the welfare of children, 'Working Together to Safeguard Children' sets out what professionals and organisations need to do to safeguard children.

This being said, it's important to remember that, though the behaviour may not be labelled abuse, the experience of the carer may be trauma, isolation, victimisation and stigma. Carers should be signposted to appropriate support, whatever the age of their child.

### **Risk Assessment with Young People<sup>18</sup>**

There are specific factors to consider when working with young people who are involved in adolescent to parent abuse:

#### **Environmental factors**

- ✓ Is there a history of domestic abuse within the family unit?
- ✓ Is the young person in an abusive intimate relationship?

<sup>18</sup> Adapted from: Information guide: adolescent to parent violence and abuse (APVA); Home Office, 2016

- ✓ What dangers/risks are associated with the substance use?
- ✓ Is there a need for adult services involvement in the family?
- ✓ Is the young person being coerced into abusive behaviours?
- ✓ Are Children's Services currently involved with the family?
- ✓ What other services are engaging with the family?
- ✓ Should a risk assessment be conducted on the siblings to see if they are at risk of violence and/or contributing to the violence?
- ✓ Is the young person isolated from people and services that could support them?
- ✓ Is there a risk that the young person is being bullied?
- ✓ Are there BAME issues that need to be considered or that may affect a victim's disclosure?

#### **Emotional self-regulation<sup>19</sup>**

- ✓ Does the young person have difficulties in forming relationships?
- ✓ Does the young person have mental health issues, self-harm or suicidal tendencies?
- ✓ Does the young person have a mental health diagnosis/been assessed by CAMHS?
- ✓ Does the substance use further limit the young person's ability to self-regulate?
- ✓ Is the young person disengaged from education?
- ✓ Does the young person display an obsessive use of violent games or pornography?
- ✓ Does the young person have poor coping skills or engage in risk taking behaviours?
- ✓ Does the young person they identify their behaviour as abuse?

Young people may need support from a wide range of local agencies. Where a young person could benefit from coordinated support from more than one agency (e.g.

<sup>19</sup> Ibid.

education, health, social care, and police) there should be an inter-agency assessment.

Research doesn't point to any one particular therapy being more effective for supporting families affected by CPA than any other, although approaches with positive outcomes include those that are relational, systemic and emotionally-orientated with parenting training to establish and maintain boundaries and positive communication.

Please see *Information guide: adolescent to parent violence and abuse (APVA)*<sup>20</sup> for detailed advice on responding to adolescent to parent abuse.

<sup>20</sup> Home Office, 2016

## Resources

A partnership approach, supporting families with multiple needs, Adfam

[https://adfam.org.uk/files/docs/adfam\\_partnership\\_2011.pdf](https://adfam.org.uk/files/docs/adfam_partnership_2011.pdf)

Policy document giving guidance and suggestions to improve partnership working to improve outcomes for families

Between a rock and a hard place, How parents deal with children who use substances and perpetrate abuse Adfam

[https://adfam.org.uk/files/docs/Between\\_a\\_rock\\_and\\_a\\_hard\\_place\\_-\\_Project\\_report.pdf](https://adfam.org.uk/files/docs/Between_a_rock_and_a_hard_place_-_Project_report.pdf)

Report on the experiences of families affected by CPA

Journeys Living with a child using drugs or alcohol, Adfam

[https://adfam.org.uk/files/Family\\_Publications/Journeys\\_living\\_with\\_a\\_child\\_using\\_drugs.pdf](https://adfam.org.uk/files/Family_Publications/Journeys_living_with_a_child_using_drugs.pdf)

A booklet for parents/carers living with a young person who is using substances

Making it happen, support for families and carers affected by someone else's drug or alcohol use, Adfam

[https://adfam.org.uk/files/docs/Making\\_it\\_happen\\_final\\_PDF.pdf](https://adfam.org.uk/files/docs/Making_it_happen_final_PDF.pdf)

The evidence base for supporting families to improve outcomes for drug and alcohol users

Supporting families affected by substance use and domestic violence, Dr Sarah Galvani

[https://adfam.org.uk/files/docs/adfam\\_dvreport.pdf](https://adfam.org.uk/files/docs/adfam_dvreport.pdf)

Research report into the scale and impact of these two co-existing issues.

# Leaflet for families

## Appendix 1

The following leaflet can be printed and given to parents and carers to help them to recognise whether they may be victims of CPA.



## **Living with child to parent abuse (CPA) and substance use**

*Adapted from Living with domestic abuse and substance use written by Sarah Galvani, University of Bedfordshire*

### **Introduction**

This leaflet has information about child to parent abuse (a form of domestic abuse) and substance use. Violent and abusive behaviour often happens when a person has been drinking or taking drugs and people often don't know how much the alcohol or drug is to blame for this behaviour. Parents, carers and other family members can be victims of a person's abusive behaviour or may see it happening to others. This leaflet provides some facts about the relationship between child to parent abuse and substance use. It looks at its impact on victims, family and friends and tells you where you can get help if this is happening to you.

### **What is Domestic Abuse?**

Domestic abuse is not just about hitting or physical violence. Domestic Abuse includes a range of violent and abusive behaviours.

Victims say that the most damaging forms of abuse can be mental and emotional abuse because they are living in fear about what might happen next, are afraid to say or do certain things in case it makes things worse.

The leading domestic violence agency in the UK defines domestic abuse as "physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. Domestic violence may include a range of abusive behaviours, not all of which are inherently 'violent'." (Women's Aid 2007).

### **What are the facts?**

The relationship between domestic abuse and substance use is not a simple one. However, there are some common misunderstandings about how the two are linked. The following questions are frequently asked by people who want to know more:

#### **Do alcohol and drugs cause child to parent abuse?**

No. When the people who are being violent and abusive are our partners, children, other family members and friends, it is natural to want to find a reason for it, but drugs and alcohol are not to blame. Research shows that people who are violent and abusive under the influence of alcohol or drugs are usually violent and abusive without it. Drugs that have a stimulating effect, like crack cocaine and steroids, are commonly thought to increase aggressive behaviour but research shows this is not always the case.

We know that alcohol and drug use can affect our mood and body in a number of ways, but this is not the same as turning a non-abusive person into a violent and abusive one. What is clear is that there is a link between the two, but this is different from the alcohol or drugs being to blame for the person's violent behaviour. Sometimes people who are violent or abusive will use their substance use as an excuse for their behaviour and for doing things they would not normally do because they feel they will get away with it. Research has also shown that when people expect alcohol to make them behave more aggressively it does, even when they have not had any!

1 'Substance use' includes alcohol as well as illicit drug use.

### **Do alcohol or drugs make the abuse worse?**

Yes and no! Where domestic abuse, such as CPA already exists, research shows that alcohol or drug use can increase in the frequency of physical violence and abuse and injuries may be worse when the perpetrator is under the influence of a substance. However, domestic abuse is not just physical violence. Alcohol or drugs will not affect other forms of abusive behaviour, for example, controlling behaviour.

### **Does someone's own alcohol or drug use make them more likely to be a victim of domestic abuse?**

Yes, it can do. This does not mean they are to blame! The person who is being violent and abusive is always responsible for their own actions. However, sometimes a victim can become vulnerable when they've been drinking or using drugs and therefore an easier target. They may be less able to think quickly or get out of a difficult situation. However, it is important to understand that some people drink or use drugs to cope with the physical and psychological pain of domestic abuse.

### **Will drug or alcohol treatment stop the violence?**

No. What research shows is that for some people who are violent and abusive, reducing or stopping their substance use can reduce the CPA for a period of. However, reducing abusive behaviour is not the same as stopping it all together and research suggests that this does not happen. It also shows that for people who are not successful in their attempts to change their substance use or who return to problematic levels of substance use the domestic abuse continues or escalates.

NB. It is also important to remember that when people cut down or change their substance use, it can be an extremely uncomfortable process, both mentally and physically. People may experience mood changes, increased anxieties, and emotional ups and downs which may worsen their abusive behaviour rather than improve it. It is important not to assume that reducing or stopping the substance use will suddenly make the person behave better.

## **What is the impact of child to parent abuse?**

The following section summarises some of the common effects of domestic abuse on adult and child victims. This might help you and your family member or friend understand more about what you, or they, are experiencing.

### **Adult victims**

- Mental ill health – e.g. depression, post-traumatic stress disorder
- Poor psychological health – e.g. feeling ashamed, feeling nervous/anxious, living in fear, not knowing who to trust or what to do for the best
- Physical ill health – e.g. bruises, broken bones, stomach problems, headaches
- Drinking alcohol or using drugs as a way of coping with the hurt
- Financial problems, debt or feeling that they need to buy drugs or pay off drug debts
- Being cut off from family and friends because the child/adult child doesn't like them or has fallen out with them
- Becoming very sensitive to the child/adult child's mood and behaviour as a way of trying to guess if abusive or violent behaviour will follow
- Developing ways of avoiding arguments and abuse, e.g. not giving your own opinion, trying to do things he/she likes, not questioning their behaviour
- Not being the parent that they can be and want to be because of dealing with the physical, mental and emotional impact of the abuse

### **Children (e.g. siblings)**

- Keeping secrets – they know it is wrong but are worried about what will happen if they speak out
- Emotional problems – how will children make sense of living with someone who is being abusive toward their parent?

- Feeling fearful and responsible
- Confusion and upset
- Psychological problems, e.g. low self-esteem and self-confidence and/or mental health problems, e.g. depression
- Changes or problems in behaviour, e.g. becoming withdrawn or acting aggressively/ copying the abusive behaviour
- Disrupted routines, e.g. school attendance, trips or visits
- Social isolation, i.e. don't want to/not allowed to bring friends home so they won't go to the friend's house or party because they can't invite them back
- Difficulties, and often abuse, in their relationships as adolescents and adults

If you think you may be experiencing abuse from your child, whether adolescent or adult, you may be able to find support through local services.

Adfam has an [online directory of services](#) supporting those affected by the drug or alcohol use of a loved one.

## Appendix 2

If your organisation already offers a befriending service for family members affected by someone's substance use or by families affected by domestic abuse, the following pack may be a helpful addition to the resources that you can offer your volunteers. This is designed to be used in conjunction with the toolkit.

We would advise that you also develop a training offer to peer befrienders to equip them to support someone affected by child to parent abuse. We also advise that you provide a pack each time your volunteer takes on a new befriender.

# Child to Parent Abuse

## Befriending pack

Befriender's name: \_\_\_\_\_

Buddy's name: \_\_\_\_\_

## Welcome and introduction

Welcome to the Child to Parent Abuse Befriending Pack. Thank you for volunteering to befriend other people experiencing child to parent abuse – your support will make a real difference. We often find that volunteers also benefit from offering peer support to others.

This pack provides information on child to parent abuse generally, peer support and further sources of support available. It also includes some exercises for you to complete with your buddy over three sessions.

If you have any questions after reading this pack, please contact your family worker or project coordinator.

Abusive behaviour from children is a subject that has often not had the attention it deserves – yet we know from research that thousands of parents and carers around the country are affected by it. Not all of those children use drugs or alcohol but the two often go hand in hand.

As a volunteer, you can provide informal peer support to others experiencing abuse from their children. This can be by going to a group you normally attend and sharing a little of what you have learned or supporting someone one-on-one on an informal basis using this pack. This could be in person, by phone or over email.



### What is Child to Parent Abuse (CPA)?

Child to parent abuse is when a parent or guardian experiences abusive behaviour from their child. This includes abuse from an adult child (i.e. over the age of 18). A guardian includes anyone who has parental responsibility for someone, for example grandparents, kinship carers, step-parents and foster carers.

Abuse is a wide-ranging term which covers psychological, physical, sexual, financial, and emotional behaviours. Abusive behaviour can include, but is not limited to:

- Physical: spitting, hitting, punching, strangling/choking and assaults with weapons.
- Emotional: name-calling, bullying, belittling and shaming.
- Financial: controlling budgets, denying victim access to funds, and blackmailing victims for money.
- Coercive control: socially isolating the victim, controlling who the victim sees and scaring off friends and neighbours.

### What is peer support and why does it work?

Peer support is support offered by someone who is going through, or has gone through, a similar experience who can draw on their own personal experiences to offer support and understanding. This can take many forms – from a structured group or befriending programme to just meeting up for a coffee or a supportive chat on your mobile.

Peer support has been proven to be effective – often the people who are best-placed to offer support and understanding are those who have had first-hand experience of the issues.

Befriending is usually:

- **One-to-one** – a two-way partnership between two people where the individual being supported has influence on what happens and how the relationship develops.
- Of a **supportive and encouraging** nature – the helper does not seek to ‘tell the person what to do or feel’, but is there to listen, share some relevant

experiences, signpost to further support, offer guidance and highlight choices for the person receiving support.

- A **non-judgmental** relationship – the supporter’s only agenda is to assist and support the individual in finding their own way forward, not to judge his/her attitudes or behaviour.
- **Focus on buddy** – although many befrienders feel they benefit significantly from the relationship, there is an implicit understanding that the person offering the support is trained, in a position of greater practical, social and emotional stability/resourcefulness and is further along in their journey: it is not an ‘equal’ relationship.
- **Time-bound** – unlike friendship, the relationship is normally time-limited to promote focus on achieving identified objectives within the time given.

### **Safeguarding concerns**

Your buddy may tell you about abuse that they have experienced or are currently experiencing. By listening to them you are helping already. Your conversations will be confidential, but there are circumstances where you will have to pass on what you have been told. This includes if you hear anything which makes you believe that your buddy or anyone else is at risk of harm. If you attend a family support service, your first port of call should always be a support worker or supervisor there who will take whatever action is required and relieve you of that responsibility. However, it is worth also being aware of the following:

1. If you ever think there is a risk of immediate physical harm to you, your buddy or a third party, call the police on 999.
2. If you are concerned about abuse, but it is not an emergency, call the free 24-hour National Domestic Violence Helpline on 0808 2000 247.
3. If you would like advice about what to do, search for the Adult Safeguarding advice line in the local authority in which your buddy lives.

## Further sources of support

Your buddy may need more support than you can provide or ask you questions that you can't answer. Below are some national organisations which you can signpost your buddy to as well as space for you to note any useful local support in their area.

### National

<i>Al-Anon</i> 020 7403 0888 <a href="http://www.al-anonuk.org.uk">www.al-anonuk.org.uk</a>	Support for anyone who is, or has been, affected by someone else's drinking.
<i>Drinkline</i> 0300 123 1110	Advice to those worried about their own, or a loved one's, alcohol use.
<i>Families Anonymous</i> 0845 1200 660 <a href="http://www.famanon.org.uk">www.famanon.org.uk</a>	Support for families and friends concerned about drug abuse or related behavioural problems.
<i>FRANK</i> 0300 123 6600 <a href="http://www.talktofrank.com">www.talktofrank.com</a>	National drug information service with fact-files and FAQs.
<i>Men's Advice Line</i> 0808 801 0327	Advice and support for men experiencing domestic violence and abuse
<i>Mind Helpline</i> 0300 123 3393	Helpline providing advice and support for anyone experiencing a mental health problem.
<i>National Domestic Violence Helpline</i> 0808 2000 247	Provides a free, fast emergency injunction service to survivors of domestic violence regardless of their financial circumstances, race, gender or sexual orientation.
<i>Release</i> 020 7324 2989 <a href="http://www.release.org.uk">www.release.org.uk</a>	Organisation providing free legal advice on drug issues.

## Local

Please note any useful information about support in the area in which your buddy lives below.

## How to use this pack

As well as providing you with information, this pack gives a simple structure for you to work through with your buddy.

We would suggest that you meet or speak with those you are supporting on a minimum of **three separate occasions**. These can be very informal meetings. They might take place at your family support service or in the community. You might meet around existing activities such as a peer support group or you might arrange something separate such as going for a coffee. You could also catch up with them by phone. You may also wish to offer support via email.

This pack gives you guidance, exercises and questions to work through together each time you meet. These provide a suggested structure, but feel free to adapt this as you see fit. Each session has a preparation page with some things for you to think about before the session. Don't forget all the skills you already use in your volunteering role!

There is space to keep a brief record of key points in your conversation. You are, of course, welcome to keep in contact with your buddy after the three sessions if you'd like to.

### **Your support**

You will be matched with a buddy via a service you already attend. You can use the structure below to work through your three sessions in person or over the phone.

The following pages provide you with some structure, but don't worry if you don't stick to it exactly! Issues may come up at any stage. Add extra goals to the lists if something specific comes up for you and your buddy.

## Preparing for Session 1 – Getting to know each other

This page is to help you prepare in advance of your first befriending meeting with your buddy. You can use it to help you plan and think through the session. Pages 10-11 include prompts and space to make notes during the discussion itself.

### 1. Introduction and Confidentiality

It is important to mention confidentiality and its limits early on in the session so that your buddy doesn't disclose something without realising that sometimes you may need to share it with others. It is a good idea to establish confidentiality boundaries very early on as you introduce yourself and the befriending. As part of introducing yourself you could say something like:

*'Everything that we discuss will be confidential, I'm not going to share our conversations with anyone else. The exception to that is if I believe that you are at risk of harm or someone else is at risk of harm – and then I'm going to need to discuss that with Adfam and the staff here [if you are both part of a family support service].'*

See page 4 for more tips and pointers on confidentiality and safeguarding. This will help you answer any questions your buddy may have about it.

Agree with your buddy roughly how long you'd like to be in contact for. We suggest meeting a minimum of three times, but you may agree something different to this, in agreement with your supervising practitioner. Ask your buddy what they would like to get out of the sessions.

### 2. Listening

Once you have made confidentiality boundaries clear, use the listening skills you practised at the training day to get to know your buddy better and hear a bit about how their child's behaviour is affecting them.

Show that you are listening by making empathic comments or reflecting back. It may be appropriate to share something of your own experience but remember the focus should be on your buddy.

Remember that your buddy may not realise that what they are experiencing is 'abuse' and may take some time to get used to this idea.

If you hear anything that you feel you need to discuss further with a member of staff, mention this to them. You could say something like:

*'I am a bit concerned about what you've said about [risky situation]. I am just going to have a chat with [name of support worker/Adfam] about that in case there's anything else we can do to support you.'*

**If there is immediate risk of harm this should be discussed before you allow your buddy to go back to a potentially dangerous situation. See page 4.**

### 3. Encourage

Find at least one thing to **encourage** your buddy about - something they are doing well or a characteristic you admire (e.g. they have set clear boundaries, they manage to stay calm under pressure etc.) As you practised on the training day, use evidence from what they have told you to back up what you say.

### 4. Next Steps

Think about the following questions:

- Are there other local services that you can suggest to your buddy?
- Is there useful information you can give to them?
- You could ask at this point whether there is anything new your buddy is going to try before you next meet. This could be a way of dealing with the abuse, or it could be a way that they will treat themselves and practise some 'self-care'.

This page is a guide to help you plan your befriending session; it is not a script that you need to stick to exactly. Be yourself and feel free to take initiative in getting to know and supporting your buddy!

Note any reminders that you need on pages 10-11 to prompt you during the discussion.

## Session 1 – Getting to know each other

You can use this page during the session itself as a guide and a place for notes.

1. Introduce yourself, set the scene and make confidentiality boundaries clear.  
Be yourself!

2. Listen:

Note here anything important to follow up on later.

Is there anything in particular that your buddy would like to get out of your sessions together?

If anything comes up that you feel you will have to discuss with a member of staff, mention this to your buddy.

**If there is immediate risk of harm this should be discussed before you allow your buddy to go back to a potentially dangerous situation.**

3. Encourage:

Note here what you encouraged your buddy about. What are they doing well and what positive characteristics are they demonstrating?



#### 4. Next steps

- Suggest any local services that may be helpful to your buddy
- Give them any useful information you may have prepared
- What from today will you follow up on next time?

Is there anything new they are going to try before you next meet? This could be a way of dealing with the abuse, or it could be a way that they will treat themselves and practice some 'self-care'.

#### 5. Arrange the next session

When will you next meet? Where? What time?

After the session:

- Are there any concerns that you need to discuss with a member of staff?
- Remember to look into anything you have said you will in advance of the next session.

## Preparing for Session 2 – CPA and wellbeing

### 1. Follow up

Think about anything from session 1 that you need to follow up on, including asking how things have gone with the new idea your buddy was going to try.

### 2. Child to Parent Abuse Information

Session 2 is a good time to give your buddy a bit more information about child to parent abuse. Prepare by looking at the **'Living with child to parent abuse and substance use'** leaflet that was sent you with this pack. Pick out information that you think would be particularly useful. You might make a copy of the leaflet for them if you think they would appreciate it.

Understanding some of the wider context of CPA can help people feel less alone and less strange! Their feelings are normal, given what they are experiencing. This can be a huge relief, as you may have found yourself. You may like to share with them how you found this information useful.

Use the questions on pages 14-15 to guide the discussion.

### 3. Boundaries

Discuss with your buddy whether this information gives them a different perspective on anything that they are experiencing. Ask whether there is anything different that they would like to try, especially in terms of how they relate to their child or boundaries in the home and the relationship. Ensure that any changes your buddy is thinking of making sound safe and encourage them to discuss further with a practitioner before doing anything if you have any concerns.

## 4. Wellbeing

### Five ways to wellbeing

Researchers have identified five things that can really help to boost our mental wellbeing.

Use this list to discuss with your buddy anything new they might try to boost their own wellbeing and quality of life.

- **Connect** – connect with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships.
- **Be active** – you don't have to go to the gym. Take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life.
- **Keep learning** – learning new skills can give you a sense of achievement and a new confidence. So why not sign up for that cooking course, start learning to play a musical instrument, or figure out how to fix your bike?
- **Give to others** – even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social network.
- **Be mindful** – be more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness "mindfulness". It can positively change the way you feel about life and how you approach challenges.

The five ways above are taken from the NHS Choices website:

<http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/improve-mental-wellbeing.aspx>

**Are there activities within your service or local area that you could give your buddy information on to help them achieve these goals? Is there any other information you could get before you meet with them so that you are prepared?**

## Session 2 – CPA and wellbeing

1. Ask how things have gone since you last met. Follow up on anything specific that you discussed or agreed last time.

Note here anything that you need to remember or follow up on later.

2. You can introduce the '**Living with child to parent abuse and substance use**' information. Explain how you have found this useful yourself and have a chat about the material together.

Is there anything that surprises them? What do they relate to? How do they feel reading this information?

Note here any further questions for you to follow up on or research later.

3. Boundaries

Ask your buddy whether this information makes them think differently about their own situation. Are there any changes they would like to make?

Encourage them to get further support with this if necessary.

#### 4. Wellbeing

Introduce the 5 Ways to Wellbeing on page 13.

Ask your buddy whether there are things within these 5 categories that they would like to try to boost their own wellbeing.

Note on the next page what you agree. Could you try some too?!

<b>Connect</b>	
<b>Be active</b>	
<b>Keep learning</b>	
<b>Give to others</b>	
<b>Be mindful</b>	

#### 5. Next Steps

Summarise with your buddy the plans you have discussed around boundaries (if relevant) and the 5 Ways to Wellbeing.

#### 6. Arrange the next session

When are you next going to meet? Where? What time?

After the session:

- Is there anything you need to discuss a member of staff?
- Is there any further information you have said you will bring next time? Don't forget to look it up!
- Do something to relax or treat yourself and to boost your own wellbeing.

## Preparing for Session 3 – Ongoing support

### 1. Follow Up

Think about anything from session 2 that you need to follow up on, including asking how things have gone with any changes your buddy was hoping to make and wellbeing plans that they had made. Was there anything you were going to research for them? Make sure you have the info to hand when you meet.

### 2. Information and Encouragement

The third session may be the last time that you officially meet with your buddy (depending on what you agreed at the beginning). Is there anything in particular that you would like to discuss with them or tell them during this last session?

Make a note on page 18 to remind yourself during the session.

How can you encourage them?

Are there other steps they can take to improve their own wellbeing and take the focus off the substance use and abuse at home?

### 3. Further Sources of Support

Your buddy may already be working with a practitioner or attending a peer support group that will continue when your befriending sessions end.

If not, is there anything like this that you can suggest to them? Would it help them if you went with them to a first meeting or made an introduction?

Use this final session to review what you have discussed over the previous sessions, encourage your buddy and agree what next steps they will take to ensure they have the support that they need.

Ask them how they feel about the befriending session coming to an end? Do they feel that they have got the support they needed, or do they feel anxious? You may have decided that the befriending sessions can continue for longer.

You may still see your buddy from time to time after your befriending sessions end. You may like to say something to them to recognise that the relationship will change. You could say something like:

*'I'm sure we may sometimes see each other at [name of service] and it'll be good to hear how you're getting on. The sessions will end today so if we do meet it might feel a bit different. We would just be chatting as peers. But I'm really happy to have a chat just as we all often do if we bump into each other or see each other at the group.'*

Making this shift in the relationship explicit can help everyone to feel more comfortable and to know what to expect when you meet in future.

If you are unlikely to see them again then it can be good to recognise that the relationship is coming to an end, ask how they feel about this and check that they know where they can go if they need further support (including national helplines – see page 5).

If your buddy is not already accessing a family support service, use the search tool on the Adfam site to look for local support services:

[www.adfam.org.uk/families/find\\_a\\_local\\_support\\_group](http://www.adfam.org.uk/families/find_a_local_support_group)

Look up any specialist domestic violence services in the area in which your buddy lives, in case your buddy would like any support from them. Use this online listing:

<https://community21.org/partners/cpv/>

Note the details of any relevant organisations to signpost your buddy to on page 18.

This session also provides an opportunity to help your buddy to make a personal safety plan. Your buddy may not feel that this is necessary, but it still raises useful questions around how they can stay safe if they are at risk of violence. The safety plan can be found on pages 19-20, and it is a good idea to look over it before the session, so you know what it covers. Once you have helped your buddy fill it in, detach it from the pack for them to keep.

### Session 3 – Ongoing support

1. Ask how things have gone since you last met. Follow up on anything specific that you discussed or agreed last time.

2. Discuss or share anything else that you would like to with your buddy.

How can you encourage them?

Are there any other steps they can take to improve their own wellbeing and take the focus off the substance use and abuse at home?

3. Discuss how they feel about the befriending coming to an end. Discuss the fact that you may still see them around and agree how you will manage this change in relationship.

4. Further Sources of Support

Signpost your buddy to any further services or support. Plan with them how they will make contact. Note any local services you have found below:

Review what you have discussed over the previous sessions. Encourage them and agree next steps.

5. Help your buddy to fill in the personal safety plan on pages 19-20. Your buddy may not feel that this is necessary, but it is still a useful conversation to have.

6. Would you and your buddy like to stay in contact? If you would, then work out how frequently you'd like to see/talk to each other and what you'd both like to get out of it. Note what you plan below.



7. If you have any safeguarding concerns about your buddy, follow the steps on page 4. Note any actions you take below.

8. Is there anything else you'd like to add?

## Personal Safety Plan

*Work through this with your buddy as part of session 3 and detach it from the pack for them to keep.*

A personal safety plan is a way of helping to protect yourself. It helps you plan in advance for the possibility of future violence and abuse. Keep this somewhere safe, but where your son/daughter won't find it.

In an emergency	Fill this in with your own plan
Is there somewhere you can quickly and easily use a phone?	
Keep with you important and emergency telephone numbers e.g. close friends or family, helplines, local services. Could you add these to your phone? In an emergency phone 999.	<b>Numbers:</b>
Where would you go in an emergency e.g. trusted neighbour, close friend?	
Can you save and hide some emergency money or open a bank account?	
<b>If you are living with your son/daughter...</b>	
Can you pack an emergency bag and hide it somewhere safe (e.g. neighbour or friend's house) in case you need to leave your house suddenly?	
List of important documents (or copies of them). Where will you keep them or how will you get copies?	E.g. birth certificate, national insurance number, passport, driving licence

<b>Longer term</b>	
Is there anyone you should tell about the abuse e.g. neighbours, close friends, other family members, employer?	
Plan in advance how you might respond in different situations, including crisis situations.	
Rehearse an escape plan, so in an emergency you can get away safely.	

**Top tips for staying safe:**

- Know where the nearest phone is, and if you have a mobile, keep it with you.
- Try to keep a small amount of money on you at all times, including change for the phone and for bus fares.
- If you suspect that your son/daughter is about to attack you, go to a lower risk area of the house – for example where there is a way out and access to a telephone. Avoid the kitchen or garage where there are likely to be knives or other weapons and avoid rooms where you might be trapped e.g. the bathroom or where you might be shut in a cupboard or other small space.
- Be prepared to leave the house in an emergency.

**Remember: if you or anyone else is in immediate danger of physical harm, phone the police on 999.**

### Appendix 3

The five ways to wellbeing was developed by the New Economics Foundation and has distilled wellbeing into five specific activities. It has also defined 'wellbeing' as two elements: feeling good and functioning well.

The following sheet can be used by clients to tick off at the end of each day how many of the five activities they have participated in. They don't need to consciously try to complete activities at first – it's enough to just notice and reflect on the wellbeing activities that they already do. If they would like to, clients can then go on to identify activities for the following day or actively spend time each day trying to complete one or more of the five ways.

# Five ways to wellbeing

A review of the most up-to-date evidence suggests that building these five actions into our day-to-day lives is important for well-being:

		✓	✓	✓	✓	✓	✓	✓
<b>Connect</b>	With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.							
<b>Be Active</b>	Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.							
<b>Be Mindful</b>	Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.							
<b>Keep Learning</b>	Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving.							

	Learning new things will make you more confident as well as being fun.							
<b>Give</b>	Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.							